

PUBLIC

		AGENDA Held on Wednesday 27 May Zoom links published on the DHB website Time: 9am
MEETING		

	Item	Action	Presenter	Min	Time	Pg
1	PROCEDURAL BUSINESS					
1.1	Karakia			15	9:00am	
1.2	Apologies	ACCEPT	Chair			
1.3	Public Participation - NIL	VERBAL	Public			
1.4	Continuous Disclosure 1.4.1 Combined Board Interest Register	ACCEPT	Chair			
	1.4.2 Combined ELT Interest Register					
1.5	Minutes of Previous Concurrent Meeting	ACCEPT	Chair			
1.6	Matters Arising from Previous Concurrent Meetings	NOTE	Chair			
1.7	Chair’s Report	VERBAL	Chair			
1.8	Chief Executive’s Report	VERBAL	Chief Executive			
2	COVID-19					
2.1	Update and Recovery	PRESENT	Chief Executive	25	9:15am	
2.2	AWHI: New ways of working	PRESENT	Director of Allied Health			
3	DHB Performance and Accountability					
3.1	CCDHB January and February 2020 Financial and Operational Performance Reports	NOTE	Chief Financial Officer Director Provider Services	10	9:15am	
3.2	HVDHB January and February 2020 Financial and Operational Performance Reports	NOTE	GM Finance and Corporate Services Director Provider Services			
4	Capital Projects Update					
4.1	New Children’s Hospital Update	NOTE	Executive Director Corporate Services	10	9:50am	
5	OTHER					
5.1	General Business	NOTE	Chair			
5.2	Resolution to Exclude the Public	ACCEPT	Chair			
DATE OF NEXT FULL BOARD MEETING: Wednesday 29 July, Link details to come						



CAPITAL & COAST AND HUTT VALLEY DISTRICT HEALTH BOARDS

Interest Register

27 May 2020

Name	Interest
Mr David Smol <i>Chair</i>	<ul style="list-style-type: none"> • Director, Contact Energy • Director, Viclink • Director, New Zealand Transport Agency • Independent Consultant • Sister-in-law is a nurse at Capital & Coast District Health Board
Dr Ayesha Verrall <i>Deputy Chair</i>	<ul style="list-style-type: none"> • Member, PHARMAC Pharmacology and Therapeutics Advisory Committee's Immunisations Subcommittee • Member, Association of Salaried Medical Specialists • Member, Australasian Society for Infectious Diseases • Employee, Capital & Coast District Health Board • Employee, University of Otago
Mr Wayne Guppy <i>Deputy Chair</i>	<ul style="list-style-type: none"> • Mayor, Upper Hutt City Council • Director, MedicAlert • Chair, Wellington Regional Mayoral Forum • Chair, Wellington Regional Strategy Committee • Deputy Chair, Wellington Water Committee • Deputy Chair, Hutt Valley District Health Board • Trustee, Ōrongomai Marae • Wife is employed by various community pharmacies in the Hutt Valley
Dr Kathryn Adams	<ul style="list-style-type: none"> • Fellow, College of Nurses Aotearoa (NZ) • Reviewer, Editorial Board, Nursing Praxis in New Zealand • Member, Capital & Coast District Health Board • Member, National Party Health Policy Advisory Group • Workplace Health Assessments and seasonal influenza vaccinator, Artemis Health • Director, Agree Holdings Ltd, family owned small engineering business, Tokoroa
Dr Roger Blakeley	<ul style="list-style-type: none"> • Director, Port Investments Ltd • Director, Greater Wellington Rail Ltd • Deputy Chair, Wellington Regional Strategy Committee • Councillor, Greater Wellington Regional Council • Economic Development and Infrastructure Portfolio Lead, Greater Wellington Regional Council • Member of Capital & Coast District Health Board • Member, Harkness Fellowships Trust Board • Member of the Wesley Community Action Board



	<ul style="list-style-type: none"> • Independent Consultant • Brother-in-law is a medical doctor (anaesthetist), and niece is a medical doctor, both working in the health sector in Auckland • Son is Deputy Chief Executive (insights and Investment) of Ministry of Social Development, Wellington
Hamiora Bowkett	<ul style="list-style-type: none"> • Deputy Chief Executive, Te Puni Kōkiri • Former Partner, PricewaterhouseCoopers • Former Social Sector Leadership position, Ernst & Young • Personal friendship with current Minister of Health, Dr David Clark (Appointment made by Minister of Finance)
Josh Briggs	<ul style="list-style-type: none"> • Councillor, Hutt City Council • Wife is an employee of Hutt Valley District Health Board / Capital & Coast District Health Board
Keri Brown	<ul style="list-style-type: none"> • Councillor, Hutt City Council • Council-appointed Representative, Wainuiomata Community Board • Director, Urban Plus Ltd • Member, Arakura School Board of Trustees • Partner is associated with Fulton Hogan John Holland
'Ana Coffey	<ul style="list-style-type: none"> • Director, Dunstan Lake District Limited • Councillor, Porirua City Council • Trustee, Whitireia Foundation • Member of Capital & Coast District Health Board • Brother is Team Coach for Pathways and Real Youth Counties Manukau District Health Board • Father is Acting Director in the Office for Disability Issues, Ministry of Social Development
Yvette Grace	<ul style="list-style-type: none"> • General Manager, Rangitāne Tu Mai Rā Treaty Settlement Trust • Member, Hutt Valley District Health Board • Member, Wairarapa District Health Board • Member, Steering group, Wairarapa Economic Development Strategy • Husband is a Family Violence Intervention Coordinator at Wairarapa District Health Board • Sister-in-law is a Nurse at Hutt Hospital • Sister-in-law is a Private Physiotherapist in Upper Hutt
Dr Tristram Ingham	<ul style="list-style-type: none"> • Director, Foundation for Equity & Research New Zealand • Director, Miramar Enterprises Limited (Property Investment Company) • Member, Independent Monitoring Mechanism to the United Nations on the United Nations Convention on the Rights of Persons with Disabilities • Chair, Te Ao Mārama Māori Disability Advisory Group • Co-Chair, Wellington City Council Accessibility Advisory Group • Chairperson, Executive Committee Central Region MDA



	<ul style="list-style-type: none"> • Vice Chairperson, National Council of the Muscular Dystrophy Association • Trustee, Neuromuscular Research Foundation Trust • Professional Member, Royal Society of New Zealand • Member, Disabled Persons Organisation Coalition • Member, Scientific Advisory Board – Asthma Foundation of NZ • Member, 3DHB Sub-Regional Disability Advisory Group • Member, Institute of Directors • Member, Health Research Council College of Experts • Member, European Respiratory Society • Member, Te Ohu Rata o Aotearoa (Māori medical Practitioners Association) • Senior Research Fellow, University of Otago Wellington • Wife is a Research Fellow at University of Otago Wellington • Co-Chair, My Life My Voice Charitable Trust • Member, Capital & Coast District Health Board • Member, DSAC • Member, FRAC
Dr Chris Kalderimis	<ul style="list-style-type: none"> • National Clinical Lead Contractor, Advance Care Planning programme for Health Quality & Safety Commission • Locum Contractor, Karori Medical Centre • Contractor, Lychgate Funeral Home
Sue Kedgley	<ul style="list-style-type: none"> • Member, Capital & Coast District Health Board • Member, Consumer New Zealand Board • Stepson works in middle management of Fletcher Steel
Ken Laban	<ul style="list-style-type: none"> • Chairman, Hutt Valley Sports Awards • Broadcaster, numerous radio stations • Trustee, Hutt Mana Charitable Trust • Trustee, Te Awaikairangi Trust • Member, Hutt Valley District Health Board • Member, Ulalei Wellington • Member, Greater Wellington Regional Council • Member, Christmas in the Hutt Committee • Member, Computers in Homes • Commentator, Sky Television
Prue Lamason	<ul style="list-style-type: none"> • Councillor, Greater Wellington Regional Council • Chair, Greater Wellington Regional Council Holdings Company • Deputy Chair, Hutt Mana Charitable Trust • Member, Hutt Valley District Health Board • Daughter is a Lead Maternity Carer in the Hutt
John Ryall	<ul style="list-style-type: none"> • Member, Hutt Union and Community Health Service Board • Member, E tū Union
Naomi Shaw	<ul style="list-style-type: none"> • Director, Charisma Rentals • Councillor, Hutt City Council • Member, Hutt Valley Sports Awards



	<ul style="list-style-type: none"> • Development Officer, Wellington Softball Association • Trustee, Hutt City Communities Facility Trust
Vanessa Simpson	<ul style="list-style-type: none"> • Director, Kanuka Developments Ltd • Relationship & Development Manager, Wellington Free Ambulance • Member, Kapiti Health Advisory Group
Dr Richard Stein	<ul style="list-style-type: none"> • Chairman and Trustee, Crohn's and Colitis NZ Charitable Trust • Member, Executive Committee of the National IBD Care Working Group • Member, Conjoint Committee for the Recognition of Training in Gastrointestinal Endoscopy • Clinical Senior Lecturer, University of Otago Department of Medicine, Wellington • Assistant Clinical Professor of Medicine, University of Washington, Seattle • Locum Contractor, Northland DHB, HVDHB, CCDHB • Gastroenterologist, Rutherford Clinic, Lower Hutt • Medical Reviewer for the Health and Disability Commissioner



CAPITAL & COAST AND HUTT VALLEY DISTRICT HEALTH BOARDS

Interest Register

EXECUTIVE LEADERSHIP TEAM

27 MAY 2020

Fionnagh Dougan <i>Chief Executive Officer</i>	<ul style="list-style-type: none"> Board member, Children's Hospital Foundation, Queensland Trustee, Wellington Hospital Foundation Adjunct Professor University of Queensland
Sandy Blake <i>CCDHB Executive Director, Quality Improvement & Patient Safety</i>	<ul style="list-style-type: none"> Advisor to Patient Safety and Reportable Events programme, Health Quality Safety Commission Adviser to ACC re adverse events Son is Associate Director of Deloitte
Debbie Barber <i>2DHB Acting Director of Communications</i>	<ul style="list-style-type: none">
Thomas Davis <i>CCDHB Executive Director, Corporate Services</i>	<ul style="list-style-type: none"> Wife's cousin Facility & Property Manager Victoria University of Wellington
Kerry Dougall <i>HVDHB Director of Māori Health</i>	<ul style="list-style-type: none"> Board Chair, Kōkiri Marae Māori Women's Refuge Board member, Ta Kirimai te Ata Whanau Collective
Nigel Fairley <i>3DHB General Manager MHAIDS</i>	<ul style="list-style-type: none"> President, Australian and NZ Association of Psychiatry, Psychology and Law Trustee, Porirua Hospital Museum Fellow, NZ College of Clinical Psychologists Director and shareholder, Gerney Limited
Joy Farley <i>2DHB Director of Provider Services</i>	<ul style="list-style-type: none"> No interests declared
Debbie Gell <i>HVDHB General Manager Quality, Service Improvement and Innovation</i>	<ul style="list-style-type: none"> Member of Consumer Council for Healthy Homes Naenae
Arawhetu Gray <i>CCDHB Director, Māori Health</i>	<ul style="list-style-type: none"> Co-chair, Health Quality Safety Commission – Maternal Morbidity Working Group Director, Gray Partners Chair, Te Hauora Runanga o Wairarapa Chair, Tangata Whenua Advisory Group, Te Hīringa Hauora, Health Promotion Agency
Rachel Haggerty <i>2DHB Director, Strategy Planning & Performance</i>	<ul style="list-style-type: none"> Director, Haggerty & Associates Chair, National GM Planner & Funder



12 February 2020

Emma Hickson <i>CCDHB Chief Nursing Officer</i>	<ul style="list-style-type: none"> • None
Nicola Holden <i>Director, Chief Executive's Office</i>	<ul style="list-style-type: none"> • None
Dr Sisira Jayathissa <i>HVDHB Chief Medical Officer</i>	<ul style="list-style-type: none"> • Member of the Medicine Adverse Reaction Committee Medsafew (MOH) • Member Standing committee on Clinical trials (HRC) • Member Editorial Advisory Board NZ Formulary • Member of Internal Medicine Society of Australia and New Zealand • Australian and New Zealand Society for Geriatric Medicine • Writer NZ Internal Medicine Research Review • Clinical Senior Lecturer and Module convenor Clinical Skills module (Hutt campus), University of Otago • Company Director of Family Company Strik's Nurseries and Garden Shop 100&1 House and Garden Plans
Christine King <i>HVDHB Chief Allied Health Officer</i> <i>Acting CCDHB Chief Allied Health Officer</i>	<ul style="list-style-type: none"> • Brother works for Medical Assurance Society (MAS) • Sister is a Nurse for Southern Cross
Michael McCarthy <i>CCDHB Chief Financial Officer</i>	<ul style="list-style-type: none"> • Director/Trustee Prime Site Properties Ltd • Director Allied Laundry • Business relationship with Teresa Wall (Chair of CCDHB MPB) in primary care consulting and the Ahuriri Health Trust. • Trustee of the Wellington Hospital Foundation • Daughter works in cervical screening programme • Son and son-in-law work for Audit NZ
Roger Palairot <i>Chief Legal Officer</i>	<ul style="list-style-type: none"> • Chair and Trustee of Carers NZ (non-profit organisation promoting the interests of family carers; funders include MoH, MSD and Waitemata DHB) • Chair and Trustee of the Wellington Community Trust • Sister-in-law is a paediatric nurse at CCDHB
Judith Parkinson <i>HVDHB General Manager, Finance and Corporate Services</i>	<ul style="list-style-type: none"> • Director of Allied Laundry
Tofa Suafole-Gush <i>HVDHB Director, Pacific Peoples</i> <i>Acting CCDHB Director, Pacific Peoples</i>	<ul style="list-style-type: none"> • Member of Te Awakairangi Health Board • Pacific Member, Board of Compass Health • Director, Pacific Peoples, Wairarapa DHB • Husband is an employee of Hutt Valley DHB
John Tait <i>CCDHB Chief Medical Officer</i>	<ul style="list-style-type: none"> • Vice President RANZCOG • Ex-officio member, National Maternity Monitoring Group • Member, ACC taskforce neonatal encephalopathy • Trustee, Wellington Hospitals Foundation

	<ul style="list-style-type: none"> • Board member Asia Oceanic Federation of Obstetrician and Gynaecology • Chair, PMMRC
Tracy Voice <i>3DHB Chief Digital Officer</i>	<ul style="list-style-type: none"> • Secretary, New Zealand Lavender Growers Association • Board member, Primary Growth Partnership with PGG Wrightsons/Grassland Seed Technology Innovation
Declan Walsh <i>2DHB Director People, Culture and Capability</i>	<ul style="list-style-type: none"> • None

BOARD MEETING

PUBLIC

 	MINUTES Held on Wednesday, 12 February 2020 Wellington Hospital, Grace Neill Building, Level 11, Board Room Commencing at 11am
BOARD WORKSHOP	PUBLIC

IN ATTENDANCE

David Smol	Chair, Hutt Valley and Capital & Coast DHBs		
Dr Ayesha Verrall	Deputy Chair, CCDHB	Wayne Guppy	Deputy Chair, HVDHB
Dr Kathryn Adams	Board Member	Josh Briggs	Board Member
Dr Roger Blakeley	Board Member	Keri Brown	Board Member (left 3:47)
'Ana Coffey	Board Member (left 12:30)	Ken Laban	Board Member
Dr Tristram Ingham	Board Member	John Ryall	Board Member
Sue Kedgley	Board Member	Dr Richard Stein	Board Member
Vanessa Simpson	Board Member		

Hutt Valley and Capital & Coast DHB

Fionnagh Dougan	Chief Executive
Nicola Holden	Director, Chief Executive's Office
Rachel Haggerty	Director, Strategy, Planning and Performance
Joy Farley	Director Provider Services
Anna Chalmers	Communications Manager
Amber Igasia	Board Liaison Officer
Christine King	Acting Chief Allied Health Officer
Nigel Fairley	GM Mental Health, Addictions and Intellectual Disability Services
Tofa Suafole Gush	Director Pacific Peoples Health

CCDHB

John Tait	Chief Medical Officer
Emma Hickson	Chief Nursing officer
Anna Chalmers	Communications Manager
Michael McCarthy	Chief Financial Officer
Sandy Blake	General Manager, Quality Improvement and Patient Safety
Arawhetu Gray	Director, Maori Health Team
Thomas Davis	General Manager, Corporate Services

HVDHB

Judith Parkinson	General Manager – Finance and Corporate Services
Kerry Dougall	Director, Maori Health Group
Fiona Allen	Director, People and Capability
Tofa Suafole Gush	Director Pacific Peoples Health
Sisira Jayathissa	Chief Medical Officer

APOLOGIES

Chris Kalderimis
 Hamiora Bowkett
 Yvette Grace
 Prue Lamason

BOARD MEETING

PUBLIC

1 PROCEDURAL BUSINESS

1.1 KARAKIA

Tristram Ingham opened the meeting with a karakia following which the Chair welcomed everyone to the meeting.

1.2 APOLOGIES

The above apologies were noted.

1.3 PUBLIC PARTICIPATION – WOBURN MASONIC

Staff from the Woburn Masonic came to the Boards about their experiences and challenges with their employment arrangements. The Boards thanked them for sharing their stories and noted what was raised would be looked into.

1.4 CONTINUOUS DISCLOSURE**1.4.1 COMBINED BOARD INTEREST REGISTER**

It was **noted** as current and any changes to be sent to the Board Liaison Officer via email.

1.4.2 COMBINED EXECUTIVE LEADERSHIP TEAM INTEREST REGISTER

It was **noted** as current and the Chief Executive will ensure the ELT will update as needed.

1.5 CHAIR'S REPORT AND CORRESPONDENCE

The Chair had nothing to note.

1.6 CHIEF EXECUTIVE'S REPORT

The Chief Executive provided a brief update.

2 DHB PERFORMANCE

2.1 CCDHB DECEMBER 2019 FINANCIAL AND OPERATIONAL PERFORMANCE REPORT

This report was taken as **READ**.

2.2 HVDHB DECEMBER 2019 FINANCIAL AND OPERATIONAL PERFORMANCE REPORT

This report was taken as **READ**.

3 SUB COMMITTEE REPORT BACK

3.1 HEALTH SYSTEM COMMITTEE UPDATE

The minutes were taken as **READ**.

4 OTHER

4.1 GENERAL BUSINESS

No further business was raised.

BOARD MEETING

PUBLIC

4.2 RESOLUTION TO EXCLUDE THE PUBLIC**Moved****HVDHB**

Wayne Guppy

CCDHB

Roger Blakeley

Second

Ken Laban

Sue Kedgley

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

BOARD MEETING

PUBLIC

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

The Board moved to Public Excluded session at 12.10pm

5 ADDENDUM TO THE MINUTES

5.1 COVID-19 UPDATE

The Boards requested the following information to be added to the Public minutes to inform the public that the Boards were given a deep briefing on COVID-19 and the Boards are confident with what the DHBs are doing.

The Chief Executive provided an update on COVID-19 in the public excluded section of the meeting to allow the Boards to ask free and frank questions. The Clinical Leader for Infectious Diseases, Director Strategy, Planning and Performance and the Director Provider Services also presented.

The presentation explained COVID-19 and the impact it has had to date across the world. Data was presented from the World Health Organization on the populations affected most significantly by COVID-19 and the effect on Health Services if appropriate preventative measures are not taken in other countries e.g. Singapore, Italy. The process and actions the DHBs will undertake to ‘flatten the curve’ were outlined to the Board.

It was noted that the incident management response for the Greater Wellington Region is a 3DHB response between Wairarapa, Hutt Valley and Capital & Coast DHBs. Health and Safety is being considered for staff and patients and work is being completed to ensure a long term response supports staff from burnout.

Questions were raised regarding:

- The role of the Board in pandemic decision making. It was noted the DHBs would align with their pandemic plans, work with the Ministry and keep the Board briefed

BOARD MEETING

PUBLIC

should there be any deviation. It was noted that learnings would be included in refreshed pandemic plans.

- Recruiting retired staff to the response and it was noted the Ministry of Health and unions are gathering information and would have lists of those who could be available by the beginning of next week. There will be creative ways of working to enable clinicians to be available such as fast tracking nursing certificates.
- Keeping the workforce safe and the Boards were assured social distancing would be enforced and taken into account.
- How the response would be appropriate for Māori. It was noted there is a group working on the potential issues that may arise such as social distancing in marae based environments. This group is meeting this week and again next week to ensure needs are met appropriately and discussed with the communities to agree best practice.

MATTERS ARISING LOG

Action Number	Date of meeting	Due Date	Assigned	Agenda Item #	Agenda Item title	Description of Action to be taken	How Action to be completed
20-P0001	12-Feb-20	31-Mar-20	Board Liaison Officer	1.4	Chair's Report	Questionnaire to be sent out for completion about skills and capability assessment	Complete - Emailed 14/5/2020
20-P0002	12-Feb-20	13-Mar-20	Board Secretary	1.4	Chair's Report	Send out Pandemic Plan (Will update the plan to reflect new disorders)	Complete - Emailed 3/3/2020



Board Information

May 2020

2DHB COVID-19 Recovery Report

Action Required

Board note the 2DHB COVID-19 Recovery Report, which is being used to monitor:

- our elimination strategy
- system capacity
- impacts of resource restriction on urgent non-COVID conditions
- interrupted care for chronic conditions
- mental health and wellbeing

Strategic Alignment	Vision for Change, Health System Plan, Sustainability Planning
Presented by	Fionnagh Dougan, Chief Executive Rachel Haggerty, Executive Director Strategy, Planning & Performance 2DHB
Purpose	Whole of system update on COVID-19 Recovery
Contributors	Peter Guthrie, General Manager Planning & Performance Elizabeth Lucie-Smith, Manager Health Intelligence & Decision Support Sam McLean, Principal Analyst/Team Leader Planning & Performance
Consultation	N/A

Executive Summary

1. COVID-19 has direct and indirect impacts across our health system and populations, including:
 - a. Preparedness and prevention activities in anticipation of COVID-19 cases and outbreaks.
 - b. Immediate mortality and morbidity from COVID-19
 - c. Post immediate morbidity of COVID-19
 - d. Impact of interrupted preventative care activities
 - e. Impact of resource restriction on urgent non-COVID conditions
 - f. Impact of interrupted care for chronic conditions
 - g. Impact on mental health and wellbeing
 - h. Wider impacts of social and economic disruption on physical and mental health and wellbeing.
2. We have built models that each DHB can use to understand the impact on the health system, plan their recovery and monitor adherence to our recovery plan. We have developed descriptive and diagnostic analytical tools to quantify the size of the impact and for whom. In addition, we have developed predictive models that allow the Funder and Provider arms of both DHBs to collaborate and plan for optimal and equitable health outcomes for our families, whānau and communities in our recovery.
3. As we refine our models, the views in this report will change. They are aligned with the current Ministry of Health COVID-19 Recovery Dashboard. The Ministry's dashboard has a focus on



secondary and tertiary services. The work of our 2DHBs is whole of system and includes mental health and addictions, and will expand to include primary and community care.

4. COVID-19 provides an opportunity for us to improve our models of service delivery and care, provide a stronger evidence base for whole of system transformation, improved health outcomes and equity, and financial sustainability

Strategic Considerations

Service Level	All groups are using COVID-19 as an opportunity to improve modelling and create an evidence base to support whole of system transformation.
People	All groups are using COVID-19 as an opportunity to improve modelling develop evidence to support improved health outcomes and equity.
Financial	All groups are using COVID-19 as an opportunity to improve modelling develop evidence to support financial sustainability.
Governance	N/A

Engagement/Consultation

Patient/Family	N/A
Clinician/Staff	3DHB Data Modelling Group (COVID-19) with whole of system representation
Community	3DHB Data Modelling Group (COVID-19) with whole of system representation

Identified Risks

Risk ID	Risk Description	Risk Owner	Current Control Description	Current Risk Rating	Projected Risk Rating
N/A	N/A	N/A	N/A	N/A	N/A

Attachment/s

N/A



Board Information

May 2020

Capital & Coast and Hutt Valley DHBs January and February 2020 Financial and Operational Performance Reports

Action Required

The Board note:

- (a) The Capital & Coast DHB January 2020 Financial and Operational Performance Report.
- (b) The Capital & Coast DHB February 2020 Financial and Operational Performance Report.
- (c) The Hutt Valley DHB January 2020 Financial and Operational Performance Report.
- (d) The Hutt Valley DHB February 2020 Financial and Operational Performance Report.

Strategic Alignment

Financial Sustainability

Authors

Judith Parkinson, General Manager Finance & Corporate Services
Michael McCarthy, Chief Finance Officer
Rachel Haggerty, Director Strategy Planning & Performance
Joy Farley, Director of Provider Services

Endorsed by

Fionnagh Dougan, Chief Executive

Purpose

Update the Board on the financial performance and delivering against target performance for the DHBs

Contributors

Finance Team, Mental Health and 2DHB Hospital Services, GM MHAIDS, Director Strategy Planning & Performance

Executive Summary

The Financial and Operational Performance Reports for January and February are attached. They were endorsed by the Finance, Risk and Audit Committee in the February and March meetings. Due to New Zealand moving to COVID-19 Alert Level 4 on 25 March, Board and sub-committee meetings were cancelled for the month of April and part of May. Therefore, these reports were not able to be provided earlier.

It is important to note, as these reports are prior to 25 March, the impacts of Alert Level 4 and the national COVID-19 response will be apparent in the March and April reports.

Strategic Considerations

Service

Financial and operational performance and funding is a key to delivering the services for the Hutt Valley and Capital & Coast populations.

Engagement/Consultation

Patient/Family N/A

Clinician/Staff N/A

Community N/A



Identified Risks

Risk ID	Risk Description	Risk Owner	Current Control Description	Current Risk Rating	Projected Risk Rating
N/A					

Attachment/s

1. Capital & Coast DHB January 2020 Financial and Operational Performance Report
2. Capital & Coast DHB February 2020 Financial and Operational Performance Report
3. Hutt Valley DHB January 2020 Financial and Operational Performance Report
4. Hutt Valley DHB February 2020 Financial and Operational Performance Report

Monthly Financial and Operational Performance Report

For the period ending 31 January 2020

Presented in February 2020



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Introduction

This is the start of a new format reporting to provide FRAC and consequently 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.

It is intended to give an overview of the people served, how Capital and Coast DHB performs against Ministry targets and hospital performance. 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 Taurite Ora, the Pacific Health Strategy, the Disability Strategy, performance of community providers and system performance for our communities and populations.



Section 1

Performance Overview and Executive Summary



Executive Summary

Thousands of people every month are served by the Capital & Coast DHB. These numbers are marginally the same over the holiday period as shown on page 6.

The Ministry of Health monitor performance against key measures agreed in the Annual Plan. In summary Capital Coast achieved seven of the key areas; partially achieved on seven measures and three were not achieved; being exclusive breastfeeding, smoking cessation and colonoscopy waiting times.

Year to date the Capital Coast DHB has a deficit of \$19.5m which is \$10.7m ahead of budget. Of this deficit \$18.1m is in the provider aspects of the DHB. Activity is 2.03% behind that planned. In the positive FTE are 37 below budget, on top of 528 FTE vacancies across the organisation.

There is a significant negative impact on the organisation as the funding for (patients transferring from other DHBs) inter district flows is unfavourable by \$6.2m YTD, equivalent to 1189 caseweight.

From an outcomes perspective inequity remains a significant challenge with Maori, and Pacific experiencing lower rates of breastfeeding and higher rates of avoidable hospital admissions know as ambulatory sensitive hospitalisations (ASH), although the Pacific rate has declined significantly, and Pacific immunisation exceeds the non-Maori, non-Pacific rate.

The utilisation of acute services is being managed despite an aging population with ED presentations being lower in December 2019 than the previous year. The utilisation of available adult beds in core wards in December 2019 is 92.8% which is higher than the 90.8% rate recorded in December 2018.

The DHB's overall cash should be of concern as the current assets of \$75m is significantly lower than the \$238m of current liabilities, this is therefore resulting in the DHB being solely reliant on the crown to meet payments as they fall due. The board has received a "letter of comfort" from the Ministry of Health & Finance, which allows the board to continue to trade as a going concern.

The forecast deficit submitted to the Ministry of Health is (\$29.5m)

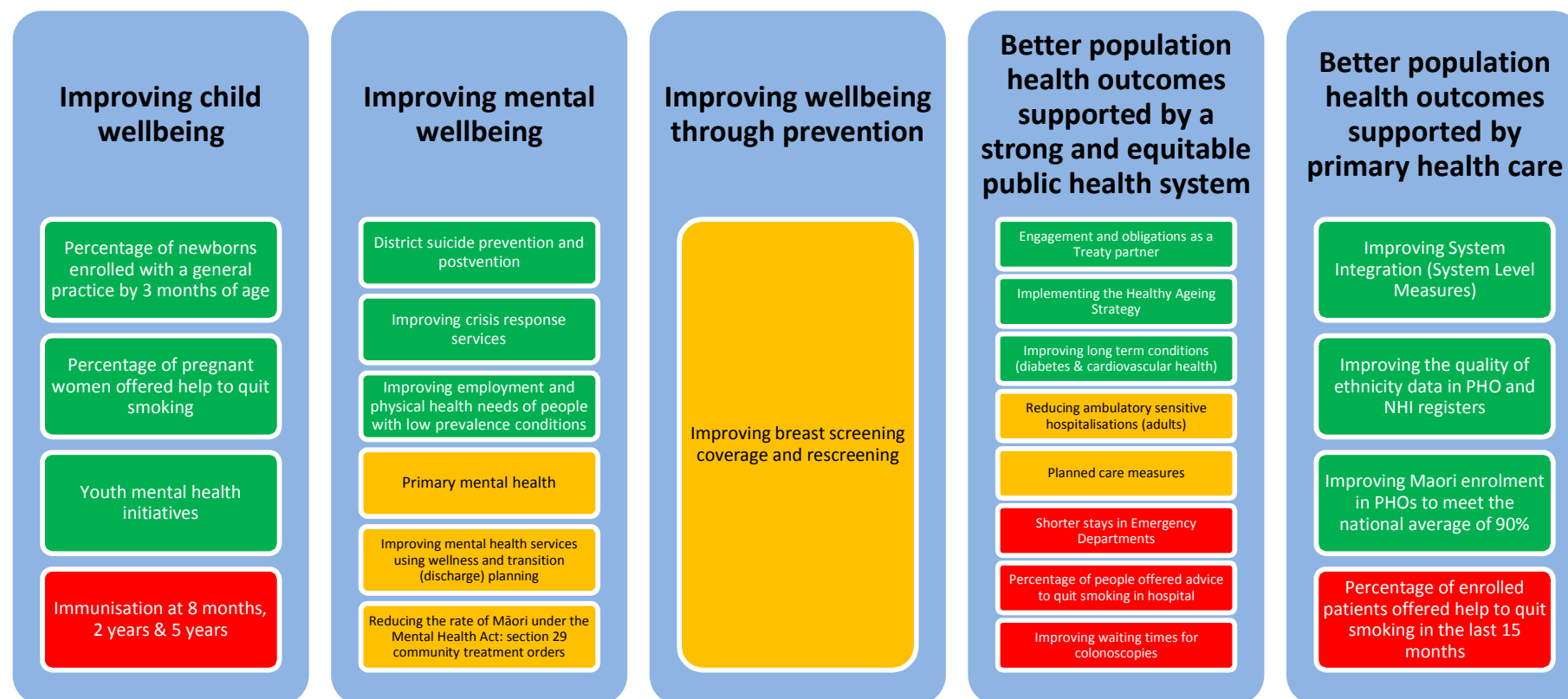


People Served – January 2020 (December 2019)

CCDHB funds services that touch thousands of people in our community every month. Like December, January is a quieter than usual due to the holiday period.

ED Attendances 4,731 (↓ 4,788) 582 Maori (↓ 587) 456 Pacific (↑ 448)	Surgical Procedures* 1,067 (↑ 997) 139 Maori (↓ 146) 75 Pacific (↓ 89) <small>* Surgical procedures completed in main theatres.</small>	Hospital Discharges* 4,939 (↑ 4,871) 732 Maori (↑ 706) 444 Pacific (↑ 434) <small>* Discharges from Kenepuru Community Hospital and Wellington Regional Hospital.</small>	Outpatient & Community Contacts 18,814 (↓ 19,421) 2,057 Maori (↓ 2,470) 1,146 Pacific (↓ 1,580)
Mental Health Discharges 1,433 (↑ 1,349) 395 Maori (↑ 366) 72 Pacific (↑ 53)	Mental Health & Addiction Contacts 5,615 (↑ 5,524) 1,377 Maori (↑ 1,367) 337 Pacific (↑ 318)	Primary Care Contacts 67,396 (↓ 67,763) 7,044, Maori (↓ 7,175) 4,800 Pacific (↓ 5,071)	People in Aged Residential Care 2,114 (↑ 2,112) Maori (= 85) Pacific (= 76)

Ministry Priorities (Q2 2019/20)

Achieved
Partially Achieved
Not achieved


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 – January 2020

YTD Operating Position \$19.5m deficit Against a budgeted YTD deficit of \$8.8m. Month result was \$2.6m deficit.	YTD Provider Position \$18.1m deficit Against a KPI of a budgeted deficit of \$6m. Month result was \$5.5m deficit, [\$2.4m unfavourable]	YTD Funder Position \$1.9m deficit Against a KPI of a budgeted deficit of \$2.9m. Month result was \$2.7m surplus, [\$500k favourable].	YTD Capital Exp \$21.7m spend Against a KPI of a budgeted spend of \$27.4m. This includes funded projects – Childrens Hospital
YTD Activity vs Plan (CWDs) 2.03% behind¹ 858 CWDs below PVS plan (1181 IDF CWDs behind). Month result -487 CWDs excluding work in progress.	YTD Paid FTE 5,191³ YTD 37 below annual budget of 5,228 FTE. Month 41 favourable. 528 FTE vacancies at 31 st Jan.	Annual Leave Taken 8.90%⁴ Underlying YTD annual leave taken is equivalent to 23.2 days per FTE. This equates to YTD breakeven.	

¹ Note that the PVS (Price volume schedule for HHS/MHAIDS) is not total Surgical/Medical case-weight throughput largely due to Non-Residents & ACC. Also Outsourced PVS cases within this result are 488 CWD more than target to Jan 20, total of 1521 outsourced.

³ Paid FTE ignores leave balance movement which is YTD 17 FTE better than budgeted, Outsourced staff are also not counted in this metric which is currently \$2.3m adverse

CWD – Case weights (also known as WEIS for a year) WEIS – Weighted Inlier Equivalent Separations
⁴ – Only annual leave, excludes Lieu, long service and other types, note that public holidays build up the Lieu leave in the second half of the financial year



Hospital Performance Overview – January 2020

YTD ED (SSIED) 6 Hour rule	ESPI 5 Long Waits	Specialist Outpatient Long Waits	Serious Safety Events ²
81.0%	154	230	4
14% below the ED target of 95% Monthly +2.1%	Against a target of zero long waits. Monthly +19	Against a target of zero long waits. Monthly + 38	An expectation is for nil SSEs at any point.

YTD Activity vs Plan (CWDs)	YTD Paid FTE	YTD Cost per WEIS
2.03% behind ¹	3,344 ³	\$5,708*
858 CWDs below PVS plan (1181 IDF CWDs behind). Month result -487 CWDs excluding work in progress.	YTD 64 below annual budget of 3,408 FTE. Month 64 favourable. 210 FTE of vacancies at 31 st Jan.	Against a national case-weight price per WEIS of \$5,216 (9.4% above). YTD Nov \$5,712. *to Dec19

¹ Note that the PVS (Price volume schedule for HHS/MHAIDS) is not total Surgical/Medical case-weight throughput largely due to Non-Residents & ACC. Also Outsourced PVS cases within this result are 488 CWD more than target to Jan 20, total of 1521 outsourced.

² An SSE is classified as SAC1 or SAC2 serious adverse events per HQSC

³ Paid FTE ignores leave balance movement which is YTD 3.5 FTE better than budgeted, Outsourced staff are also not counted in this metric which is currently \$146k adverse

ELOS – Emergency Dept 6 hour length of stay rule of 95%
CWD – Case weights (also known as WEIS for a year) WEIS – Weighted Inlier Equivalent Separations⁹



Section 2.1

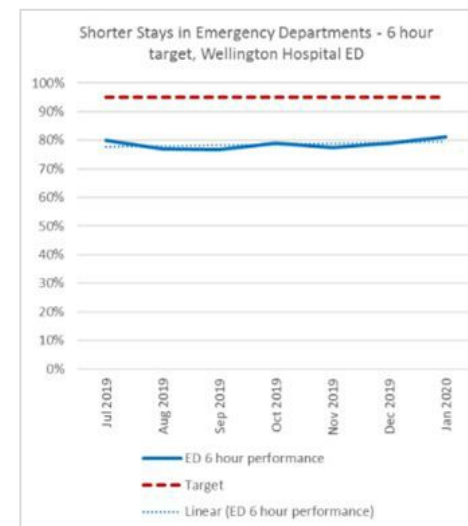
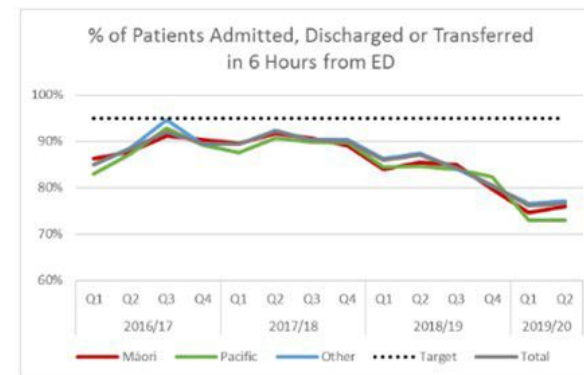
Funder Arm Performance



Flow & Acute Demand

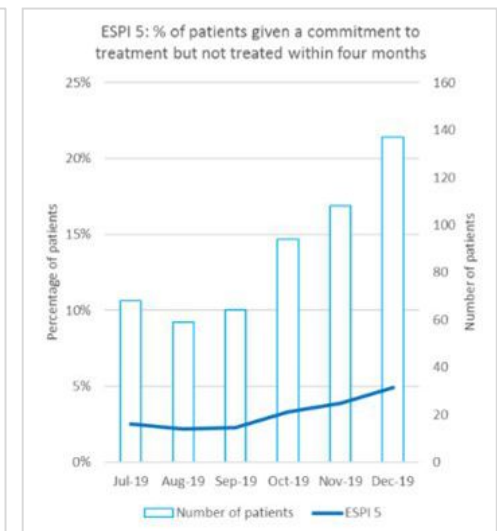
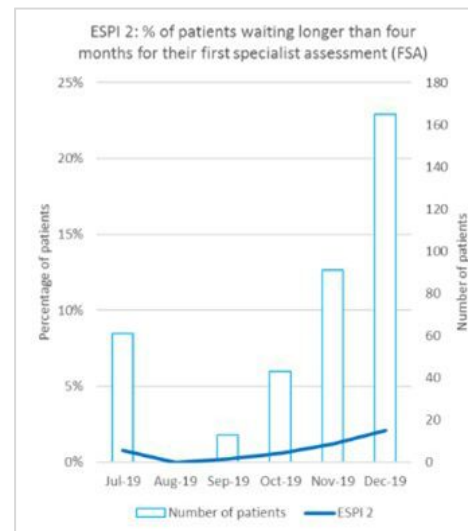
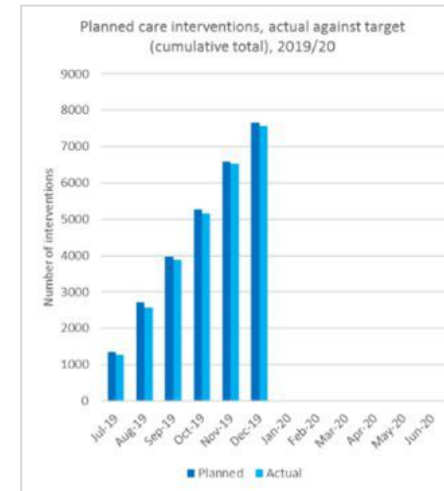
- We have a focus on Flow and reducing acute demand on emergency and hospital services (i.e. only using the hospital when you really need to and getting people home sooner).
- We want to use our resources effectively and efficiently to maximise the delivery of care to our communities.
- 81% of people are treated and discharged from Wellington Hospital ED within 6 hours. The Ministry of Health target is 95%. We have stabilised performance around 80% from declining performance throughout 2018/19.
- We are improving our discharge processes: 24%* of patients have been discharged before 11am and we are using the transit lounge more often to make beds available earlier for patients.
- Managing Flow and acute demand supports access to Planned Care services at CCDHB.

*Correction from previous version submitted to FRAC, previously stated 80%.



Planned Care

- Improving patient flow through our system will support increased access to Planned Care and achievement
- We are slightly behind in our Planned Care delivery schedule. We were also behind target for the same period last year. However, for the past two financial years we achieved the end of year target.
- In December 2019, 165 patients (2.1%) were waiting longer than four months for their first specialist assessment (FSA). The number of people waiting more than four months for their FSA has doubled each month since August 2019.
- In December 2019, 137 patients (4.9%) were given a commitment to treatment but not treated within 4 months. The number of patients given a commitment to treatment but not treated within 4 months has almost doubled from the same time last year and steadily increased each month since September 2019.



Funder Financial Statement of Performance

Month					Capital & Coast DHB Funder Result - \$000	Year to Date				
Actual	Budget	Last year	Variance			Actual	Budget	Last year	Variance	
			Actual vs Budget	Actual vs Last year					Actual vs Budget	Actual vs Last year
Jan 2020										
68,138	68,138	63,789	0	4,349	Base Funding	476,967	476,967	446,523	0	30,444
4,404	4,872	6,841	(468)	(2,437)	Other MOH Revenue - Funder	34,411	34,105	38,183	306	(3,772)
106	263	0	(156)	0	CCDM funding from 18/19 released in 19/20	745	1,838	0	(1,093)	0
299	0	0	299	0	Add funds re MERAS and PSA MECA	419	0	0	419	0
41	89	171	(47)	(130)	Other Revenue	612	621	763	(9)	(151)
2,997	2,735	2,168	262	829	IDF Inflows PHOs	19,680	19,147	17,877	533	1,803
16,210	17,450	15,628	(1,240)	582	IDF Inflows 19/20 Wash-up Prov	117,219	122,153	114,144	(4,934)	3,075
92,196	93,547	88,598	(1,352)	3,598	Total Revenue	650,052	654,830	617,490	(4,778)	32,563
					Internal Provider Payments					
958	958	933	0	(25)	DHB Governance & Administration	6,707	6,707	6,529	0	(178)
43,928	45,261	41,585	1,333	(2,343)	DHB Provider Arm PVS - HHS	341,819	346,481	328,645	4,663	(13,173)
7,451	7,498	7,205	48	(246)	DHB Provider Arm PVS - Mental Health	44,741	44,991	42,920	249	(1,821)
3,983	3,817	2,042	(166)	(1,941)	DHB Provider Arm PVS - COO	23,897	22,900	5,357	(997)	(18,539)
56,320	57,535	51,765	1,215	(4,555)	Total Internal Provider	417,164	421,078	383,452	3,915	(33,712)
					External Provider Payments:					
5,831	5,790	6,190	(40)	359	- Pharmaceuticals	41,102	40,533	41,844	(569)	742
6,405	6,233	6,102	(173)	(303)	- Capitation	44,675	43,630	40,641	(1,045)	(4,034)
7,059	7,217	7,244	159	185	- Aged Care and Health of Older Persons	49,180	50,522	49,031	1,343	(149)
2,377	2,407	2,459	30	82	- Mental Health	17,202	16,840	16,520	(361)	(681)
840	786	422	(54)	(418)	- Child, Youth, Families	5,662	5,503	2,984	(159)	(2,678)
377	529	588	152	212	- Demand driven Primary Services	3,818	3,973	4,286	155	469
2,007	2,240	1,942	233	(65)	- Other services	15,128	15,506	14,061	377	(1,068)
3,256	3,645	3,483	389	226	- IDF Outflows Patients to other DHBs	23,224	25,515	24,404	2,291	1,181
5,040	4,944	4,627	(97)	(413)	- IDF Outflows Other	34,792	34,606	32,413	(186)	(2,379)
33,192	33,792	33,057	600	(134)	Total External Providers	234,782	236,628	226,185	1,846	(8,597)
89,511	91,326	84,822	1,815	(4,689)	Total Expenditure	651,945	657,706	609,637	5,761	(42,309)
2,684	2,221	3,775	463	(1,091)	Net Result	(1,893)	(2,876)	7,853	983	(9,746)



Funder Financials – Revenue

Revenue

- IDF inflows (\$4.9m) unfavourable YTD due to lower than expected patient CWD volumes from other DHBs mainly Hutt, Midcentral and Wairarapa
- PHO additional funding \$1.4m. There are related costs accounted for in the expenditure
- CCDM expected funding for 2019/20 not received. YTD unfavourable (\$1.0m). Additional funds received for MECA increases \$419k YTD offsets staff increased costs.
- Aged Care pay Equity funding held back & to be paid to Hutt to support joint HCSS contract managed by Hutt (\$1m)
- Additional other revenue is favourable YTD \$328k. This offsets additional costs

SIP Funder Revenue Variances	Month \$000's	YTD \$000's
IDF Inflow Revenue held back	(1,240)	(4,934)
IDF Additional Inflows PHOs	262	533
PHO funding change for u14/CSC	117	876
CCDM 18/19 - over budgeted for 19/20	(138)	(966)
Add funds re MERAS and PSA MECA	60	419
Mental Health additional funding	23	213
Aged Care Pay Equity re HCSS	(299)	(1,034)
Other additional funds	(137)	115
Year to Date Revenue Variances	(1,352)	(4,778)



Funder Financials – Provider Payments

- **Internal Provider Payments**
- Provider Arm payments are favourable \$1.2m for the month and favourable \$3.9m YTD mainly due to lower than budgeted payments for IDF inflow volumes from other DHBs
- **External Provider Payments:**
- Pharmaceutical costs are (\$569k) unfavourable YTD, mainly due to an efficiency target built into the budget. Actual year to date costs are in line with seasonal patterns.
- Capitation expenses are (\$1.1k) unfavourable YTD. Additional costs due to volumes are offset by additional revenue received from the Ministry.
- Aged residential care and HOP other costs are \$1.3m YTD favourable. Volumes are maintained. Awaiting charge from Hutt for HCSS pay equity costs related to joint contracts.
- Mental Health costs are unfavourable (\$361k) YTD. New contract issued to Tu Ora Compass offset by new revenue funding received from MOH.
- Child and Youth costs are unfavourable.(\$159k) YTD. New contract in 2019/20 offset by new revenue funding received from MOH.
- Other services favourable \$377k. Reduced NTA (national travel costs) due to reduced IDF patient movements
- IDF Outflows are favourable \$2.3m YTD, driven by lower patient volumes sent to other DHBs, mainly Hutt, Counties and Canterbury DHBs.



Inter District Flows (IDF)

DHB of Domicile	YTD Jan estimated inpatient CWD washup*
Hutt Valley	-\$2,669,136
MidCentral	-\$1,863,954
Hawkes Bay	-\$1,304,263
Wairarapa	-\$1,191,934
Taranaki	-\$802,596
Other under-delivered (9 DHBs)	-\$777,209
Other over-delivered (3 DHBs)	\$258,561
Nelson Marlborough	\$461,902
Whanganui	\$846,935
Total undelivered inpatient IDF	-\$7,041,694

DHB of Service	YTD Jan estimated inpatient CWD outflow washup*
Hutt	-\$1,096,586
Canterbury	-\$480,859
Counties Manukau	-\$356,951
Other under-serviced (13 DHBs)	-\$620,132
Other over-serviced (2 DHBs)	\$6,327
Waikato	\$148,389
Total unserviced inpatient IDF	-\$2,399,812

IDF Inflow (revenue):

Overall IDF inflows are below budget by (\$4.4m), however this includes additional funding for PCT drugs for IDF patients of \$1.3m. The funding offsets the DHB increase in pharmaceutical expenditure. The majority of the lower IDF inflows is caused by inpatient caseweight activity split between:

- (\$2.4m) acute (largely neonatal \$1.2m),
- (\$3.8m) elective (largely Cardiothoracic \$3m).

IDF Outflow (expense):

Overall IDF outflows are below budget by \$2.4m. This relates to lower numbers of CCDHB patients treated at other DHBs as indicated on the table to the left.

* v1 Contract Monitoring update, Financials based on v2 which reflects a higher coding status (+\$800k) inflow



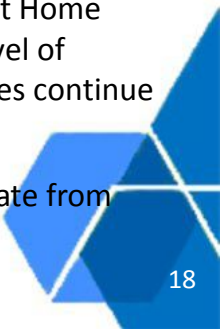
Section 2.2

Hospital Performance



Executive Summary – Hospital Performance

- The DHB hospital performance is under pressure in many of the key areas measured and reported on in this report. The December ED performance has continued to be lower than what was achieved the previous year. The bed occupancy percentage utilisation for January 2020 was 94% (optimum occupancy of 92%). High occupancy remains a barrier to acute flow – new and creative solutions to addressing this key area will be needed this year.
- Waiting times for CT and MRI remain high as a result of a historical insufficient capacity to meet demand. The situation was exacerbated by strike action by imaging staff (MIT) Aug – Nov 2019). The proportion of patients waiting less than 90 days for angiography has deteriorated compared to last month, and remains below the target of 95%.
- We are in the process of developing our plan for identifying our bowel screening program taking lessons learned from the Hutt Valley experience. Preparation for Readiness Audits are underway with a projected go live date of September this year. CCDHB does not meet the Ministry of Health target for urgent, non-urgent and surveillance colonoscopies however with as part of our preparation for screening we have commenced work to bring our wait times to be compliant with ministry targets before the programme launches.
- The Acute Demand and Bed Capacity Programme continues to have successes with expansion of the Advancing Wellness at Home Initiative (AWHI) from MAPU to two other inpatient areas. AWHI is an early supported discharge pilot for people whose level of function has declined on admission; a reduction in the over 10 day stays for complex patients in general medicine. Activities continue across the organisation to improve discharge processes and reduce length of stay where appropriate.
- To inform our annual planning reconciliation continues to identify increases in FTEs that are driven by compliance as separate from productivity changes. This will allow better evaluation of lost productivity opportunities.



HHS Operational Performance Scorecard – period Jan 19 to Jan 20

Domain	Indicator	2019/20 Target	Performance Trend												
			2019-Jan	2019-Feb	2019-Mar	2019-Apr	2019-May	2019-Jun	2019-Jul	2019-Aug	2019-Sep	2019-Oct	2019-Nov	2019-Dec	2020-Jan
Care	Serious Safety Events	Zero SSEs	5	5	3	3	10	8	3	3	2	3	3	4	4
	Total Reportable Events	TBD	853	875	1,020	866	1,176	1,169	1,251	1,178	1,090	1,150	1,055	992	847
Patient and Family Centred	Complaints Resolved within 35 calendar days	TBD	75.0%	80.3%	64.7%	74.1%	81.4%	85.7%	83.1%	83.8%	97.7%	93.4%	91.8%	89.8%	96.2%
	% Discharges with an Electronic Discharge summary	TBD													
Access	Emergency Presentations		5,254	5,029	5,983	5,264	5,523	5,480	5,749	5,757	5,430	5,336	5,377	5,389	5,319
	Emergency Presentations Per Day		169	180	193	175	178	183	185	186	181	172	179	174	172
	Emergency Length of Stay (ELOS) % within 6hrs	≥95%	89.1%	83.8%	82.5%	83.0%	83.9%	78.2%	79.8%	76.8%	76.4%	78.7%	77.2%	78.9%	81.0%
	ELOS % within 6hrs - non admitted	TBD	94.4%	88.7%	88.2%	88.9%	89.3%	84.2%	86.6%	83.6%	82.2%	85.0%	82.7%	84.6%	86.6%
	ELOS % within 6hrs - admitted	TBD	72.3%	68.1%	62.6%	65.0%	66.9%	59.4%	58.5%	55.9%	58.4%	60.0%	59.6%	61.1%	63.2%
	Total Elective Surgery Long Waits	Zero Long Waits	137	140	146	151	116	107	68	59	64	93	107	135	154
	Additions to Elective Surgery Wait List		1,158	1,329	1,316	1,257	1,436	1,332	1,470	1,420	1,399	1,308	1,387	1,100	998
	% Elective Surgery treated in time	TBD	91.4%	86.5%	87.2%	87.6%	89.7%	90.7%	88.6%	91.2%	92.7%	92.7%	92.1%	92.2%	85.7%
	No. surgeries rescheduled due to specialty bed availability	TBD	0	1	7	5	2	8	13	23	10	5	19	3	1
	Total Elective and Emergency Operations in Main Theatres	TBD	971	1,113	1,269	1,048	1,185	1,105	1,195	1,239	1,201	1,179	1,199	997	1,067
	Faster Cancer Treatment 31 Day - Decision to Treat to Treat	85%	88.0%	95.0%	96.0%	94.0%	93.0%	91.0%	92.0%	91.0%	93.0%	91.0%	86.0%	93.0%	85.0%
	Faster Cancer Treatment 62 Day - Referral to Treatment	90%	80.0%	87.0%	96.0%	88.0%	89.0%	89.0%	83.0%	92.0%	94.0%	96.0%	85.0%	93.0%	63.0%
	Specialist Outpatient Long Waits	Zero Long Waits	208	72	151	138	48	49	61	0	13	43	91	192	230
	% Specialist Outpatients seen in time	Zero Long Waits	91.2%	90.3%	89.1%	89.6%	91.2%	90.3%	91.5%	91.5%	91.0%	92.7%	91.9%	94.3%	80.5%
	Outpatient Failure to Attend %	TBD	7.3%	7.4%	7.2%	7.1%	7.3%	7.2%	6.9%	7.0%	7.3%	7.1%	7.0%	7.6%	7.0%
	Maori Outpatient Failure to Attend %	TBD	15.0%	14.9%	15.2%	15.0%	14.7%	15.0%	13.8%	14.3%	14.2%	14.7%	14.3%	15.9%	14.7%
	Pacific Outpatient Failure to Attend %	TBD	18.1%	16.9%	16.9%	16.2%	16.2%	16.1%	16.7%	15.8%	17.0%	16.6%	14.5%	16.3%	16.1%
Financial Efficiency	Forecast full year surplus (deficit) (\$million)		(\$15.9m)	(\$15.9m)	(\$15.9m)	(\$22m)	(\$22m)	(\$22.8m)	(\$15.9m)	(\$15.9m)	(\$20.9m)	(\$20.9m)	(\$26m)	(\$29.5m)	(\$29.5m)
	Contracted FTE (Internal labour)		4,729	4,779	4,784	4,808	4,811	4,818	4,812	4,824	4,851	4,864	4,855	4,837	4,841
	Paid FTE (Internal labour)		5,072	5,117	5,104	5,141	5,117	5,196	5,154	5,155	5,187	5,163	5,208	5,259	5,187
	% Main Theatre utilisation (Elective Sessions only)	85.0%	81.1%	78.5%	80.1%	81.0%	80.4%	79.2%	80.4%	78.2%	79.2%	78.1%	79.0%	82.8%	82.8%
Discharge and Occupancy	% Patients Discharged Before 11AM	TBD	23.0%	24.8%	22.3%	25.0%	25.0%	23.0%	23.8%	24.4%	25.8%	25.6%	22.4%	24.0%	23.8%
	Adult Long Stay Patients Not Yet Discharged (>14 days) WLG	TBD	24	24	35	28	32	31	37	31	22	27	32	29	26
	Adult Overnight Beds - Average Occupied WLG	TBD	291	296	300	307	297	312	315	306	314	308	305	289	294
	Adult Long Stay Patients Not Yet Discharged (>14 days) KEN	TBD	25	27	22	34	24	30	24	29	27	19	27	23	23
	Adult Overnight Beds - Average Occupied KEN	TBD	68	75	78	74	70	77	77	84	83	76	71	66	72
	Child Overnight Beds - Average Occupied	TBD	20	25	27	23	27	28	29	32	29	24	24	21	19
Care	NICU Beds - ave. beds occupied	36	31	30	30	37	36	31	38	31	36	37	36	33	32
	Rate of Presentations to ED within 48 hours of discharge	TBD	3.5%	3.9%	3.8%	4.0%	3.4%	4.3%	4.0%	3.8%	3.7%	3.7%	4.2%	3.6%	3.7%
	Presentations to ED within 48 hours of discharge	TBD	182	198	230	208	189	234	231	218	200	196	226	193	196
Staff Experience	Staff Reportable Events	TBD	126	117	124	83	114	123	123	120	124	136	127	100	106
	% sick Leave v standard	TBD	1.9%	2.3%	3.0%	2.9%	3.4%	3.5%	3.7%	3.4%	3.5%	3.3%	3.0%	2.4%	2.1%
	Nursing vacancy	TBD	158.3	150.0	149.0	141.0	133.0	139.0	221.0	222.0	213.0	210.0	215.0	228.0	219.0
	% overtime v standard (medical)	TBD	1.7%	2.1%	1.7%	1.4%	2.1%	1.8%	1.9%	1.8%	1.7%	1.7%	1.7%	1.6%	1.5%

Refer to pages 9 to 14 for more details on CCDHB performance. Highlighted where an identified target in 19/20.

CCDHB Access Performance – Shorter Stays in ED (SSIED)

Performance	NOV	DEC	JAN
2018-19	88%	85%	89%
2019-20	76%	77%	80%

Breaches	NOV	DEC	JAN
2018-19	597	746	567
2019-20	1200	1137	996

ED Volumes	NOV	DEC	JAN
2018-19	4,843	5,059	5,015
2019-20	4,945	5,019	4,993

- The overall performance of ED admitted, and treated and discharged patients for the 2019/20 financial year is presented in table 1 below. The occupancy percentage utilisation for January 2020 was 94% (optimum occupancy of 92%). High occupancy remains a barrier to acute flow and achieving the SSIED target.
- The Acute Demand and Bed Capacity Programme continues to have successes with expansion of the Advancing Wellness at Home Initiative (AWHI) pilot from MAPU to two other inpatient areas. This pilot has been extended until the end of June 2020. AWHI is an early supported discharge pilot for people whose level of function has declined on admission and has involved making changes to the patient care coordination service to identify potential patients needing intervention earlier in admission with the goal of reduction in the over 10 day stays for complex patients in general medicine. Activities continue across the organisation to improve discharge processes and reduce length of stay where appropriate.



CCDHB Access Performance – Planned Care

Inpatient Surgical Discharges/Minor Procedures

- CCDHB has achieved 98.8% of the target planned care intervention volume YTD as at December month end. This is comprised of a 407 under delivery in inpatient discharges, partially offset by a 331 over delivery in minor procedures. This result was confirmed by the Ministry as of 3 February 2020.
- As per MOH reporting CCDHB was adverse 184.3 CWDs YTD as at end of December. This equates to \$961k YTD which is an improved position compared to YTD end of November 2019. December result was favourable 90.6 CWDs, or \$469k. Given the \$3m stretch in the planned care target, the YTD performance is ahead of target.
- Due to timing delays there will always be a six week lag in MOH reporting for inpatient volumes. Internal reporting, taking into account uncoded discharges is still in development and not available for reporting.
- This (\$2m) behind has not been recognised within CCDHB financial accounts to date, we recognise there may be some additional risk in terms of wash-up of different components of this planned care initiative.

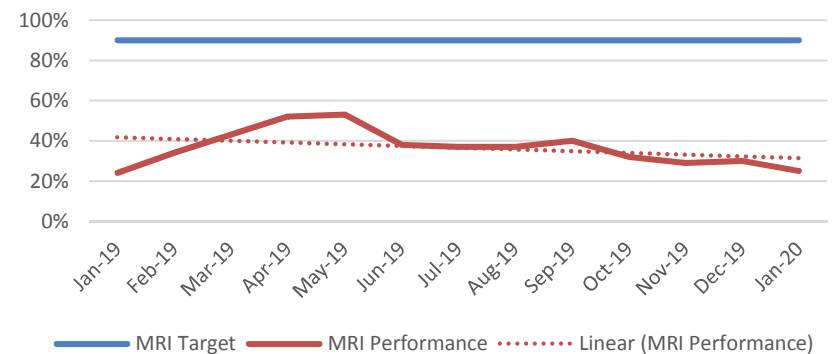


CCDHB Access Performance – Planned Care

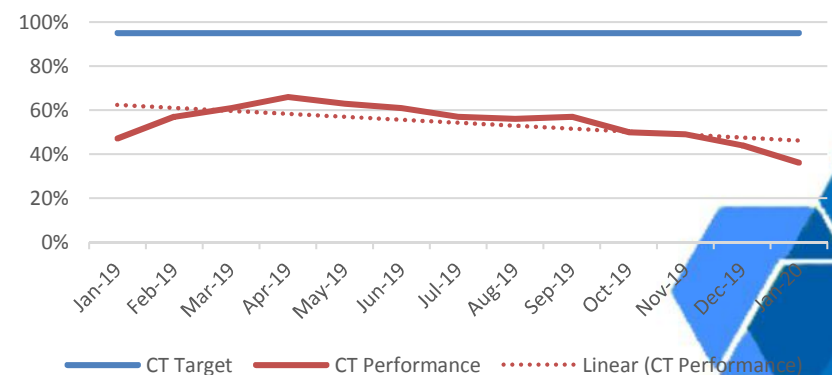
MRI and CT Waiting Times

- Waiting times for CT and MRI remain high as a result of an historical insufficient capacity to meet demand. The situation was exacerbated by strike action by MITs Aug – Nov 2019.
- Waiting times for outpatients is now over 30 weeks for MRI and CT scanning. Reporting times for scans are also increasing with over 2000 examinations waiting for reporting at the beginning of February.
- With current waiting times there is increased risk of patient harm, including disease progression. The likelihood of significant adverse events is high. The service continues to prioritise based on clinical urgency and performs Inpatient and ED patients within expected timeframes to maximise inpatient flow.
- The MOH have been in contact over the continued decrease in performance and are increasingly worried about the patients waiting longer than 142 days which is growing rapidly. There is significant clinical risk for these patients. There has also been media interest and one article in the paper over long waiting times.
- There will be little ability to influence the numbers waiting in Q4 within current service capacity. The service continues to work on how to mitigate the risk of serious patient harm.

Percentage of routine OP MRI Scans undertaken within 42 days of referral



Percentage of routine OP CT Scans undertaken within 42 days of referral



CCDHB Access Performance – Planned Care

Coronary Angiography Waiting Times

- The proportion of patients waiting less than 90 days for angiography has deteriorated compared to last month, and remains below the target of 95%.
- The service continues to be non-compliant with the elective coronary angiography target, driven by both demand and capacity (losing sessions to acute demand). MIT Industrial action last year has impacted capacity, as has reduced production over December and January. There are approximately 33 cases, over 90 days, 15 still to be booked. The service is backfilling sessions to mitigate the risk, however, we do not expect a change to wait lists in Q3 within current service capacity.

Acute Coronary Syndrome - key clinical quality improvement indicators

1. 70% of high-risk patients will receive an angiogram within 3 days of admission. ('Day of Admission' being 'Day 0')
 - CCDHB result for December (most recent data that is available) was 90.7%. As a region we achieved target for December, 72.7% (96/132)
 - Hawkes Bay, Hutt Valley, Wairarapa and Whanganui did not achieve the target. (54.5%, 61.5%, 25% and 64.3% respectively) this was primarily driven by access to beds.
2. The second measure relates to data quality, integrity – the target is that over 95% of patients presenting with ACS who undergo coronary angiography have completion of ANZACS-QI ACS and Cath/PCI registry data collection within 30 days.
 - CCDHB result for December was 96.8%. As a region we achieved target for December - 96.2%



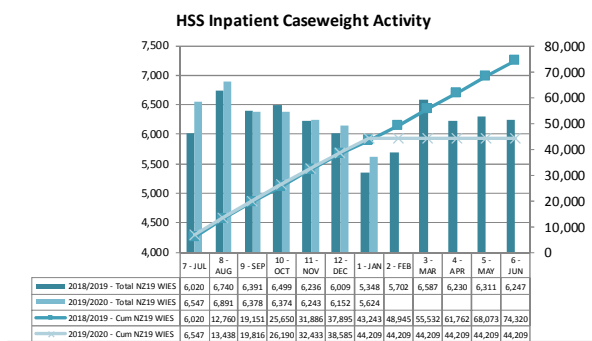
CCDHB Activity Performance

Capital and Coast DHB: January 2020

HSS Inpatient Caseweight Activity

	2018/19	2019/20
YTD Totals	43,243	44,209
Change		966
% Change		2.2%

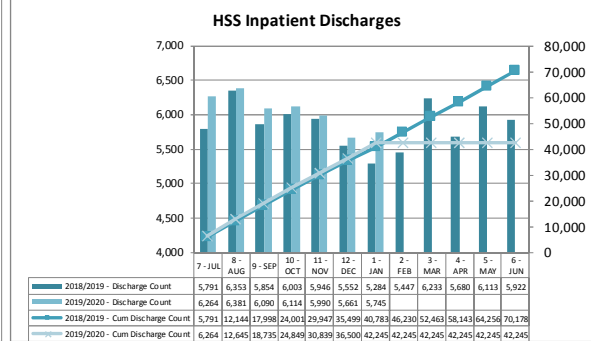
* This includes all Hospital Activity including ACC, Non Resident, Non-Casemix but excludes Mental Health



HSS Inpatient Discharges

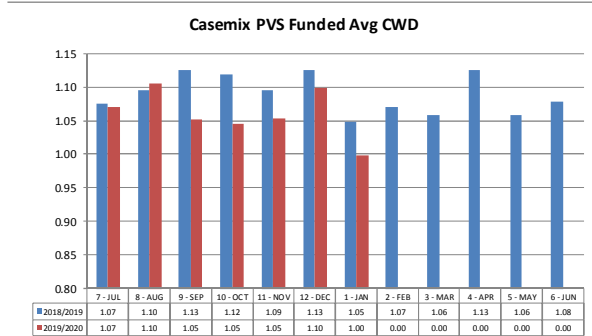
	2018/19	2019/20
YTD Totals	40,783	42,245
Change		1,462
% Change		3.6%

* This includes all Hospital Activity including ACC, Non Resident, Non-Casemix but excludes Mental Health



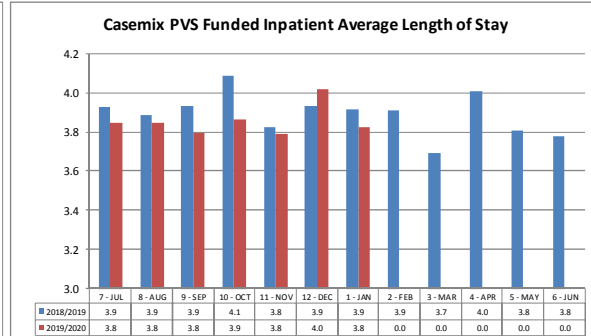
Casemix PVS Funded Avg CWD

	2018/19	2019/20
YTD Totals	1.09	1.06
Change		-0.03
% Change		-3%



Casemix PVS Funded Inpatient Average Length of Stay

	2018/19	2019/20
YTD Totals	3.89	3.85
Change		-0.04
% Change		-0.9%



- Local acute CWDs are higher than previous financial year (594 CWDs) with an increase in discharges; a slightly lower ALOS and a similar average CWD.
- Local Elective CWDs are lower than the previous financial year by (81 CWDs) with a decrease in discharges; and a similar ALOS and a slightly lower average CWD.
- IDF acute CWDs are higher than previous financial year (281 CWDs) with an increase in discharges a higher ALOS and a lower average CWD. The discharge increase is driven primarily by Emergency Medicine, Cardiothoracic and General Surgery.
- IDF Elective CWDs are lower than the previous financial year (288 CWDs) with more discharges a lower ALOS and a lower average CWD. The discharge increase is driven primarily by Cardiology, Ophthalmology and Paediatric Surgery.

CCDHB Activity Performance - Productivity

Capital and Coast DHB: January 2020

ED Presentations

	2018/19	2019/20
YTD Totals	37,245	38,357
Change		1,112
% Change		3%

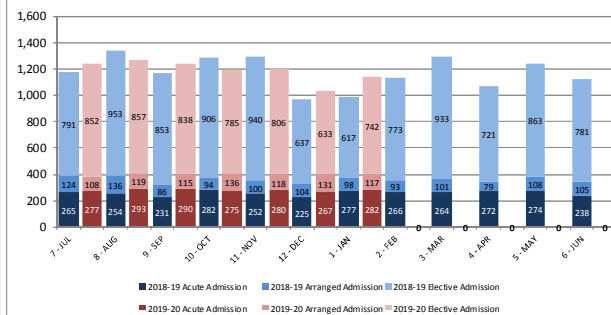
ED Presentations by Year / Month and Outcome



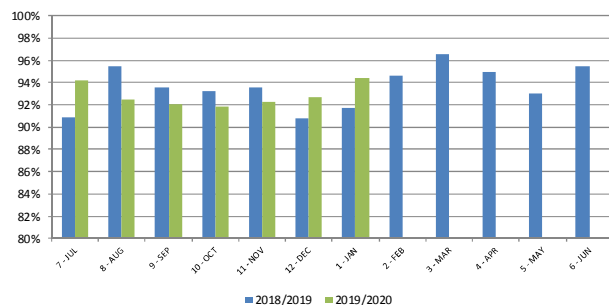
Theatre Cases

	2018/19	2019/20
YTD Totals	8,225	8,321
Change		96
% Change		1%

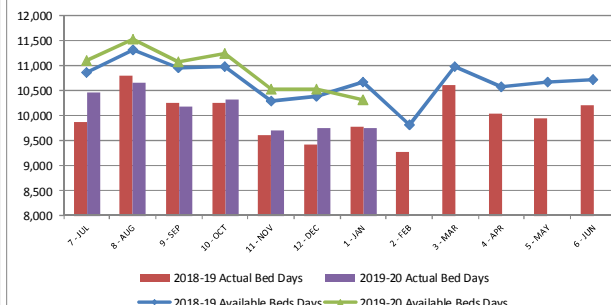
Theatre Cases



Actual Bed Utilisation as a Percentage of Available Beds Ytd 2018/19 - 92.8% Ytd 2019/20 - 92.8%



Bed Utilisation Bed Days Ytd 2018/19 - 70,020 Ytd 2019/20 - 70,860



- The number of ED presentations is higher in January 2020 than the number recorded in the same month in the previous financial year. The emergency department in January 2020 has experienced a 1.2% increase (65) in the number of presentations compared to January 2019, this equated to an increase of approx. 2.1 presentations per day
- The utilisation of available of adult beds in core wards in January 2020 is 94.4% which is higher than the 91.7% rate recorded in January 2019. The number of available beds in January 2020 is higher than in January 2019 with Kenepuru open for less days.
- Elective theatre cases have increased for the month of January 2020 by 20.3% (125 cases) when compared to January 2019.

Section 2.3

Mental Health Addiction & Intellectual
Disability

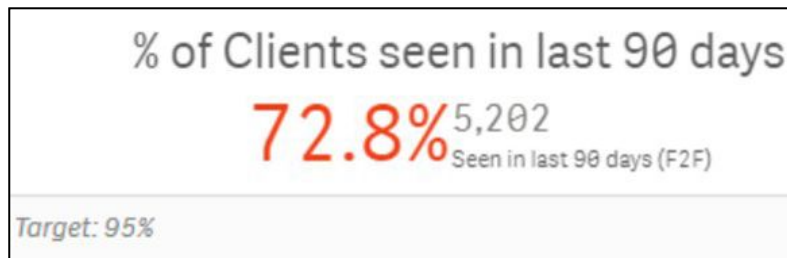


Executive Summary – Mental Health Performance

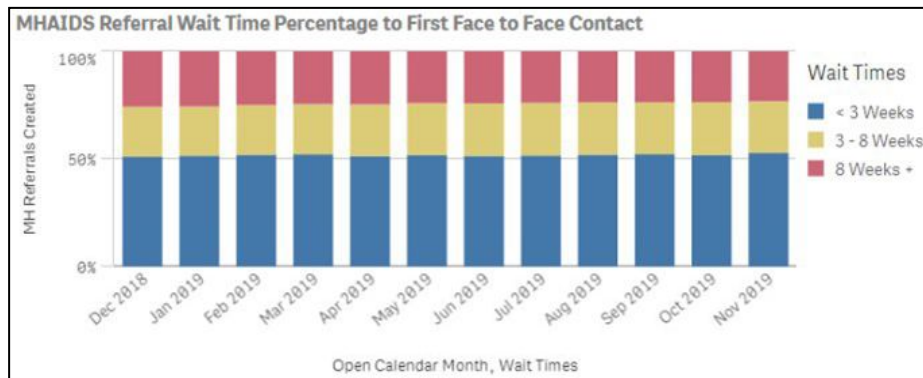
- The DHB hospital performance is under pressure in many of the key areas measured and reported on in this report. Both Acute Mental Health In patient Units in CCDHB and HVDHB are managing high occupancy.
- There are initiatives underway to intervene in mental health crises early and reduce pressure on ED presentations and wait times. The number of Mental Health Nurses in CCDHB and HVDHB Emergency Departments will be increased, A pilot is underway for the Co Response Team due to commence early March 2020 where MH Nurses will team up with Police and Ambulance as the first responders to 111 calls. A GP Liaison team is to be established and this team will work alongside General Practitioners to address MH issues at the primary level.
- Focus for the next 12 months will be on addressing equity which will include increasing the Maori and Pacific mental health and addictions workforce, improving access for Maori and Pacific to services and reducing the number of Maori under the CTO Sec 29.
- The toward Zero seclusion project is fully underway with the aim of reducing the incidence of seclusion particularly for Maori



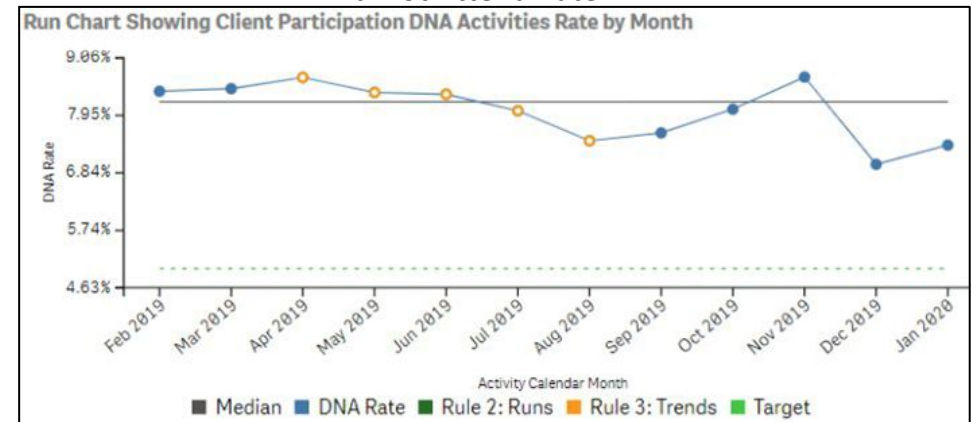
Mental Health (MHAIDS) Operational Performance - Community



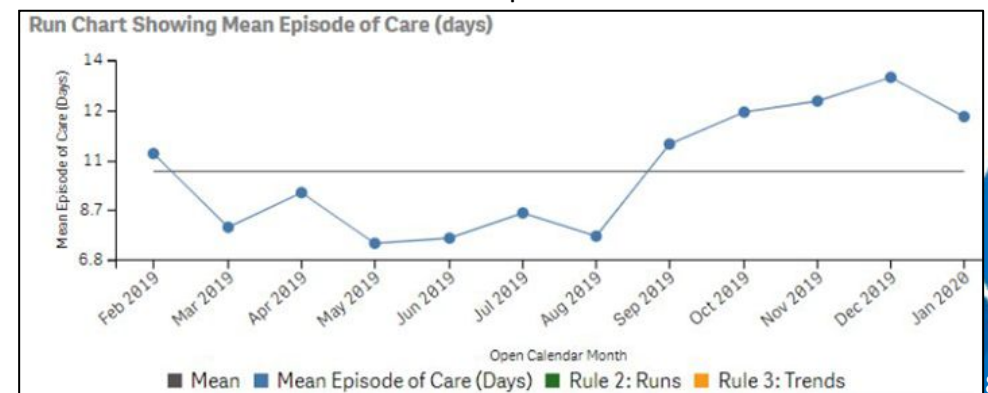
Wait Times from Referral to first Face-to-Face Contact



Did Not Attend Rate



Te Haika Mean Episode of Care

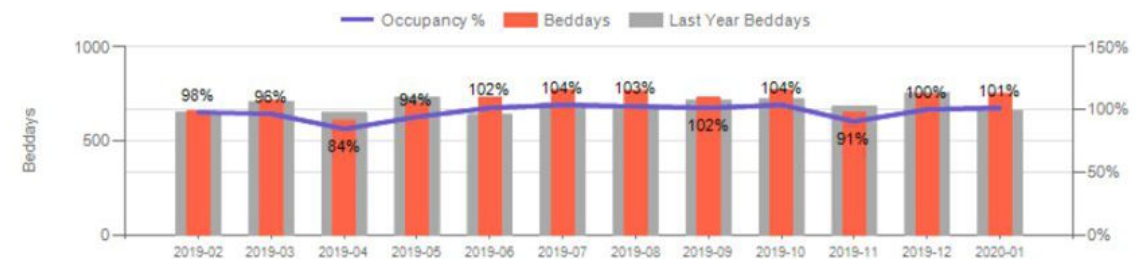


Mental Health (MHAIDS) Operational Performance – Acute Adult Inpatient Units

Occupancy %
Te Whare O Matairangi



Occupancy %
Te Whare Ahuru



Readmissions Rate
(Te Whare O Matairangi and Te Whare Ahuru)

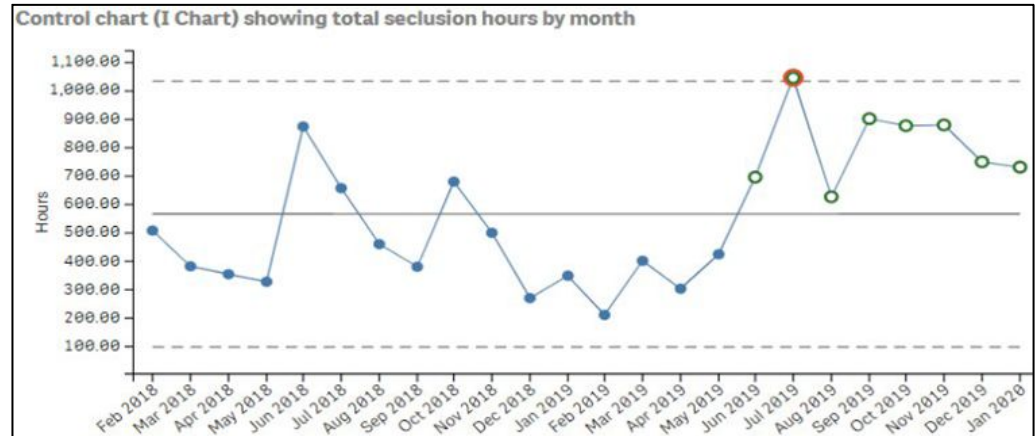


Mental Health (MHAIDS) Operational Performance – Seclusion

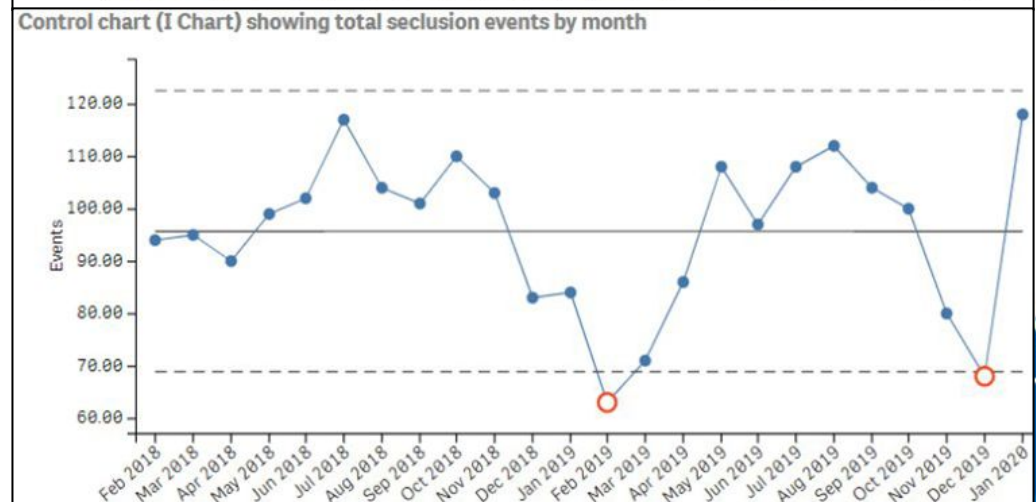
Commentary on Zero Seclusion Programme

- Of the nine inpatient units with seclusion rooms, reports indicate three achieved zero seclusion use in January
- The seclusion hours chart shows a shift in process with above average seclusion hours noted between Jun 2019- Jan 2020. (Seclusion hours in Haumietiketike were unusually high Dec - Jan 2020, predominantly one person. One event also noted in Purehurehu for a total of 95 hrs)
- Seclusion events have remained stable in MHAIDS and for Māori.
- Seclusion use (hours and events) has remained stable for Te Whare Ahuru and Te Whare o Matairangi.

Seclusion hours by month – all MHAIDS units



Seclusion events by month – all MHAIDS units



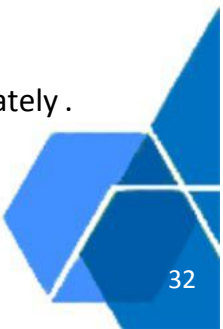
Section 3

Financial Performance and Sustainability



Executive Summary Financial Performance and Position

- Personnel costs have an unfavourable variance of (\$3.6m) due to efficiency targets built into the base budget. Where the DHB has staff vacancies in critical areas, external contracted staff are used.
- Treatment related clinical supplies costs and outsourced services have an overspend of (\$2.8m) There has been need for higher volumes of Cancer Pharmaceutical drugs. These costs have funding from the Ministry and other DHBs. Other costs have efficiency targets built into the budget.
- Non treatment related costs (\$4.3m) have been impacted by efficiency targets not met and integrated service contract renewals which have increased due to their staff MECA cost increases.
- The DHB's cash should be of concern as the current assets of \$75m is significantly lower than the \$238m of current liabilities, this is therefore resulting in the DHB being solely reliant on the crown to meet payments as they fall due. The board has received a "letter of comfort" from the Ministry of Health & Finance, which allows the board to continue to trade as a going concern.
- As forecast due to capital charge, 3 payroll and 2 GST payments we ended the month with an overdraft in our operational bank account of (\$ 19m).
- The DHB has targeted a number of efficiency measures for the year ahead, which are largely being planned, some of these are yet to commence but are still necessary to reach our deficit forecast of (\$29.5m).
- Deficit support is expected at \$15.9m by June to help manage the overdraft. Current projections do not include extraordinary cashflows such as Holidays Act settlements which may occur during the year, but are being funded separately .



CCDHB Operating Position – January 2020

Month - January 2020					Capital & Coast DHB Operating Results - \$000s	Year to Date					Annual	
Actual	Budget	Last year	Variance			Actual	Budget	Last year	Variance		Annual Budget	Last year
			Actual vs Budget	Actual vs Last year					Actual vs Budget	Actual vs Last year		
YTD January 2020												
72,947	73,273	70,630	(325)	2,318	Devolved MoH Revenue	512,541	512,909	484,706	(368)	27,835	879,272	840,425
3,523	3,461	3,417	62	106	Non-Devolved MoH Revenue	24,459	24,139	23,380	320	1,079	41,265	43,826
3,247	3,201	2,963	47	285	Other Revenue	23,438	23,186	25,258	252	(1,821)	39,404	41,074
19,207	20,186	17,796	(979)	1,411	IDF Inflow	136,899	141,301	132,021	(4,401)	4,878	242,229	227,680
672	631	722	41	(50)	Inter DHB Provider Revenue	5,041	4,490	4,816	550	225	7,627	8,617
99,597	100,752	95,528	(1,155)	4,069	Total Revenue	702,378	706,025	670,181	(3,646)	32,197	1,209,799	1,161,622
					Personnel							
14,663	13,979	14,664	(684)	0	Medical	100,183	98,802	96,569	(1,381)	(3,614)	170,050	187,670
20,229	19,059	19,118	(1,171)	(1,111)	Nursing	129,423	125,968	118,701	(3,455)	(10,722)	217,221	238,301
5,035	5,408	4,974	374	(60)	Allied Health	35,734	36,509	33,843	775	(1,891)	62,609	63,990
910	814	763	(96)	(147)	Support	6,082	5,864	4,813	(218)	(1,269)	10,138	10,930
6,383	6,820	4,159	437	(2,224)	Management & Administration	42,818	45,847	37,867	3,029	(4,952)	78,177	72,008
47,220	46,081	43,679	(1,140)	(3,541)	Total Employee Cost	314,241	312,990	291,793	(1,250)	(22,447)	538,194	572,899
					Outsourced Personnel							
657	424	499	(233)	(158)	Medical	4,099	2,998	3,590	(1,101)	(509)	5,108	6,158
16	15	9	(1)	(7)	Nursing	153	108	102	(45)	(50)	183	215
120	121	145	1	25	Allied Health	921	873	1,012	(47)	91	1,488	1,770
12	4	43	(8)	31	Support	198	31	269	(167)	70	52	461
112	56	201	(56)	88	Management & Administration	1,374	408	1,364	(966)	(10)	693	2,660
917	620	898	(297)	(19)	Total Outsourced Personnel Cost	6,745	4,418	6,337	(2,327)	(408)	7,524	11,265
9,387	9,412	9,634	25	247	Treatment related costs - Clinical Supp	73,696	71,663	71,360	(2,033)	(2,337)	122,344	122,929
1,150	1,543	1,271	394	121	Treatment related costs - Outsourced	13,272	12,496	10,851	(776)	(2,422)	21,794	20,314
5,587	4,971	6,340	(616)	753	Non Treatment Related Costs	44,642	40,322	42,269	(4,320)	(2,373)	66,360	77,600
8,300	8,589	8,111	289	(189)	IDF Outflow	58,051	60,121	56,892	2,070	(1,159)	103,064	98,083
24,895	25,203	24,947	308	52	Other External Provider Costs (SIP)	176,770	176,507	169,368	(264)	(7,403)	304,138	288,682
4,757	5,172	5,035	415	278	Interest Depreciation & Capital Charge	34,471	36,342	35,109	1,870	637	62,281	66,224
54,076	54,889	55,338	813	1,262	Total Other Expenditure	400,904	397,452	385,848	(3,452)	(15,055)	679,981	673,831
102,214	101,590	99,915	(623)	(2,299)	Total Expenditure	721,889	714,860	683,979	(7,029)	(37,910)	1,225,699	1,257,996
(2,617)	(839)	(4,387)	(1,778)	1,770	Net result	(19,511)	(8,836)	(13,797)	(10,675)	(5,714)	(15,900)	(96,374)
2,684	2,221	3,775	463	(1,091)	Funder	(1,893)	(2,876)	7,853	983	(9,746)	(0)	19,170
168	4	146	164	22	Governance	507	7	680	500	(173)	(1)	524
(5,469)	(3,063)	(8,308)	(2,405)	2,839	Provider	(18,125)	(5,967)	(22,331)	(12,158)	4,206	(15,899)	(116,067)
(2,617)	(839)	(4,387)	(1,778)	1,770	Net result	(19,511)	(8,836)	(13,797)	(10,675)	(5,714)	(15,900)	(96,374)

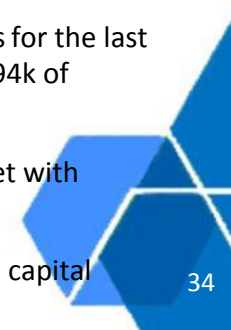


Executive Summary – Financial Variances

The overall DHB result for January 2020 is (\$1.8m) unfavourable to budget and (\$10.7m) unfavourable YTD. The DHB deficit year to date is (\$19.5m).

This variances to budget in the accounts YTD has largely been driven by the following factors:

- Revenue is unfavourable by (\$3.6m). The largest variance is IDF caseweight inpatient revenue (\$6.2m) which has been impacted by the industrial action YTD and provision for surgical revenue in reserves (IDF Inpatient CWD). ACC related revenue is also down (\$537k) due to a change in clinical practice to reduce length of stay for rehab patients. This revenue was offset by increased special fund revenue, cost recovery of PCT drugs for IDF patients \$1.3m, other recoveries revenue and CCDM related revenue (shortfall borne by the funder arm) all with corresponding costs. The funder arm has additional revenue offsetting additional external provider payments.
- Personnel costs (\$3.6m) this largely relates to unallocated savings targets held in reserves (\$4.6m). The remaining internal labour costs are favourable \$1m. However this includes favourable variances due to vacancies; largely due to medical staff in surgical units but fully offset by outsourced staff costs across all directorates (\$2.3m). Currently there are 527 FTE of internal labour vacancies some of which are backfilled which will require tight management in our second half of the year.
- Treatment related clinical supplies (\$2m), this largely relates to Pharmaceuticals (noting PCT IDF revenue offset above). Additional spend in treatment disposables (Blood costs / catheters) are offset by implant underspend (Orthopaedic prostheses due to outsourcing and shunts/stents in our cath lab/Neurosurgery);
- Outsourced clinical services (\$780k), due to number of surgeries and procedures outsourced to meet targets, largely in Orthopaedics for the last quarter. Expected to be a timing variance against full budget plan as new locums/medical staff start work. This month recognises \$394k of favourable variance confirming this timing variance.
- Non treatment related costs (\$4.3m), a combination of savings targets yet to be realised (\$3.4m), increase in trust expenditure (offset with revenue) and existing integrated services contract renewals (food & cleaning).
- These costs have been partially offset by underspend in aged care claims, \$2.4m lower IDF outflow expenditure, and \$1.9m saving in capital charge/depreciation.



Analysis of the Operating Position

Below is a summary of the key drivers behind the financial result by financial driver type:

Revenue	<ul style="list-style-type: none"> Revenue is unfavourable by (\$3.6m) ytd. The largest variance is IDF caseweight inpatient revenue (\$6.2m) which has been impacted by the industrial action YTD and provision for surgical revenue in reserves (IDF Inpatient CWD). ACC related revenue is down (\$615k) due to a change in clinical practice to reduce length of stay for rehab patients; we note that this is a National trend as the rehab contract moves from a bed day rate to a outcomes based funding, this is being offset by a couple of high cost ACC patients in surgical units. A lower level of interest due to DHB overdraft situations, and lower level of donations likely attributed to those being made towards our Children's hospital. This revenue was offset by increased special fund revenue, cost recovery of PCT drugs for IDF patients \$1.3m, other recoveries revenue and CCDM related revenue (shortfall borne by the funder arm) all with corresponding costs.
Labour (including outsourced)	<p>Medical Personnel:</p> <p>Medical Personnel labour month position is unfavourable to budget by (\$0.9m) and YTD (\$2.5m).</p> <ul style="list-style-type: none"> The unfavourable month position is driven by surgical SMO payments, RMO transfers and medicine savings targets. Surgery had significant favourable variances up to this point which had been offsetting the below reserves targets. The unfavourable YTD position is due to reserves savings targets totalling (\$2.5m). We note excluding reserves targets the DHB is (\$18k) unfavourable on medical personnel despite an (\$1.1m) overspend on outsourcing to cover vacancies (wherever possible we budget as internal labour as the efficient means of filling roles). YTD Surgery has had significant savings in medical staff costs through vacancies which has now reduced as roles have been hired for the commencement of 2020. We note in terms of production flow that this is offset by outsourced surgeries largely in orthopaedics which is ahead of budget plan. These offsetting items as expected are starting to come back into line towards year end.

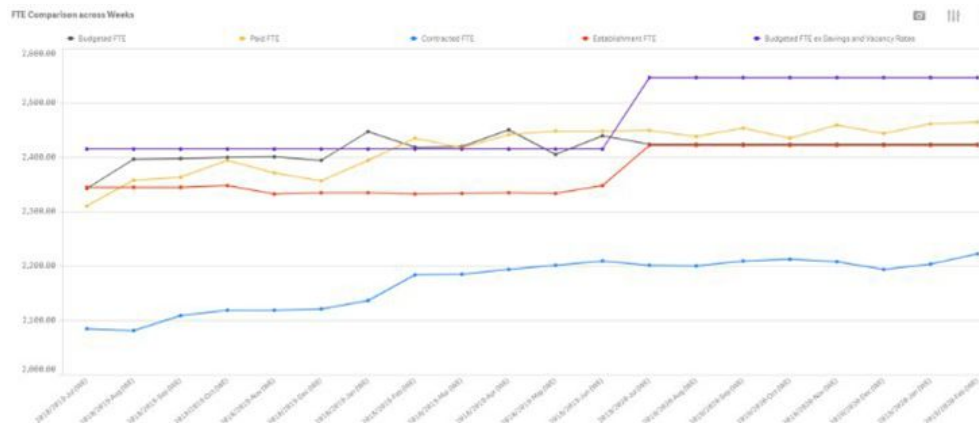
Analysis of the Operating Position

Labour (including outsourced)

Nursing Personnel

Nursing Personnel labour month position is (\$1.2m) unfavourable to budget and (\$3.5m) YTD

- The unfavourable month position is across all directorates
- YTD (\$1.7m) is due to unallocated reserve targets, with an additional ~(\$600k) YTD for each directorates QIPS, MCC and MHAIDS based on unmet savings targets including leave reduction targets.
- Overall Paid FTE for Nursing staff has remained relatively stable since the start of the year, however due to MECA increases this hourly rate increase is costing the DHB approximately \$110k extra per week equating to \$5.6m annualised (Jan compared to July). We note at least another salary increase due before the end of the financial year. Whilst these amounts have been budgeted by the DHB it is important to note the scale of these nationally agreed increases which are compounded by any new roles to service our population.
- We will expect to see an increase in Paid & Contracted FTE from January onwards in line with our main new graduate intake



Analysis of the Operating Position

Labour (including outsourced)	<p>Allied Personnel</p> <p>Allied Personnel labour month position is \$375k favourable to budget and \$727k YTD.</p> <ul style="list-style-type: none"> • The favourable movement is partially due to an increase in vacancies (13.6% vacancy) combined with leave taken within over the holiday period. • This has been mostly recognised over the holiday period Dec/Jan, YTD we have noted 2.9 additional leave days taken compared to the prior year which is reflective of the 3 additional leave target of days taken. <p>Support Personnel</p> <p>Support Personnel labour month position is (\$104k) unfavourable to budget and (\$386k) YTD.</p> <ul style="list-style-type: none"> • The adverse movement monthly is due to build up of leave (YTD less taken than last year) and overtime for orderlies (YTD higher than last year) • YTD spend is largely in terms of outsourced maintenance <p>Management/Admin Personnel</p> <p>This personnel category is favourable in the month by \$284k, and \$1.6m YTD.</p> <ul style="list-style-type: none"> • The monthly variance is partially due to a significant amount of leave taken over the holiday period combined with a favourable ACC provision movement part-way throughout the year. • YTD the variance is due to staffing vacancies which was 146 FTE at the end of the month, offset by some external contractor costs. This is offsetting budgeted savings targets such as YTD leave taken which is lower than the prior year.
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Analysis of the Operating Position

Non-Labour	<ul style="list-style-type: none"> • Outsourced clinical services (\$780k), due to number of surgeries and procedures outsourced to meet targets, largely in Orthopaedics for the last quarter. Expected to be a timing variance against full budget plan as new locums/medical staff start work. This month recognises \$394k of favourable variance confirming this timing variance. • Treatment related clinical supplies (\$2m), this largely relates to Pharmaceuticals (noting PCT IDF revenue offset above). Additional spend in treatment disposables (Blood costs / catheters) are offset by implant underspend (Orthopaedic prostheses due to outsourcing and shunts/stents in our cath lab/Neurosurgery); • Infrastructure savings are not currently being met in all areas, savings in insurance, capital charge, corporate training and depreciation are offsetting large increases in the integrated services contract due to MECA rises for this external provider.
SIP / Funder	<ul style="list-style-type: none"> • The Governance arm is favourable due to a number of vacancies within this service \$500k • The Funder arm has external provider payments; total costs are in line with total YTD. Increased costs in PHO, other HOP and Child, youth costs are offset by additional revenue from MoH. Costs in ARC are lower than budget targets. • IDF Outpatient volumes are also lower than paid target and the DHB has made a provision of \$2.4m (case weight) as an under-spend on these costs.

Section 4

Appendices Financial Position



Cash Management – January 2020

Month : January 2020					Notes	Capital & Coast DHB	Year to Date					
Actual	Budget	Last year	Variance			Statement of Cashflows	Actual	Budget	Last year	Variance		
			Actual vs Budget	Actual vs Last year		Actual vs Budget Actual vs Last year						
YTD January 2020												
						Operating Activities						
102,254	104,969	93,517	(2,715)	8,737		Receipts	746,896	734,780	701,569	12,115	45,327	
						Payments						
48,365	45,480	40,134	(2,885)	(8,230)		Payments to employees	324,194	318,359	297,863	(5,835)	(26,330)	
57,433	55,247	55,375	(2,186)	(2,058)		Payments to suppliers	414,891	386,729	385,882	(28,162)	(29,009)	
12,297	2,484	11,668	(9,813)	(629)		Capital Charge paid	12,297	17,386	11,668	5,090	(629)	
6,546	187	7,132	(6,359)	586		GST (net)	420	1,309	708	889	288	
124,640	103,398	114,309	(21,242)	(10,331)		Payments - total	751,801	723,783	696,121	(28,018)	(55,679)	
(22,386)	1,571	(20,792)	(23,957)	(1,594)	6	Net cash flow from operating Activities	(4,905)	10,997	5,448	(15,902)	(10,353)	
						Investing Activities						
177	104	85	(73)	(93)		Receipts - Interest	643	728	842	85	199	
0	0	0	0	0		Receipts - Other	500	0	0	(500)	(500)	
177	104	85	(73)	(93)		Receipts - total	1,143	728	842	(415)	(301)	
						Payments						
0	0	165	0	165		Investment in associates	0	0	1,066	0	1,066	
1,765	3,917	3,743	2,152	1,977		Purchase of fixed assets	21,774	27,417	28,101	5,642	6,327	
1,765	3,917	3,908	2,152	2,143		Payments - total	21,774	27,417	29,168	5,642	7,393	
(1,588)	(3,813)	(3,823)	2,078	2,050	7	Net cash flow from investing Activities	(20,631)	(26,689)	(28,326)	5,227	7,092	
						Financing Activities						
0	0	0	0	0		Equity - Capital	0	0	0	0	0	
0	0	0	0	0		Other Equity Movement	10,650	0	0	10,650	10,650	
0	0	0	0	0		Other	0	0	(137)	0	(137)	
0	0	0	0	0		Receipts - total	10,650	0	(137)	10,650	10,787	
						Payments						
0	0	0	0	0		Interest payments	55	0	0	(55)	(55)	
0	0	0	0	0		Payments - total	55	0	0	(55)	(55)	
0	0	0	0	0	8	Net cash flow from financing Activities	10,595	0	(137)	10,595	10,731	
(23,974)	(2,242)	(24,616)	(21,879)	456		Net inflow/(outflow) of CCDHB funds	(14,941)	(15,692)	(23,015)	(80)	7,471	
						Opening cash	8,083	8,083	27,296	(0)	19,213	
102,431	105,073	93,601	(2,788)	8,645		Net inflow funds	758,689	735,508	702,274	22,350	55,812	
126,405	107,315	118,217	(19,091)	(8,189)		Net (outflow) funds	773,630	751,200	725,289	(22,430)	(48,341)	
(23,974)	(2,242)	(24,616)	(21,879)	456		Net inflow/(outflow) of CCDHB funds	(14,941)	(15,692)	(23,015)	(80)	7,471	
(6,858)	(7,609)	4,281	751	(11,140)		Closing cash	(6,858)	(7,609)	4,282	751	(11,140)	

Capital and Coast DHB RECONCILIATION OF CASH FLOW TO OPERATING BALANCE				
Notes	YTD January 2020			Variance \$000
	Actual \$000	Budget \$000		
Net Cashflow from Operating	(4,905)	10,997		(15,902)
Non operating financial asset items	(464)	-		(464)
Non operating non financial asset items	(1,933)	(1,572)		(361)
Non cash PPE movements				
Depreciation & Impairment on PPE	(18,528)	(19,672)		1,145
Gain/Loss on sale of PPE	0	-		0
Total Non cash PPE movements	(18,528)	(19,672)		1,145
Interest Expense	-	-		0
Working Capital Movement				
Inventory	1,081	246		834
Receipts and Prepayments	(262)	1,165		(1,427)
Payables and Accruals	5,501	-		5,501
Total Working Capital movement	6,320	1,411		4,908
Operating balance	(19,510)	(8,836)		(10,675)

Current Ratio – This ratio determines the DHB's ability to pay back its short term liabilities.

DHB's current ratio is 0.32 (Dec 19: 0.32);

Debt to Equity Ratio - This ratio determines how the DHB has financed the asset base.

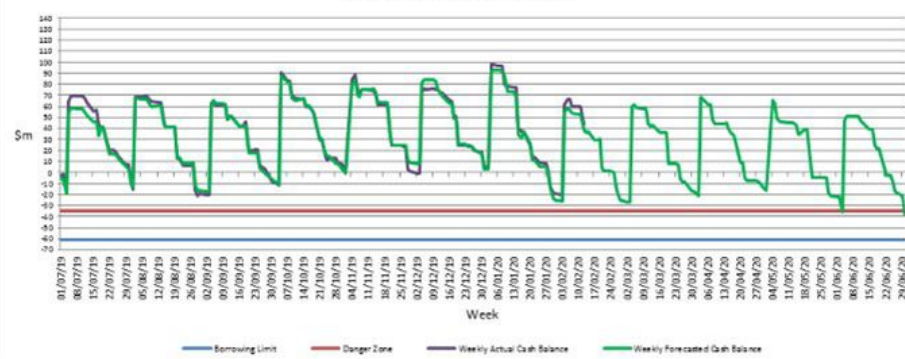
DHB's total liability to equity ratio is 37:63 (Dec 19 37:63).

Debt Management / Cash Forecast – January 2020

Accounts Receivable 31-Jan-20

Aged Debtors report (\$'000)	Total	Current	1-30	31 - 60	61 - 90	91+	Previous Period
Ministry of Health	6,087	3,267	2	1,159	-	1,659	6,414
Other DHB's	6,790	1,166	728	108	1,342	3,446	6,092
Kenepuru A&M	238	33	26	28	151	-	238
ACC	209	193	-	21	3	7	(200)
Misc Other	6,285	2,321	1,765	139	118	1,942	5,742
Total Debtors	19,609	6,980	2,500	1,437	1,604	7,088	18,286
less : Provision for Doubtful Debts	(1,521)						(1,510)
Net Debtors	18,088						16,776

Cash Forecast 2019/20



Debt Management

- **Ministry of Health:** Invoices on hold due to reports not yet provided by CCDHB or disputed invoices
- **Other DHB's:** Single largest debtor outstanding for more than 91 days is HVDHB at \$3.4m
- **Kenepuru A&M:** Includes significant number of low value patient transactions. Provision of the overdue debts is \$207k
- **Misc Other:** Includes non-resident debt of approx. \$2.3m. About 70% of the non-resident debt have payment arrangements in place. The balance will be referred to collection agencies if unpaid.

Balance Sheet / Cashflow – as at 31 January 2020

Dec -19	Month : January 2020						Notes	Capital & Coast DHB Balance Sheet
Actual	Actual	Budget	At January 2019	At June 2019	Actual vs Budget	Actual vs January 2019		YTD January 2020
32	32	33	29	33	(1)	3	1	Bank
5,296	0	0	(6,630)	0	0	6,630	1	Bank NZHP
11,788	12,104	10,754	10,882	10,754	1,350	1,222	1	Trust funds
42,623	45,189	51,217	43,334	51,866	(6,028)	1,855	2	Accounts receivable
9,802	10,127	9,046	9,095	9,046	1,081	1,032		Inventory/Stock
7,542	7,971	4,197	4,174	4,197	3,773	3,796		Prepayments
77,083	75,422	75,247	60,884	75,896	175	14,538		Total current assets
528,721	527,228	559,624	544,256	540,558	(32,396)	(17,027)		Fixed assets
14,366	14,297	14,297	9,859	11,626	0	4,437		Work in Progress - CRISP
42,747	44,078	25,848	38,565	30,490	18,229	5,513		Work in progress
585,833	585,603	599,769	592,680	582,673	(14,167)	(7,077)	3	Total fixed assets
0	0	0	6,127	0	0	(6,127)		Investments in New Zealand Health Partnership
1,150	1,150	1,150	1,150	1,150	0	(0)		Investment in Allied Laundry
1,150	1,150	1,150	7,277	1,150	0	(6,127)		Total investments
664,066	662,175	676,166	660,841	659,719	(13,991)	1,334		Total Assets
0	18,995	18,396	0	2,704	(598)	(18,995)		Bank overdraft HBL
75,688	67,659	66,897	67,180	64,760	(763)	(479)	4	Accounts payable, Accruals and provisions
0	0	55	110	55	55	110	7	Loans - Current portion
12,044	1,766	0	(657)	0	(1,766)	(2,423)	6	Capital Charge payable
593	593	593	593	593	0	0		Insurance liability
85,943	21,185	56,248	27,611	18,577	35,063	6,426	5	Current Employee Provisions
51,470	118,159	53,276	48,045	120,437	(64,883)	(70,114)	5	Accrued Employee Leave
12,245	9,901	23,794	9,751	21,041	13,893	(149)	5	Accrued Employee salary & Wages
237,984	238,258	219,259	152,633	228,167	(18,998)	(85,624)		Total current liabilities
0	0	0	55	0	0	55		Crown loans
79	79	80	10,944	72	1	10,865		Restricted special funds
605	605	605	605	605	0	0		Insurance liability
6,297	6,297	6,353	5,642	6,353	56	(655)		Long-term employee provisions
6,981	6,981	7,037	17,246	7,029	57	10,265		Total non-current liabilities
244,965	245,238	226,297	169,879	235,196	(18,942)	(75,359)		Total Liabilities
419,101	416,936	449,869	490,962	424,523	(32,933)	(74,025)		Net Assets
797,172	797,172	785,356	764,042	778,200	11,816	33,130		Crown Equity
0	0	0	0	(3,484)	0	0		Capital repaid
0	0	0	0	0	0	0		Capital Injection
130,944	131,395	136,711	136,546	142,009	(5,316)	(5,151)		Reserves
(509,015)	(511,630)	(472,198)	(409,627)	(492,203)	(39,432)	(102,004)		Retained earnings
419,101	416,937	449,869	490,961	424,522	(32,933)	(74,025)		Total Equity

The DHB's overall liquidity should be of concern as the current assets of \$75m is significantly lower than the \$238m of current liabilities, this is therefore resulting in the DHB being solely reliant on the crown to meet payments as they fall due.

As forecast due to capital charge , 3 payroll and 2 GST payments we ended the month with an overdraft in our operational bank account of (\$19m).

Deficit support will be needed in 2020, to help manage the large expected overdrafts. Current projections do not include extraordinary cashflows such as Holidays Act settlements which may occur during the year, however the cash is expected to be funded for this settlement .

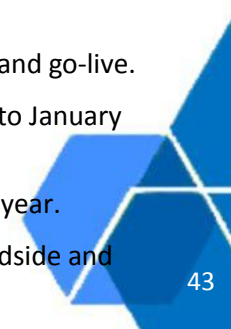


Capital Expenditure and Projects Summary January 2020

Capital Expenditure Spend		Forecast Cash Spend						
Asset Category	Actual YTD Spend	Feb-20	Mar-20	Apr-20	May-20	Jun-19	Total Forecast	Total FY20 Spend
Buildings	175,272	2,011,051	1,575,218	2,075,218	2,528,914	2,528,914	10,719,314	10,894,586
Clinical Equipment	3,198,613	533,440	4,203,624	5,142,975	5,669,239	3,350,324	18,899,602	22,098,215
ICT	421,909	342,549	373,380	262,075	634,539	729,847	2,342,389	2,764,298
Projects Approved 2019-20	3,795,794	2,887,040	6,152,222	7,480,267	8,832,691	6,609,085	31,961,305	35,757,098
Buildings	4,530,588	764,765	391,979	158,000	340,000	250,000	1,904,744	6,435,332
Clinical Equipment	3,514,857	295,335	64,511	-	-	-	359,846	3,874,703
ICT	3,847,668	838,863	365,164	249,780	149,000	18,500	1,621,307	5,468,975
Projects Approved Prior Year	11,893,113	1,898,963	821,654	407,780	489,000	268,500	3,885,897	15,779,010
Total	15,688,907	4,786,003	6,973,876	7,888,047	9,321,691	6,877,585	35,847,202	51,536,108
Equity Funding (MOH) & Leases								(15,000,000)
Grand Total								36,536,108

The overall Capital funding for 2019-20 is \$57.4 million(excluding Children's Hospital & ISU). Key highlights to January 2020 are:

- More than \$37.4m in projects have been approved and are progressing. A further \$15m in projects will be submitted for approval by May 2020
- Of the approved projects, 67% pertain to clinical equipment, 29% to facilities related works and 5% for ICT
- Rollover of inflight projects occurs every year. It reflects the lag time between business case approval, procurement, delivery, installation and go-live.
- \$18.1m in unfinished projects was carried forward from the previous year. Most will be completed by 30 June 2020. In the seven months to January 2020, cash spend to date \$15.7m (\$11.9m for prior year projects and \$3.8m for projects from the 2019/20 Capital Plan)
- The DHB will be keeping within the \$37m (\$36m from depreciation & \$1m from WHF donations) of cash expenditure in 2019/20 financial year.
- CCDHB has been allocated \$1.4m as part of the recent capital allocation by the Ministry. This is specifically earmarked for the neonatal bedside and centralised monitoring replacement project

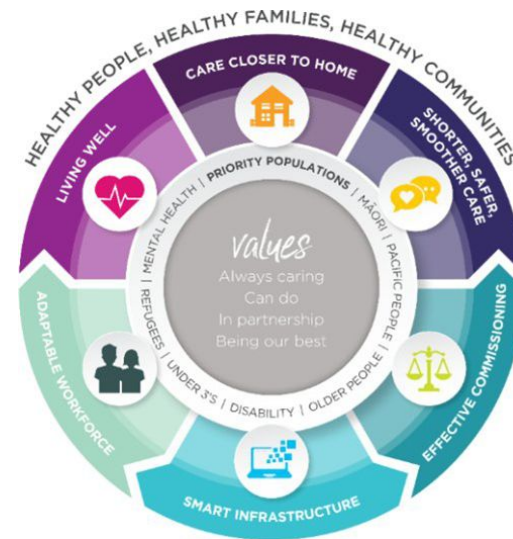




Monthly Financial and Operational Performance Report

For Period Ending 31
January 2020

Reported in February 2020





Introduction

This is a new reporting format to provide the Finance risk and Audit committee 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 and refined for the March FRAC. 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.



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Section 1

Financial And Performance Overview And Executive Summary



Executive Summary

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 \$7.9m which is \$1.7m above budget. Of this deficit \$7.7m is in the provider aspects of the DHB. Activity is 6.26% ahead of that planned. In the positive FTE are 47 below budget.

There is a significant positive impact on the organisation with the cost of inter district flows (patients treated at other DHBs) favourable \$1.3m 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 a deficit of \$8.8m, being \$0.6m above the budget deficit of \$8.1m or 7.4%.



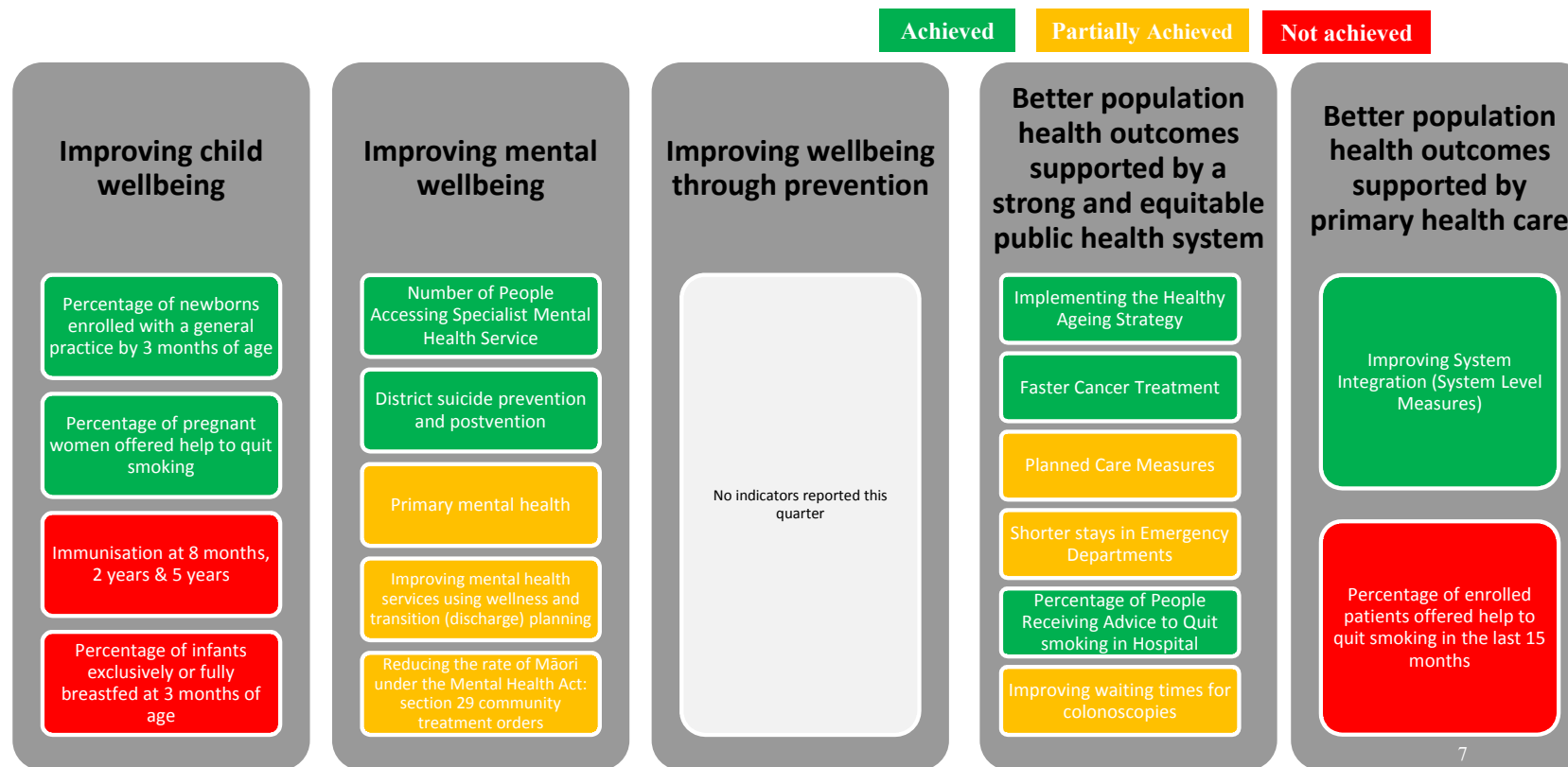
People Served – January 2020 (December 2019)

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

ED Attendances 4,053 (↓4,133) 903 Maori (↑869) 368 Pacific (↓404)	Surgical Procedures 889 (↑822) 177 Maori (↑123) 41 Pacific (↓66)	Hospital Discharges 3,190 (↑3,062) 587 Maori (↑544) 229 Pacific (↓249)	Mental Health Discharges 39 (↓43) 11 Maori (↓ 16) 3 Pacific (→3)
Outpatient & Community Contacts 12,836 (↓13,422) 2,022 Maori (↓2,029) 992 Pacific (↓1,032)	Mental Health & Addiction Contacts 5,541 (↑5,205) 1,357 Maori (↑1,194) 365 Pacific (↑322)	Primary Care Contacts 36,806 (↓40,854) 5,759 Maori (↓6,706) 3,158 Pacific (↓3,188) (Data to Dec 19 only available quarterly)	People in Age Residential Care 1,210 (↑1,187) 43 Maori (↑40) 38 Pacific (→38)



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 January 2020

YTD Operating Position

\$7.9m deficit

Against a half-year budgeted deficit of \$6.2m. Month result was \$2m deficit against budget deficit \$1.7m.

YTD Provider Position

\$7.7m deficit

Against a half-year deficit of \$2.6m. Month result was \$2.1m deficit, (budget \$1.1m deficit).

YTD Funder Position

\$0.4m deficit

Budget \$3.5m deficit. Month result was \$0.1m surplus, budget \$0.5m deficit

YTD Capital Exp

\$5.4m spend

Against a half-year spend of \$7.6m.

YTD Activity vs Plan (CWDs)

6.26% ahead

917 CWDs ahead PVS plan (33 IDF CWDs ahead).
Month result +34 CWDs

YTD Paid FTE

1,952

YTD 47 below annual budget of 1,998 FTE.
Month 57 below budget.

Annual Leave Accrual

\$18.7m

This is an decrease of \$0.4m on prior period.



Hospital Performance Overview January 2020

YTD Shorter stays in ED

85.04%

15% below the ED target of 95% by, 5% below YTD for January 19.

People waiting >120 days for treatment (ESPI5)

737

Against a target of zero long waits a monthly movement of +111.

People waiting >120 days for FSA (ESPI2)

1,142

Against a target of zero long waits. Monthly movement +251

Faster Cancer Treatment

92.9%

We achieved the 62 day target. The 31 day target was also achieved 84.6%

YTD Activity vs Plan (CWD)

6.26% ahead

917 CWDs ahead PVS plan (33 IDF CWDs ahead).
Month result +34 CWDs

YTD Standard FTE

1,954

45 below of a YTD budget of 1,998 FTE.
Month FTE was 51 below budget.



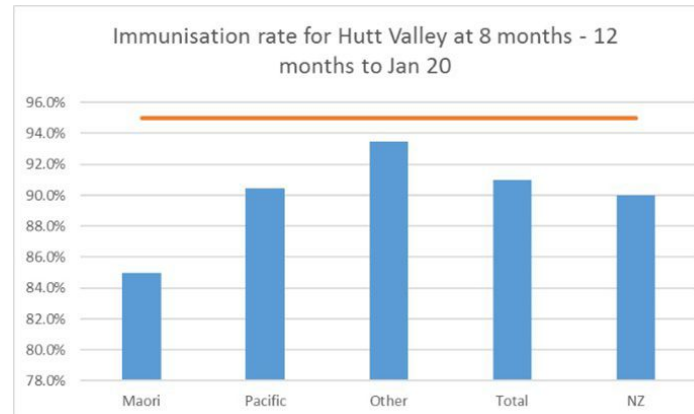
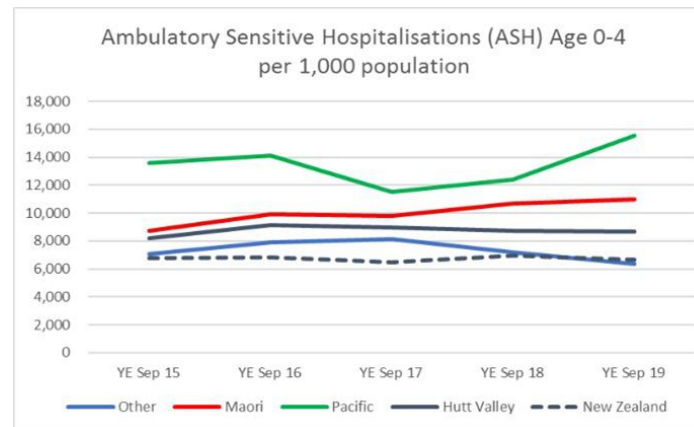
Section 2

FUNDER PERFORMANCE



Child Health

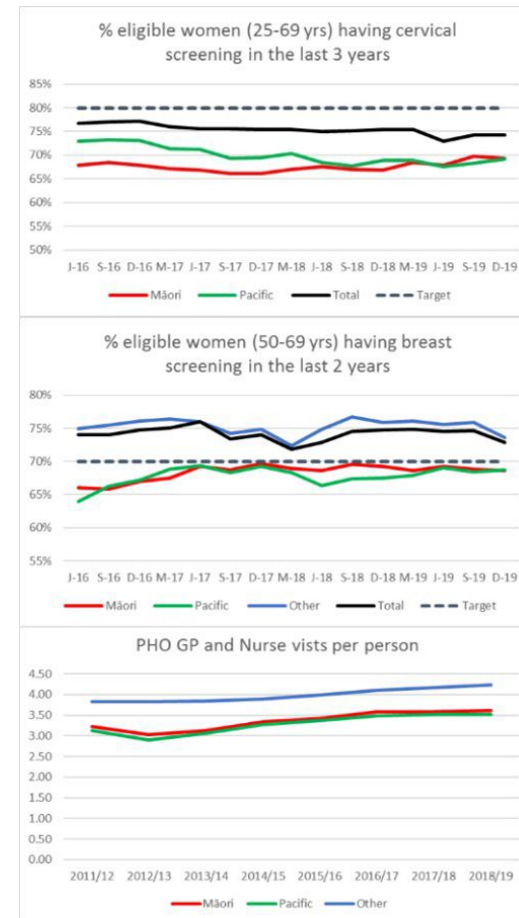
- The health of our children is a priority. Ambulatory Sensitive Hospitalisations reflect the incidence of preventable hospital care. This should be declining.
- As can be seen in the graphs inequities are persistent with our Pacific and Māori population carrying the greater burden. Asthma is the major 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 inequalities 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

January 2020



DHB Funder (Hutt Valley DHB) Financial Summary for the month of January 2020

Month					\$000s	Year to Date					Annual				
Actual	Budget	Variance	Last Year	Variance		Actual	Budget	Variance	Last Year	Variance	Forecast	Budget	Variance	Last Year	Variance
					<u>Revenue</u>										
34,735	34,516	219	33,092	1,642	Base Funding	243,142	243,204	(61)	231,647	11,496	416,394	416,455	(61)	397,109	19,285
2,451	2,818	(367)	3,112	(661)	Other MOH Revenue	19,677	19,728	(51)	21,296	(1,619)	33,769	33,820	(51)	37,126	(3,358)
(68)	448	(516)	67	(136)	Other Revenue	271	3,134	(2,862)	357	(86)	2,509	5,372	(2,862)	654	1,856
8,297	8,602	(305)	8,274	22	IDF Inflows	60,508	60,215	293	59,788	720	104,607	103,225	1,382	101,806	2,802
45,414	46,384	(969)	44,547	868	Total Revenue	323,598	326,280	(2,682)	313,088	10,510	557,279	558,872	(1,593)	536,694	20,585
					<u>Expenditure</u>										
383	383	0	291	(92)	DHB Governance & Administration	2,681	2,681	0	2,010	(671)	4,597	4,597	0	3,467	(1,129)
19,959	20,032	73	18,194	(1,765)	DHB Provider Arm	140,788	140,227	(561)	129,344	(11,443)	242,038	240,388	(1,650)	221,939	(20,099)
					<u>External Provider Payments</u>										
2,882	2,824	(58)	3,003	121	Pharmaceuticals	21,971	21,177	(794)	22,205	234	35,723	35,275	(448)	37,728	2,005
4,030	4,329	300	4,295	266	Laboratory	29,563	30,306	743	29,797	233	51,086	51,954	868	51,172	86
2,412	2,479	66	2,346	(67)	Capitation	17,224	17,352	129	15,070	(2,153)	29,618	29,747	129	26,925	(2,693)
991	1,015	24	994	3	ARC-Rest Home Level	6,934	7,200	267	6,606	(328)	11,979	12,245	267	11,476	(503)
1,708	1,594	(114)	1,541	(168)	ARC-Hospital Level	11,316	11,304	(12)	10,729	(587)	19,243	19,231	(12)	18,224	(1,019)
3,588	2,881	(707)	2,607	(981)	Other HoP & Pay Equity	19,313	19,962	649	19,159	(153)	33,085	34,234	1,149	33,411	326
616	826	209	761	145	Mental Health	4,999	5,764	765	4,878	(121)	9,127	9,892	765	9,034	(92)
472	757	284	734	262	Palliative Care / Fertility / Comm Radiology	3,371	5,296	1,925	5,137	1,766	7,154	9,079	1,925	8,808	1,654
423	1,323	900	1,178	755	Other External Provider Payments	8,088	9,431	1,344	8,285	197	15,590	16,934	1,344	14,824	(766)
7,881	8,434	553	6,339	(1,542)	IDF Outflows	57,731	59,035	1,304	54,318	(3,413)	100,468	101,203	735	95,136	(5,332)
0	0	0	0	0	Provision for IDF Wash-ups	43	0	(43)	0	(43)	43	0	(43)	15	(28)
45,346	46,875	1,529	42,283	(3,063)	Total Expenditure	324,021	329,736	5,715	307,539	(16,482)	559,750	564,778	5,028	532,160	(27,590)
68	(492)	560	2,264	(2,195)	Net Result	(423)	(3,456)	3,033	5,549	(5,971)	(2,471)	(5,906)	3,435	4,534	(7,005)

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 favourable to budget for the month \$219k and YTD unfavourable (\$61k).
- Other MoH revenue is unfavourable (\$367k) for January and unfavourable (\$51k) YTD, driven by timing issues on other CFA contracts.
- Other revenue is unfavourable (\$516k) for the month and (\$2,862k) YTD, mostly driven by Hospital medicine rebates now included in expenditure (\$2,435k) and (\$362k) reduction in payment compared to budget. ACC revenue is (\$137k) unfavourable due to timing of service delivery
- IDF inflows are (\$305k) unfavourable for the month and \$293k favourable YTD driven by lower than expected volumes in CCDHB and WrDHB's for the month.

Other MOH Revenue Variance	MTH \$000's	YTD \$000's
In- Between Travel	10	141
Pay Equity Funding	65	491
Capitation Funding	(23)	(126)
18/19 CCDM	-	365
Additional CPB Funding	49	346
System Level Measures	(56)	91
MECA	(182)	(1,113)
ASD Development Coordination	7	47
Pilot Alert Programme	8	58
Crown funding agreements		
Active Families	(36)	12
Rheumatic Fever Prevention Services	(25)	(9)
Maternal & Child Nutrition & Physical Activity	(32)	(225)
Tobacco Control	(125)	(231)
Timing issues on other CFA contracts	153	129
Year to date Variance \$000's	(367)	(51)



Funder Financials – Expenditure

Expenditure:

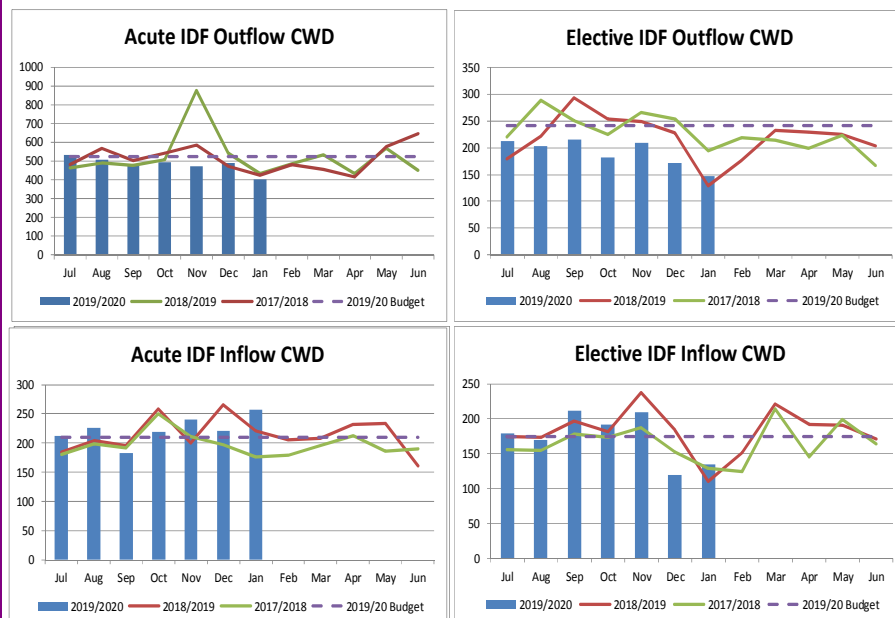
- Governance and Administration are on budget.
- Provider Arm payments are favourable \$73k for the month and unfavourable (\$561k) YTD mostly related to IDF wash-up payments.

External Provider Payments:

- Pharmaceutical costs unfavourable (\$58k) to budget for January and unfavourable (\$794k) YTD, this is in line with seasonal patterns. We are still waiting for confirmation of the Pharmac Forecast to confirm likely rebates and payments.
- Laboratory costs are favourable to budget by \$300k for the month and favourable \$743k YTD due to a reduction in the Hutt additional costs.
- Capitation expenses \$66k favourable for the month and favourable \$129k YTD offset by changes to revenue
- Aged residential care costs are (\$90k) unfavourable for the month and \$255k YTD favourable. The residential care loan adjustment reported within other HOP is favourable by \$38k for the month and \$300k YTD.
- Other Health of Older People (including Pay Equity) costs are unfavourable by (\$707k) for the month and favourable \$649k YTD, mostly due to timing of contracts for Community Health & Support. This included Pay Equity (\$276k) adverse for the month and favourable \$524k YTD.
- Mental Health costs are favourable \$209k for the month and \$765k YTD.
- Palliative Care, Fertility and Community Radiology costs are favourable by \$284k for the month, \$1,925k YTD. The contract to Fertility associations (contract value \$3,002k) has expired and included in the IDF outflows.
- Other external provider costs are favourable to budget \$900k for the month, and \$1,344k favourable YTD. This is driven by the Sportwell contract \$1,042k which is not expected to fully materialise this year.
- IDF Outflows favourable \$553k for the month and \$1,304 YTD, driven by mainly lower than expected CCDHB volumes.



Inter District Flows (IDF)



IDF Wash-ups and Service Changes January		
IDF Outflows \$000s	Variance to budget	
	Month	YTD
Current year Wash-up	665	1,704
Base	18	127
Personal Health various Service charges	(0)	(28)
SPO Project Charges	-	159
Washups		
FFS Washup	-	22
19/20 PHO washup	(120)	(247)
19/20 National Service Pymnt	(10)	(67)
18/19 Medical Outpatient Washups	-	994
18/19 PCT/ COMM Pharms washups	-	(1,423)
18/19 Other washups	-	64
Rounding (timing) differences	-	-
IDF Outflow variance	553	1,304

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 \$308k, mainly due to inflows for Inpatient services being \$432k 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 under budget by \$1,304k. For Inpatient outflows we have 7 months data from CCDHB and 6 other DHBs. Flows to CCDHB are under budget by 436 CWD and 79 CWD below the same time last year.
- Acute outflows under budget particularly in Renal, Neurosurgery, Neonates, General Surgery and Oncology, but this is offset by Orthopaedics, Cardiology and Cardiothoracic. We have had one baby at Capital & Coast with high caseweights of 65 CWD.
- Electives are under budget particularly for Capital & Coast and this is mostly due to elective Cardiothoracic being 137 CWD or \$717k 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.



Section 3

Hospital Performance



Executive Summary – Hospital Performance

- Medical discharges started the year higher with correspondingly more overnight beds utilised with both discharges and bed use in excess of plan. This created some operational tensions over the holiday period. An operational debrief of resourcing over holiday periods is planned to look at what went well and what improvements can be made for future planning.
- An external debriefing is to be held regarding the Whakaari/White Island response – representatives from the service will attend.
- There remains a need for sustained improvement in a number of areas measured and reported on during this report as per key operational and access performance indicators (on page 19). 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. The long wait numbers deteriorated over the Christmas period with the staff leave and service closures associated with this festive season. 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.
- To inform our annual planning reconciliation continues 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 Jan 19- Jan 20



			Performance Trend													
Domain	Indicator (MoH KPIs highlighted yellow)	2019/20 Target	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	Jan-20
Safe	SABSI Cases ²	Zero	0	0	0	0	0	1	1	0	0	0	0	0	0	0
	C. difficile infected diarrhoea cases	Zero	1	0	0	2	1	2	1	1	2	1	2	2	1	
	Hand Hygiene compliance	≥ 80%	N/a	N/a	N/a	83%	N/a	N/a	86%	N/a	N/a	N/a	84%	N/a	N/a	
Patient and Family Centred	Patient reported experience measure ⁵ Quarterly	≥80%	87.3%	86.8%			85.5%			85.3%						
Timely	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	4,053
	Shorter Stays in ED (SSIED) % within 6hrs	≥95%	88.7%	88.7%	89.8%	88.1%	90.5%	90.3%	85.1%	81.2%	84.4%	89.3%	88.7%	84.6%	83.7%	82.6%
	SSIED % within 6hrs - non admitted	≥95%	93.0%	93.4%	93.6%	92.1%	94.4%	94.2%	91.0%	88.6%	90.4%	94.1%	92.7%	90.1%	90.9%	89.5%
	SSIED % within 6hrs - admitted	≥95%	77.1%	74.3%	77.8%	76.4%	79.0%	78.3%	68.6%	61.0%	67.9%	75.2%	77.7%	71.0%	64.5%	63.1%
	Total Elective Surgery Long Waits - EPSI 5	Zero Long Waits	10	60	123	181	179	151	156	229	292	320	480			
	No. Theater surgeries cancelled (OP 1-8)		110	85	150	145	157	149	131	180	143	162	169	137	116	129
	Total Elective & Acute Operations in MainTheatres 1-8 ⁶		737	792	773	841	794	828	761	770	752	744	788	769	664	775
	Specialist Outpatient Long Waits- ESPI 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%	7.6%	7.3%
	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)	
	Full Year Forecast surplus / (deficit) \$m - DHB (1) (2)	(\$8.14)	(\$6.63)	(\$6.77)	(\$6.91)	(\$7.56)	(\$8.05)	(\$8.15)	(\$8.34)	(\$8.14)	(\$8.14)	(\$8.97)	(\$8.14)	(\$8.58)	(\$8.58)	
	% Theatre utilisation (Elective Sessions only) ⁷	≤90%	88.5%	87.8%	88.0%	90.4%	88.9%	87.1%	90.5%	88.1%	88.5%	87.9%	87.1%	86.5%	85.5%	87.3%
	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	4.38	4.36	4.82	4.52	4.37	4.34
	Long Stay Patients Not Yet Discharged (>14 days)	≤5	9	6	10	13	11	11	14	15	14	21	13	10	23	15
	Overnight Beds (General Occupancy) - Average Occupied	≤130	121	119	126	134	133	127	133	139	140	140	135	138	137	131
	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%	87.2%
	All Beds - ave. beds occupied ⁸	≤250	218	218	226	235	231	229	241	248	253	250	242	244	232	231
	% 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%	
	% Nursing agency v employee	≤1.49%	3.0%	2.6%	2.5%	3.0%	2.5%	2.8%	5.2%	2.3%	2.0%	3.8%	2.6%	2.3%	1.7%	
	% overtime v standard (medical)	≤9.22%	5.8%	8.5%	16.7%	12.2%	7.3%	22.8%	4.9%	7.6%	9.6%	7.4%	8.7%	11.2%	5.9%	
	% overtime v standard (nursing)	≤5.47%	11.2%	17.1%	12.8%	9.7%	11.0%	13.2%	13.5%	12.9%	12.6%	12.8%	12.4%	13.8%	11.5%	

Hospital Throughput



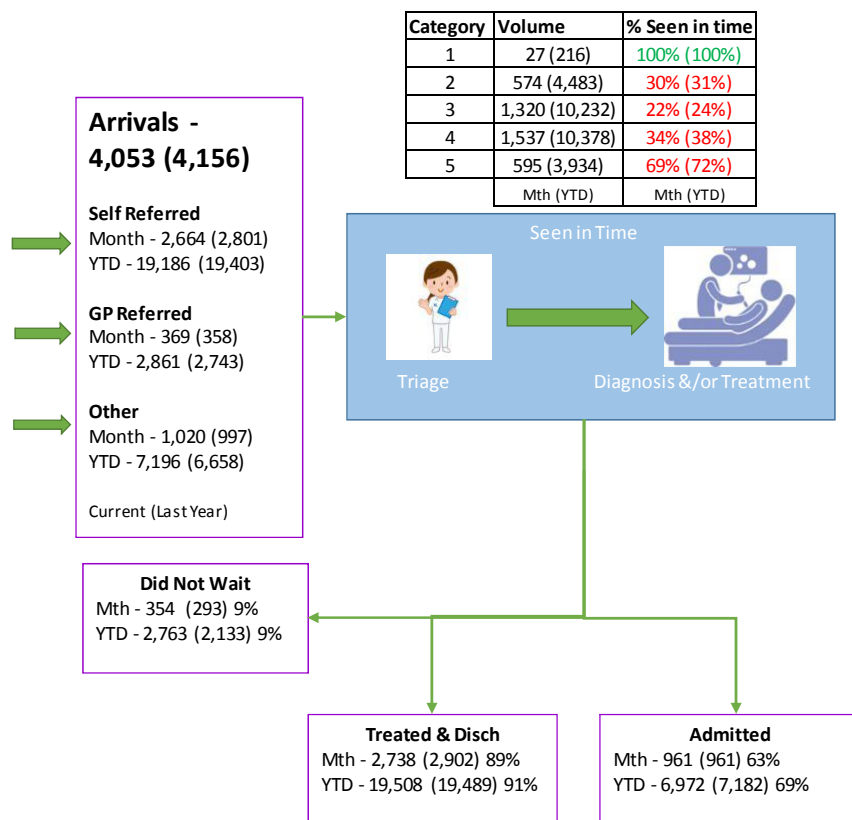
Month					Hutt Valley DHB Hospital Throughput YTD Jan-20	Year to Date					Annual	
Actual	Budget	Variance	Last year	Variance		Actual	Budget	Variance	Last year	Variance	Annual Budget	Last year
		Actual vs Budget		Actual vs Last year				Actual vs Budget		Actual vs Last year		
Discharges												
1,022	945	(77)	1,017	(5)	Surgical	7,320	7,248	(72)	7,677	357	12,425	12,797
1,737	1,596	(141)	1,727	(10)	Medical	12,878	12,140	(738)	12,847	(31)	20,730	19,506
434	458	24	489	55	Other	3,214	3,031	(183)	3,275	61	5,052	5,474
3,193	2,999	(194)	3,233	40	Total	23,412	22,420	(992)	23,799	387	38,206	37,777
CWD												
1,010	981	(29)	1,019	8	Surgical	8,038	7,846	(193)	8,152	114	13,364	12,852
958	922	(36)	878	(79)	Medical	6,921	7,348	428	6,823	(97)	12,277	11,991
489	419	(70)	516	27	Other	3,746	2,951	(795)	3,645	(101)	5,053	4,698
2,457	2,322	(135)	2,413	(44)	Total	18,705	18,144	(560)	18,621	(84)	30,695	29,540
Other												
4,053	4,097	44	4,156	103	Total ED Attendances	29,243	28,703	(540)	28,805	(438)	49,056	47,491
961	975	14	961	0	ED Admissions	6,972	7,221	249	7,182	210	12,187	11,847
775	730	(45)	786	11	Theatre Visits	5,262	5,313	51	5,627	365	9,047	9,271
138	122	(16)	131	(7)	Non- theatre Proc	902	834	(68)	884	(18)	1,452	1,891
7,164	6,342	(822)	6,753	(411)	Bed Days	52,154	48,594	(3,560)	49,655	(2,499)	82,109	85,515
4.32	4.30	(0.02)	4.24	(0.08)	ALOS Inpatient	4.45	4.30	(0.15)	4.34	(0.11)	4.30	4.29
2.11	2.03	(0.08)	2.08	(0.04)	ALOS Total	2.18	2.03	(0.15)	2.15	(0.03)	2.03	2.20
8.47%	8.02%	-0.45%	8.70%	0.23%	Acute Readmission	8.16%	8.02%	-0.14%	8.10%	-0.06%	7.31%	7.36%

For the month of January, Medical discharges were over budget and similar to last year. Surgical discharges were over budget for the month and similar to the previous year. For January, Medical caseweights are over budget and 9% 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 may increase as the coding is completed.

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 January were higher than budget but similar last year. Non-Theatre procedures in January were close to budget. Bed days were higher than budget in the month and January last year. Inpatient ALOS was close to budget in January and the same time last year. The acute readmission rate was higher than budget for January but lower than the same time last year.



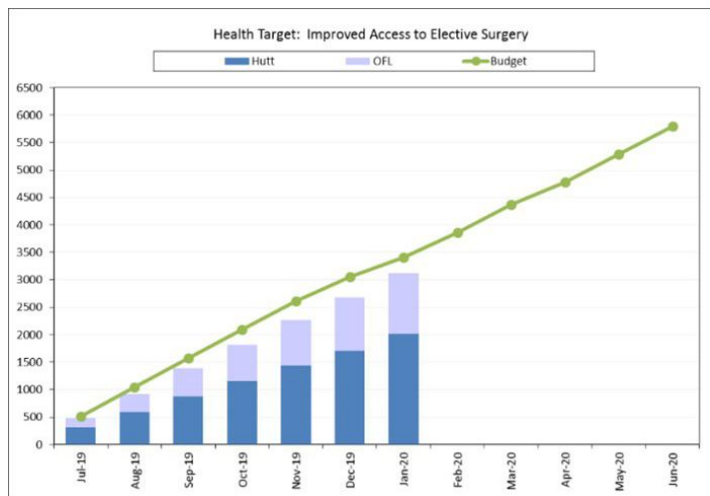
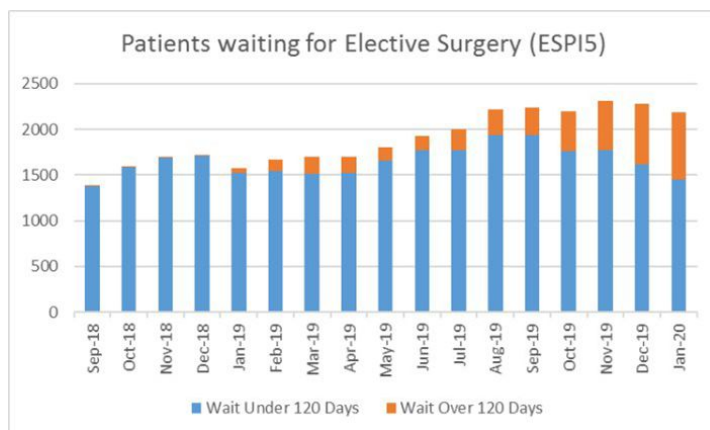
Emergency Department (ED)



- **Presentation Volume**
 - January saw 4,053 patients present to ED, 2.5% below January 2019
 - 9% did not wait for treatment
 - 24% were admitted which is similar to prior months and last year (24%)
- **Shorter Stays in ED**
 - In January 83% of patients were seen and discharged or transferred within 6 hours. YTD 85% achieved the target the national target is 95%
 - Only 63% of admitted patients met the target which is below the YTD of 69%
 - A plan for focused 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



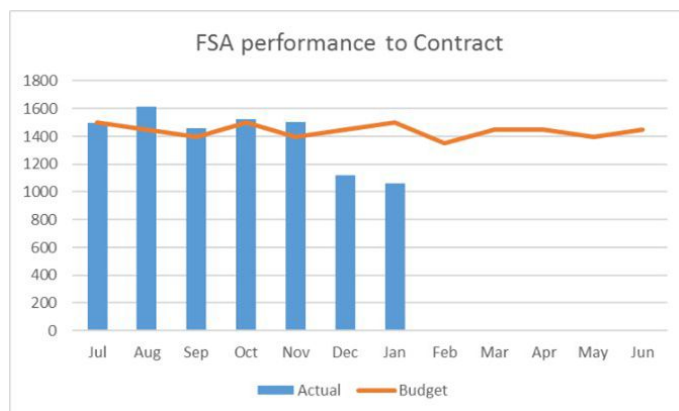
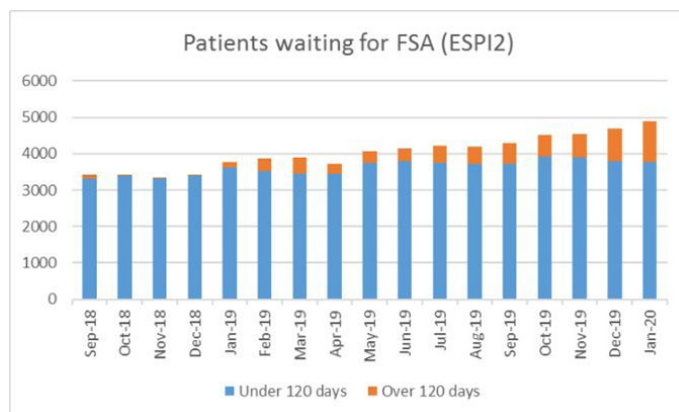
Elective Surgery



- Total number on the waiting list fell 3.6% to 2,192
- The number waiting greater than 120 days increased by 11% to 737. That is 34% are waiting longer the 120 days for treatment
- The biggest issues are in general surgery (50%) and orthopaedics (45%)
- We are not meeting the planned care discharges for our population (5% behind)
- Our population has had 4,578 discharges YTD against 4,817 at the same time last year
- While recovery planning for both ESPI 2 and ESPI 5 is ongoing with identified actions to improve in place an upcoming reduction in available anaesthetists will need careful management if we are to address our elective surgery programme.



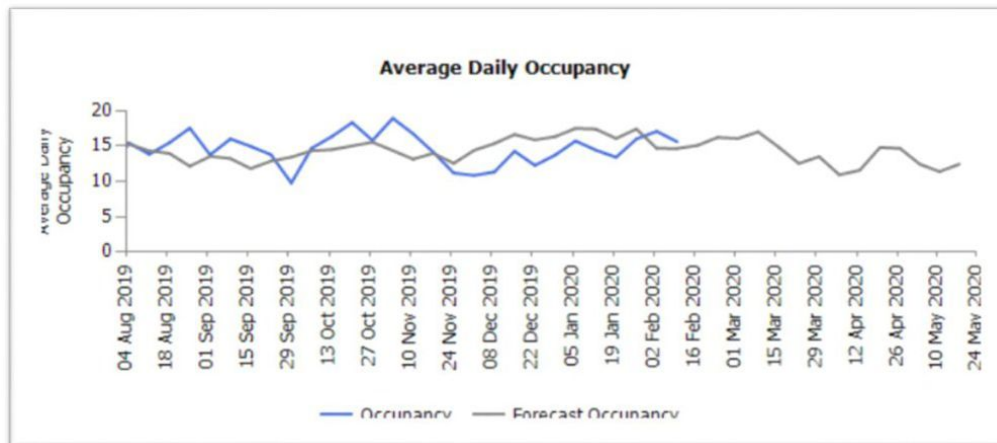
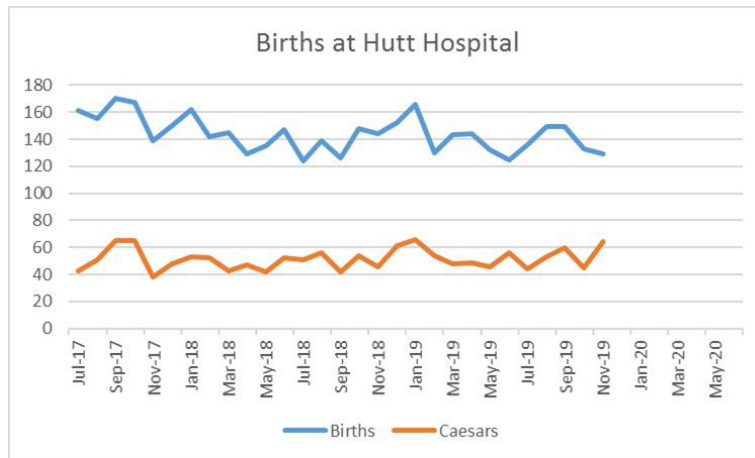
Specialist Outpatients



- The number of patients waiting for FSA has increased by 5% to 4,901.
- The number waiting more than 120 days has increased 40% to 1,142.
- 23% of patients have waited over 120 days for FSA.
- The longest waits are in Gynaecology and Orthopaedics. 25 of the long wait patients are in non-surgical services.
- 7% of patients did not attend/did not receive their FSA appointment. This was significantly higher for Maori 15% and Pacific 16% suggesting that the models of care do not work for Maori and Pacific.
- YTD we have done 96% of budgeted FSA having done 9,782 (budget 10,210)



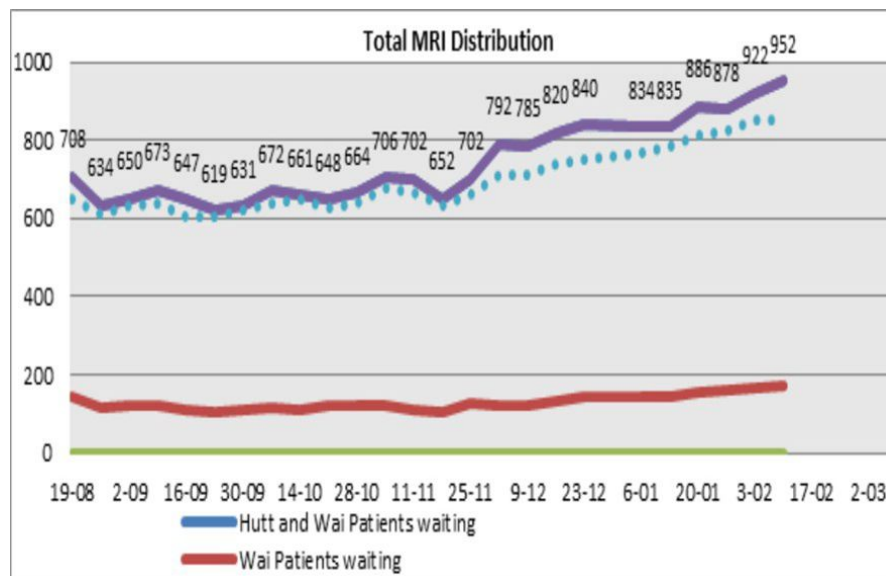
Maternity



- 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 Caesar rate for the 12 months to Nov 19 was 38% which is an increase on the previous 12 months 35%.
- Average bed occupancy was lower than expected in January.
- A regular system of reporting is in place to the CEO via the steering committee; with good headway made on a number of fronts we are currently re-framing our work plan to ensure continued progress is made. The Minister and Minister remain very interested in our progress



MRI wait times



- Waiting times for MRI are increasing; there is an evident underlying historical insufficient capacity to meet demand.
- The September / October increase correlates with the time that we reduced our outsourcing; it has also been affected by the number of Stat Holidays during the Xmas period. However another tension is the support we have been offering CCDHFB in scanning all Hutt Valley domicile patients even if they are under care at CCDHFB
- We are looking at remedial options in the short term however planning adequate radiology capacity for the future is clearly a 2 DHB imperative.

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)	(346)	0	0	0	0	0	0	0	0	0	0	(346)
MoH - Personal Health	25	0	0	50	(41)	0	0	(132)	0	0	0	(98)
Clinical Training Revenue	(16)	0	0	(33)	14	19	0	0	0	0	0	(16)
Inter District Flows	0	0	0	0	15	0	0	0	0	0	0	15
Revenue From Other DHBs	418	0	0	10	(138)	(88)	13	(10)	(0)	15	12	232
ACC Revenue	14	0	0	(39)	(28)	(177)	0	0	1	0	0	(229)
Other Government Revenue	40	100	0	42	(71)	5	0	0	18	0	4	138
Total Government and Crown Agency	136	100	0	30	(251)	(241)	13	(142)	19	15	16	(305)
Non Government Revenue												
Patient Revenue	(0)	0	0	(17)	(136)	(17)	0	0	0	0	0	(171)
Other Income	(89)	1	0	9	12	7	(11)	0	26	29	0	(16)
DHB Internal Revenue	195	0	0	167	425	30	2	0	(146)	0	(111)	561
Total Non Government Revenue	105	1	0	158	301	19	(9)	0	(119)	29	(111)	374
Total Revenue	241	101	0	188	50	(221)	4	(142)	(100)	44	(95)	69
Expenditure												
Employee Expenses												
Medical Employees	519	0	(23)	215	(770)	121	0	(10)	77	41	258	427
Nursing Employees	189	(2)	(7)	(22)	(1,449)	(670)	(2)	7	69	0	(67)	(1,953)
Allied Health Employees	401	(13)	(1)	(214)	59	131	(22)	(2)	295	(43)	281	872
Support Employees	(279)	(0)	(0)	(34)	(92)	0	(134)	0	0	0	(20)	(559)
Management and Admin Employees	360	119	208	29	(32)	38	(62)	150	(14)	40	(148)	687
Total Employee Expenses	1,190	104	177	(26)	(2,284)	(380)	(220)	146	426	38	303	(526)
Outsourced Personnel Expenses												
Medical Personnel	5	0	0	(523)	308	21	0	(4)	0	0	(399)	(592)
Nursing Personnel	(86)	0	0	(154)	(63)	(32)	(0)	0	(1)	0	(217)	(552)
Allied Health Personnel	53	0	0	(11)	(36)	(82)	0	(0)	(7)	0	(34)	(117)
Support Personnel	(108)	0	0	0	0	0	0	0	0	0	(39)	(147)
Management and Admin Personnel	(427)	(10)	0	(50)	0	(11)	(26)	0	(0)	0	(71)	(596)
Total Outsourced Personnel Expenses	(563)	(10)	0	(737)	208	(104)	(27)	(4)	(8)	0	(760)	(2,004)
Outsourced Other Expenses	(269)	0	(12)	(603)	(194)	(108)	0	131	(8)	(0)	(12)	(1,074)
Clinical Supplies	(205)	(1)	(898)	(1,003)	(619)	(95)	(4)	167	154	24	23	(2,458)
Non Clinical Expenses	(3)	10	(193)	135	(82)	(59)	(215)	(36)	62	35	(13)	(361)
Financing Expenses	1,068	0	0	0	25	0	0	0	0	63	0	1,157
Internal Allocations	11	(1)	(140)	(66)	(122)	(88)	338	59	11	14	(14)	1
Total Expenditure	1,228	102	(1,066)	(2,301)	(3,068)	(834)	(128)	463	638	174	(472)	(5,264)
Net Surplus / (Deficit)	1,469	202	(1,066)	(2,112)	(3,018)	(1,056)	(123)	321	537	218	(568)	(5,195)

There may be rounding differences in this report



Major Service Group Variances

- **Medical & Acute care (\$2,112k)** – 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.
- **Surgical Women's and Children's (\$3,018k)** – 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. Clinical supplies costs are above budget driven by increased prosthesis costs as acute Orthopaedic volumes continue.
- **Community Health (\$1,056k)** – 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 as nursing volumes continue to be high (9% above target year to date).
- **MHAIDs (\$568k)** – 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 January 2020



					Hutt Valley DHB																	
					Operating Report for the month of January																	
					2020																	
					\$000s																	

There may be rounding differences in this report



Executive Summary – Financial Position

Financial performance year to date

- Total Revenue unfavourable (\$3,185k)
- Personnel and outsourced Personnel unfavourable (\$2,245k):
 - Medical unfavourable (\$116k); Nursing unfavourable (\$2,506 k); Allied Health favourable \$756k, Support Staff unfavourable (\$706k); Management and Admin; favourable \$327k; Annual leave Liability cost has increased \$1,446k since January 2019
- Outsourced other expenses unfavourable (\$954k)
- Treatment related Costs unfavourable (\$2,467k)
- Non Treatment Related Costs unfavourable (\$753k)
- IDF Outflow favourable \$1,304k
- Other External Provider Costs favourable \$4,973k



Analysis of operating position - revenue

- **Revenue:** Total revenue unfavourable (\$1,233k) for the month.
 - Devolved MoH revenue (\$197k) unfavourable, driven by MoH Sub Contracts including Pay Equity Wash-ups from prior year.
 - Non Devolved revenue (\$10k) unfavourable.
 - ACC Revenue (\$317k) unfavourable this month driven by Older persons, Orthopaedics and Plastics.
 - Other revenue (\$479k) unfavourable for the month reflecting lower than expected revenue for MECA settlements been recognised.
 - IDF inflows unfavourable (\$305k) for the month, reflecting the Christmas break close down.
 - Inter DHB Revenue favourable \$76k, mostly for salary recoveries.



Analysis of operating position - Personnel

- **Total Personnel** including outsourced unfavourable (\$253k) for the month.
 - Medical personnel incl. outsourced favourable \$37k. Outsourced costs are (\$3k) unfavourable Medical Staff Internal are \$39k favourable, driven largely a result of the Christmas close down, offset by additional on call costs due to White Island demands
 - Nursing incl. outsourced (\$870k) unfavourable. Employee costs are (\$689k) unfavourable, driven by Internal Bureau Nurses (\$190k), Registered Nurses (\$275k), Health Care Assistants (\$86k) and other minor variances.
 - Allied Health incl. outsourced \$388k favourable, with outsourced unfavourable (\$20k) and internal employees \$408k mostly the result of vacancies..
 - Support incl. outsourced unfavourable (\$140k), with Outsourced (\$36k) unfavourable, and employee costs (\$105k) unfavourable, reflecting larger than expected increases in the MUCA rates.
 - Management & Admin incl. outsourced favourable \$311k; internal staff favourable \$423k, Outsourced unfavourable (\$113k), the later includes savings targets.
 - Sick leave for January was 2.0%, which is higher than the same time last year, which was 1.9%.



FTE Analysis

Month					FTE Report Jan-20	Year To Date					Annual	
Actual	Budget	Variance	Last Year	Variance		Actual	Budget	Variance	Last Year	Variance	Budget	Last Year
283	280	(3)	272	(11)	FTE	271	279	8	270	(1)	280	273
781	792	11	761	(20)	Medical	796	792	(4)	767	(29)	792	776
393	409	16	380	(13)	Nursing	388	408	20	384	(4)	408	387
141	135	(6)	132	(9)	Allied Health	139	135	(4)	134	(5)	135	135
343	383	40	354	12	Support	357	383	26	348	(9)	383	353
					Management & Administration							
1,941	1,999	57	1,899	(42)	Total FTE	1,952	1,998	47	1,904	(48)	1,998	1,923
					\$ per FTE							
18,444	18,800	356	17,298	(1,146)	Medical	128,448	126,401	(2,048)	117,967	(10,481)	210,380	219,529
8,755	7,765	(989)	8,010	(745)	Nursing	54,280	52,105	(2,175)	52,392	(1,888)	91,717	90,022
6,174	6,936	761	6,016	(158)	Allied Health	46,304	46,118	(186)	43,832	(2,472)	76,368	82,741
5,434	4,911	(523)	4,710	(724)	Support	36,219	33,096	(3,122)	31,400	(4,818)	60,714	56,760
6,299	6,740	441	6,125	(174)	Management & Administration	46,084	45,416	(668)	44,974	(1,110)	74,404	83,426
8,970	8,751	(219)	8,362	(609)	Average Cost per FTE all Staff	60,218	58,703	(1,515)	57,140	(3,078)	99,771	103,371

Medical (3) FTE over budget for the month; SMOs under budget by 11 FTE, MOSS under budget by 1 FTE, offset by RMO's & House Officers combined.

Nursing under by 11 FTE for the month. Internal Bureau Nurses are over budget (20) FTE mostly driven by General Surgery (2), Orthopaedics (1), Special Care Unit (2) and ED (3), Plastics (3), Maternity (3), District (2) and other variances. Health Care Assistants under budget by 1. 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 27 FTE mostly driven by General Surgery 3, General Medical 7, ED 2, Children's Inpatient & Community 2 with other variances consistent with staff on leave. Personnel cost variance for YTD January (\$1,954k) is the result of a price variance of (\$1,732k) mostly overtime and time based allowances.

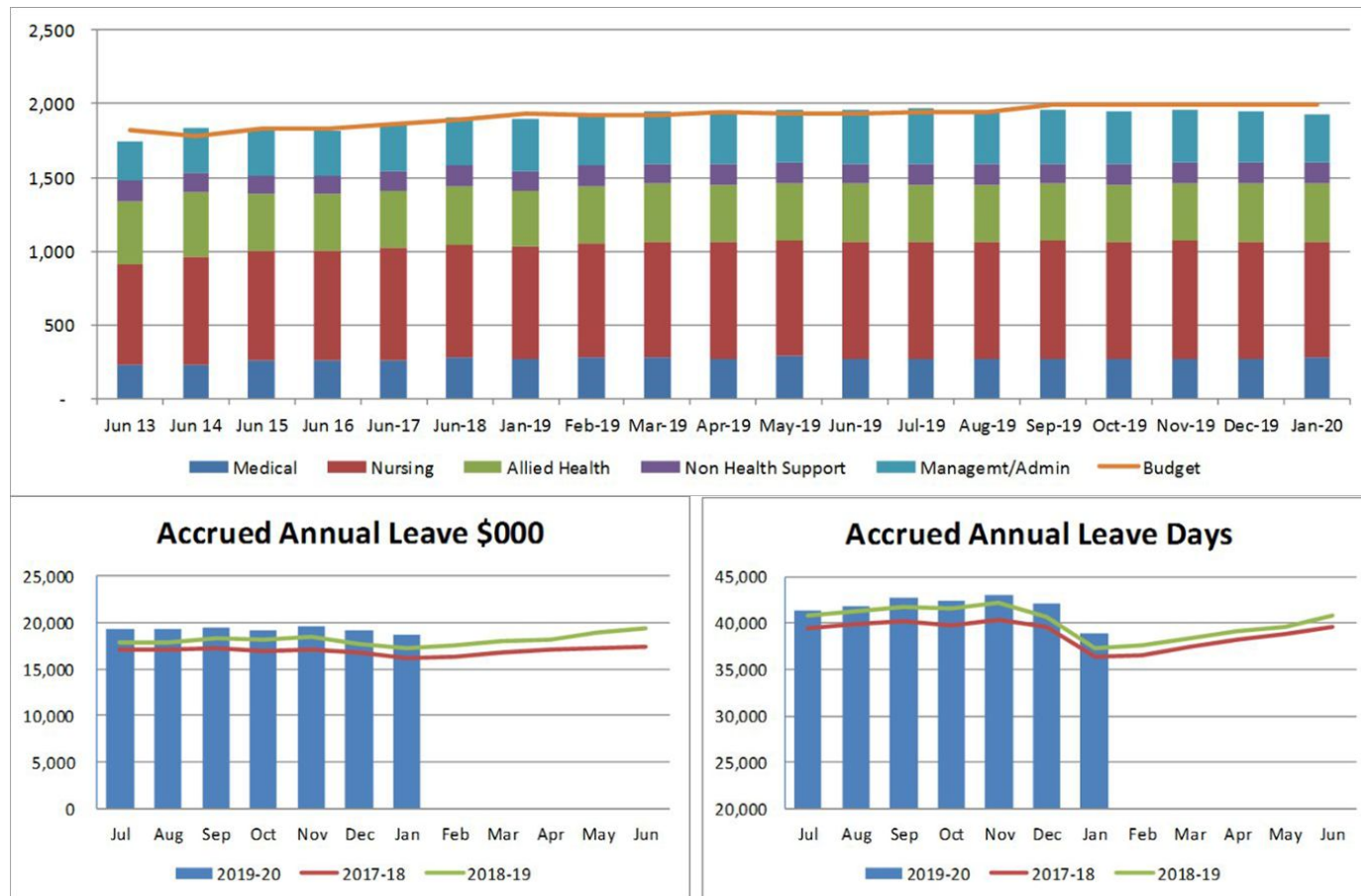
Allied FTEs are under by 16 FTEs for the month due in the main to; Favourable variances in Health promotion offices & community support workers, Hand therapy, Audiology, social work and psychologists.

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 40 FTEs. Driven by administrative support staff vacancies and includes the capitalisation of 3 FTE's in January. 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 (\$52k) for the month, driven by Outsource Clinical Services (\$53k)..
- Treatment related costs \$46k favourable, driven by Treatment Disposables (\$179k), Implants and Prostheses (\$130k), Pharmaceuticals (\$45k), offset by stock adjustments.
- Non Treatment Related costs unfavourable (\$262k) driven by Hotel and Laundry Expense (\$25k), Outsourced ITS (\$45k), Software License's (\$26k) ,mostly timing related, Other audit Fees (\$21k), Other Operating (\$111k) - mostly the ongoing monthly provision for Holidays Act Compliance (\$70k).
- IDF Outflows \$553k favourable for the month driven by lower than expected volumes to Capital & Coast DHB.
- Other External Provider costs favourable \$904k, driven by Infertility Treatment Services now include in IDF's \$250k, Primary Practice Capitation \$68k, Travel and Accommodation \$197k and other contract timing changes, partly offset by Community Pharmaceuticals (\$69k).).
- Interest, Depreciation & Capital Charge favourable \$38k, 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 January 2020

\$000s	Actual	Budget	Variance	Jun 19	Variance	Explanation of Variances Between Actual and Budget
Assets						
Current Assets						
Bank - Non DHB Funds *	4,618	7,134	(2,515)	5,216	(598)	Payments from NHMG to DHB's paid earlier than budgeted
Accounts Receivable & Accrued Revenue	0	0	0	0	0	
Stock	2,029	1,514	515	1,434	595	
Prepayments	1,607	868	739	727	880	
Total Current Assets	8,255	9,516	(1,261)	7,378	877	
Fixed Assets						
Fixed Assets	209,755	218,990	(9,234)	210,483	(727)	
Work in Progress	18,432	18,048	384	19,710	(1,279)	
Total Fixed Assets	228,187	237,037	(8,850)	230,193	(2,006)	
Investments						
Investments in Associates	1,150	1,150	0	1,150	0	Allied Laundry
Trust Funds Invested	1,475	1,426	49	1,409	66	Restricted trusts
Total Investments	2,625	2,576	49	2,559	66	
Total Assets	239,067	249,129	(10,062)	240,130	(1,063)	
Liabilities						
Current Liabilities						
Bank	5,876	6,626	750	1,433	(4,443)	Average bank balance in Jan-20 was \$15.4m
Accounts Payable and Accruals	50,844	42,890	(7,954)	52,164	1,320	Higher than budgeted accrued expenses
Crown Loans and Other Loans	74	23	(51)	221	147	
Capital Charge Payable	1,060	(13)	(1,073)	0	(1,060)	
Current Employee Provisions	24,147	24,193	46	24,190	44	
Total Current Liabilities	82,001	73,719	(8,282)	78,009	(3,992)	
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	4,618	7,134	2,515	5,216	598	Payments from NHMG to DHB's paid earlier than budgeted
Trust Funds	1,668	1,442	(226)	1,409	(259)	
Total Non Current Liabilities	14,751	16,414	1,663	14,870	119	
Total Liabilities	96,751	90,133	(6,619)	92,879	(3,873)	
Net Assets	142,315	158,996	(16,681)	147,251	(4,936)	
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)	(64,340)	(11,859)	(56,323)	(19,876)	
Net Surplus / (Deficit)	(7,904)	(6,228)	(1,676)	(19,876)	11,972	
Total Equity	166,442	186,946	(20,504)	174,347	(7,904)	

* NHMG - National Haemophilia Management Group

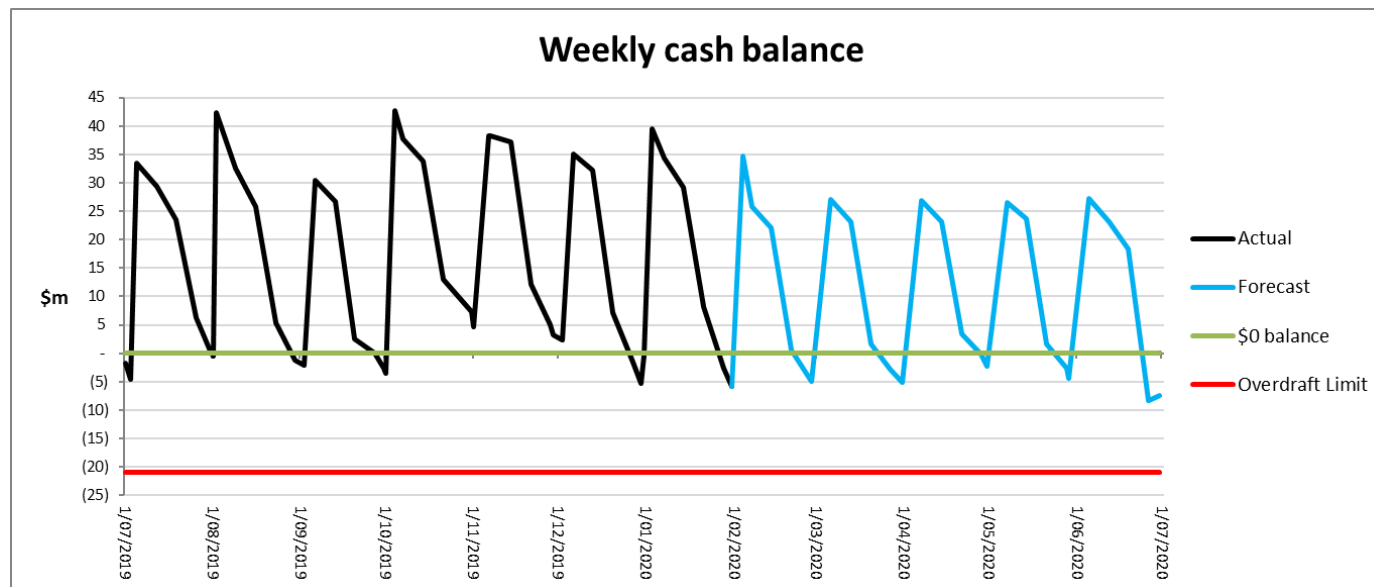


Statement of Cash Flows to 31 January 2020

\$000s	Jul Actual	Aug Actual	Sep Actual	Oct Actual	Nov Actual	Dec Actual	Jan Actual	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	38,611	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	7,699	10,025	8,936	8,936	8,936	8,936
Receipts from Other Government Sources	1,100	1,188	(134)	1,210	774	180	340	1,073	1,074	1,132	1,046	1,075
Other Revenue	1,472	553	(406)	738	(1,975)	(608)	1,419	380	380	380	380	385
Total Receipts	50,049	48,759	46,978	55,906	47,202	50,368	48,070	49,855	49,754	49,457	49,969	49,838
Payments for Personnel	(18,535)	(17,294)	(15,756)	(17,871)	(16,974)	(18,656)	(17,957)	(15,763)	(17,306)	(17,305)	(16,528)	(17,322)
Payments for Supplies (Excluding Capital Expenditure)	(1,524)	(6,314)	(6,549)	(3,500)	(4,315)	(4,426)	(6,511)	(4,695)	(4,159)	(4,660)	(4,649)	(4,263)
Capital Charge Paid	0	0	0	0	0	(5,244)	0	0	0	0	0	(6,360)
GST Movement	22	(297)	120	1,389	(1,537)	2,412	(2,162)	0	0	0	0	0
Payments to Other DHBs (Including IDF)	(8,416)	(8,221)	(7,778)	(9,363)	(7,921)	(8,151)	(7,881)	(9,003)	(8,434)	(8,434)	(8,434)	(8,434)
Payments to Providers	(18,044)	(18,060)	(17,755)	(15,737)	(19,590)	(18,745)	(18,343)	(17,395)	(18,130)	(18,024)	(18,302)	(17,975)
Total Payments	(46,498)	(50,186)	(47,719)	(45,083)	(50,337)	(52,809)	(52,854)	(46,855)	(48,029)	(48,422)	(47,913)	(54,354)
Net Cashflow from Operating Activities	3,551	(1,427)	(741)	10,823	(3,135)	(2,440)	(4,785)	3,000	1,725	1,035	2,056	(4,515)
Investing Activities												
Interest Receipts	26	22	16	23	27	18	14	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	14	46	46	46	46	46
Capital Expenditure	(1,708)	(132)	(758)	(912)	(874)	(892)	(1,137)	(1,066)	(1,066)	(1,066)	(1,066)	(1,054)
Increase in Investments and Restricted & Trust Funds Assets	(75)	(82)	106	(32)	(19)	0	35	0	0	0	0	0
Total Payments	(1,782)	(213)	(652)	(944)	(893)	(891)	(1,102)	(1,066)	(1,066)	(1,066)	(1,066)	(1,054)
Net Cashflow from Investing Activities	(1,756)	(145)	(635)	(922)	(867)	(873)	(1,089)	(1,020)	(1,020)	(1,020)	(1,020)	(1,008)
Financing Activities												
Interest Paid on Finance Leases	(1)	(1)	(1)	(0)	(0)	(0)	(0)	(6)	(6)	(5)	(5)	(5)
Total Payments	(1)	(1)	(1)	(0)	(0)	(0)	(0)	(6)	(6)	(5)	(5)	(5)
Net Cashflow from Financing Activities	(1)	(1)	(1)	(0)	(0)	(0)	(0)	(6)	(6)	(5)	(5)	(5)
Total Cash In	50,075	48,827	46,995	55,928	47,229	50,386	48,083	49,901	49,800	49,503	50,014	49,884
Total Cash Out	(48,280)	(50,400)	(48,371)	(46,027)	(51,231)	(53,700)	(53,957)	(47,927)	(49,101)	(49,494)	(48,984)	(55,413)
Net Cashflow	(1,433)	362	(1,211)	(2,588)	7,313	3,311	(3)	(5,876)	(3,902)	(3,203)	(3,194)	(2,164)
Opening Cash	1,795	(1,573)	(1,376)	9,901	(4,002)	(3,314)	(5,873)	1,974	699	9	1,030	(5,529)
Closing Cash	362	(1,211)	(2,588)	7,313	3,311	(3)	(5,876)	(3,902)	(3,203)	(3,194)	(2,164)	(7,692)



Weekly Cash Flow Actual to 31 January 2020



Note

- the overdraft facility shown in red is set at \$21 million as at January 2020
- the lowest bank balance for the month of January was \$5.9m overdrawn



Capital Expenditure

Actual to 31 January 2020

- 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	\$000	\$000	\$000	\$000
Baseline						
Buildings and Plant	1,545	3,355	1,532	6,432	1,340	5,092
Clinical Equipment	215	3,500	957	4,672	2,200	2,472
Information Technology (Hardware)	100	650	372	1,122	630	491
Intangible Assets (Software)	932	625	868	2,425	427	1,998
Baseline Total	2,792	8,130	3,729	14,651	4,597	10,054
Strategic						
Buildings and Plant	1,185	480	-	1,665	-	1,665
Clinical Equipment	1,390	1,500	716	3,606	218	3,388
IT	2,394	2,850	1,173	6,417	547	5,870
Strategic Total	4,969	4,830	1,889	11,688	765	10,923
Total Capital (excluding Trust Funds)	7,761	12,960	5,618	26,339	5,362	20,977



Summary of Leases – as at 31 January 2020

		Original Cost	Monthly Amount	Annual Amount	Total Lease Cost	Start Date	End Date	Lease type
Rental Property Leases								
	Occupants							
Wainuiomata Health Centre	District Nurses		1,149	13,787		1/11/2017	31/10/2020	Operating
Public Trust House Lower Hutt	Community Mental Health		21,887	262,643		1/09/2017	1/09/2023	Operating
CREDS - Johnsonville	Eating Disorders		5,370	64,435		1/01/2015	Rolling lease	Operating
RPH - Porirua Public Health	RPH School Health - Promotional Health		9,088	109,055		15/03/2015	14/03/2021	Operating
Criterion Lane Upper Hutt	Lagans Pharmacy - Physiotherapy		2,363	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 (116 Vehicles)			32,062	384,744		Ongoing	Ongoing	Operating
			32,062	384,744				
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
		1,102,312	102,718	1,232,628	5,722,050			
Total Leases			187,880	2,254,566				



Treasury

as at 31 January 2020

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

NZHP banking activities for the month	Current month (\$000)	Last month (\$000)
Average balance for the month	\$15,385	\$17,512
Lowest balance for the month	(\$5,888)	(\$5,271)
Average interest rate	1.04%	1.20%
Net interest earned for the month	\$14	\$18

2) Hedges

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

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

No. of transactions involving foreign currency 10
 Total value of transactions \$117,361 NZD
 Largest transaction \$46,452 NZD

	No. of transactions	Equivalent NZD
AUD	3	\$10,528
GBP	2	\$20,169
SGD	1	\$16,985
USD	4	\$69,680
Total	10	\$117,361

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	\$2,383	\$1,351	\$43	\$880	\$43	\$0	\$20	\$46
Capital & Coast District Health Board	\$2,341	\$291	\$194	\$27	\$47	\$122	\$56	\$1,605
Wairarapa District Health Board	\$914	\$107	\$61	\$101	\$119	(\$4)	\$41	\$490
Accident Compensation Corporation	\$643	\$528	(\$264)	\$147	\$78	\$24	\$50	\$81
Te Awakairangi Health Network Trust	\$71	\$8	\$0	\$0	\$32	\$0	\$31	\$0
Non Resident	\$54	\$0	\$0	\$0	\$0	\$0	\$0	\$53
Hawkes Bay District Health Board	\$49	\$2	\$2	\$2	\$4	\$5	\$9	\$27
Oranga Tamariki - Ministry for Children	\$42	\$42	\$0	\$0	\$0	\$0	\$0	\$0
ESR Limited	\$40	\$0	\$40	\$0	\$0	\$0	\$0	\$0
Otago Polytechnic	\$31	\$0	\$9	\$22	\$0	\$0	\$0	\$0
Total Top 10 Debtors	\$6,569	\$2,329	\$84	\$1,179	\$322	\$146	\$207	\$2,302

Monthly Financial and Operational Performance Report

For the period ending 29 February 2020

Presented in March 2020



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Section 1

Performance Overview and Executive Summary



Executive Summary

Of the 17 measures defined by the Ministry of Health and against which Capital & Coast is assessed, we are currently delivering to target against seven, partially achieving against seven and are not achieving three. These three are exclusive breastfeeding, smoking cessation and colonoscopy waiting times.

The Capital & Coast DHB has a deficit of \$17.9m year to date (YTD). This is predominantly driven by a \$20.1m deficit in provider arm services. Activity is 1.64% behind what was planned. FTE are 40 below budget, on top of 523 FTE vacancies across the organisation. There is a significant negative impact on the organisation as a result of a reduction in the number of patients transferring from other DHBs. This represents an unfavourable variance of \$6.1m YTD.

The utilisation of acute services is being managed well year to date but the Emergency Department presentations were higher at 4813, this is 88 more presentations than the previous year. Performance against the six hour target was at 77% (compared to 83% in 2018/19). The utilisation of available adult beds in core wards in February 2020 is 92.8% which is lower than the 94.5% rate recorded in February 2019.

The DHB's overall cash and short term liquidity is a significant issue, therefore resulting in the DHB being solely reliant on the Crown to meet payments later in the year as they fall due. The Board has requested deficit support of \$15.9 million and a letter of support from the Ministers of Health & Finance. This will allow the Board to continue to trade as a going concern in the 2020/21 year. The Board has a current letter of support for the 2019/20 year.

The forecast deficit submitted to the Ministry of Health is (\$29.5m) and the current month result is in line with the forecast. This does not take into account any impacts from COVID-19. The Ministry of Health operating framework requires the DHB to absorb 0.1% of costs relating to a pandemic or national emergency (\$879,000), all costs above that are expected to be funded by the Crown.

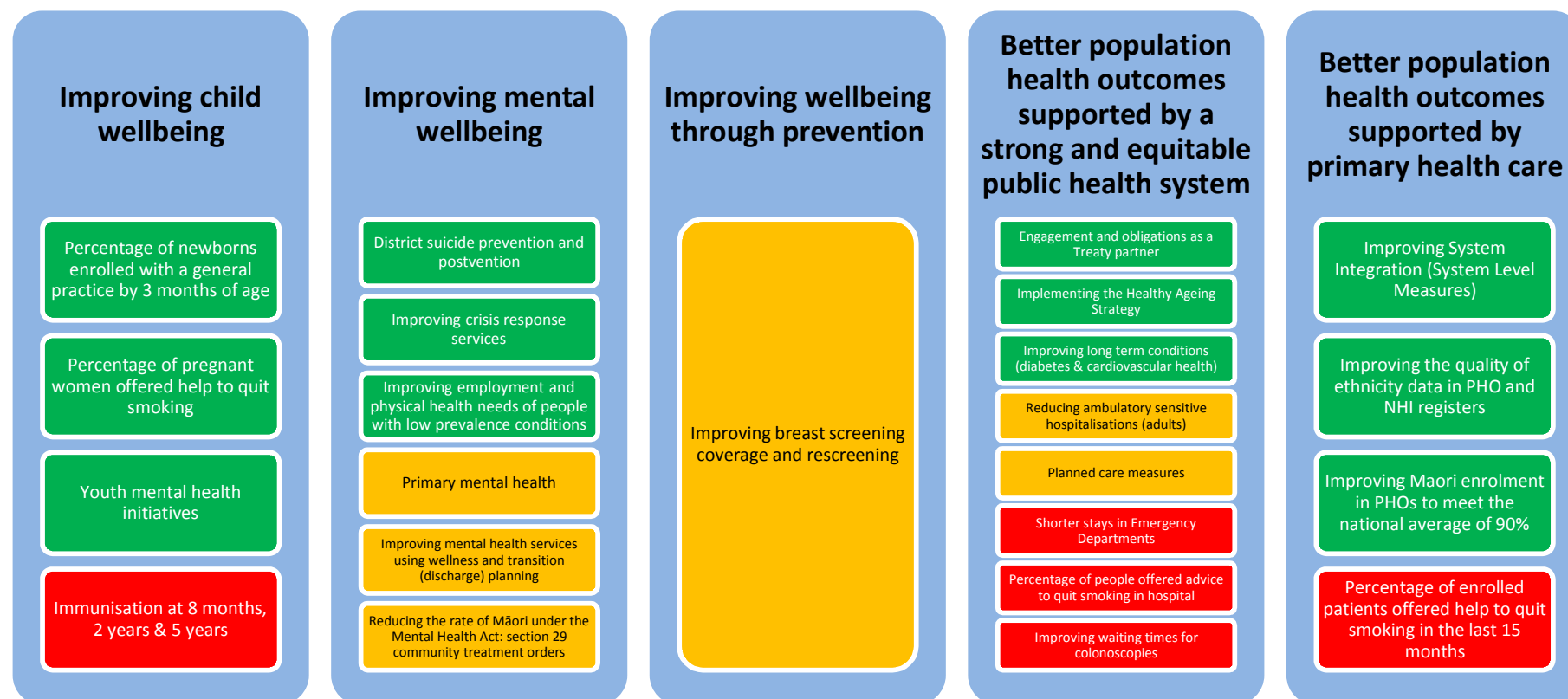


People Served – February 2020 (January 2020)

CCDHB funds services that touch thousands of people in our community every month.

ED Attendances 4,774 (↑ 4,731) 567 Maori (↓ 582) 481 Pacific (↑ 456)	Surgical Procedures* 1,101 (↑ 1,067) 149 Maori (↑ 139) 87 Pacific (↑ 75) <small>* Surgical procedures completed in main theatres.</small>	Hospital Discharges* 4,894 (↓ 4,939) 758 Maori (↑ 732) 410 Pacific (↓ 444) <small>* Discharges from Kenepuru Community Hospital and Wellington Regional Hospital.</small>	Outpatient & Community Contacts 19,857 (↑ 18,814) 2,136 Maori (↑ 2,057) 1,449 Pacific (↑ 1,146)
Mental Health Discharges 1,441 (↑ 1,433) 409 Maori (↑ 395) 64 Pacific (↓ 72)	Mental Health & Addiction Contacts 5,693 (↑ 5,615) 1,363 Maori (↓ 1,377) 357 Pacific (↑ 337)	Primary Care Contacts 69,722 (↑ 67,396) 7,386 Maori (↑ 7,044) 5,060 Pacific (↑ 4,800)	People in Aged Residential Care 2,144 (↑ 2,114) 86 Maori (↑ 85) 75 Pacific (↓ 76)

Ministry Priorities (Q2 2019/20)

Achieved
Partially Achieved
Not achieved


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 – February 2020

YTD Operating Position \$17.9m deficit Against a budgeted YTD deficit of \$5.9m. Month result was \$1.3m deficit.	YTD Provider Position \$20.1m deficit Against a KPI of a budgeted deficit of \$6m. Month result was \$2m deficit, [\$2m unfavourable]	YTD Funder Position \$1.5m surplus Against a KPI of a budgeted surplus of \$0.1m. Month result was \$3.4m surplus, [\$451k favourable].	YTD Capital Exp \$24.2m spend Against a KPI of a budgeted spend of \$31.3m. This includes funded projects – Childrens Hospital
YTD Activity vs Plan (CWDs) 1.64% behind¹ 785 CWDs below PVS plan (1163 IDF CWDs behind). Month result -119 CWDs excluding work in progress.	YTD Paid FTE 5,191³ YTD 37 below annual budget of 5,228 FTE. Month 40 favourable. 523 FTE vacancies at end Feb.	Annual Leave Taken 8.85%⁴ Underlying YTD annual leave taken is short by ½ day per FTE. Also Lieu leave is being taken at a rate of 10 out of 11 public holidays in a year.	

¹ Note that the PVS (Price volume schedule for HHS/MHAIDS) is not total Surgical/Medical case-weight throughput largely due to Non-Residents & ACC. Also Outsourced PVS cases within this result are 461 CWD more than target to Feb 20, total of 1670 outsourced ~\$8.7m dollars at WEIS price.

³ Paid FTE ignores leave balance movement which is YTD 17 FTE better than budgeted, Outsourced staff are also not counted in this metric which is currently \$2.3m adverse

CWD – Case weights (also known as WEIS for a year) WEIS – Weighted Inlier Equivalent Separations
⁴ – Only annual leave, excludes Lieu, long service and other types, note that public holidays build up the Lieu leave in the second half of the financial year. Excludes casuals.



Hospital Performance Overview – February 2020

YTD ED (SSIED) 6 Hour rule	ESPI 5 Long Waits	Specialist Outpatient Long Waits	Serious Safety Events ²
77.3%	153	183	3
18% below the ED target of 95% Monthly -3.7%	Against a target of zero long waits. Monthly -12	Against a target of zero long waits. Monthly - 55	An expectation is for nil SSEs at any point.

YTD Activity vs Plan (CWDs)	YTD Paid FTE	YTD Cost per WEIS
1.64% behind ¹	3,344 ³	\$5,714*
785 CWDs below PVS plan (1163 IDF CWDs behind). Month result -119 CWDs excluding work in progress.	YTD 64 below annual budget of 3,408 FTE. Month 65 favourable. 205 FTE of vacancies at end Feb.	Against a national case-weight price per WEIS of \$5,216 (9.5% above). YTD Dec \$5,758. *to Jan20

¹ Note that the PVS (Price volume schedule for HHS/MHAIDS) is not total Surgical/Medical case-weight throughput largely due to Non-Residents & ACC. Also Outsourced PVS cases within this result are 488 CWD more than target to Jan 20, total of 1521 outsourced.

² An SSE is classified as SAC1 or SAC2 serious adverse events per HQSC

³ Paid FTE ignores leave balance movement which is YTD 3.1 FTE better than budgeted, Outsourced staff are also not counted in this metric which is currently \$160k adverse

ELOS – Emergency Dept 6 hour length of stay rule of 95%
CWD – Case weights (also known as WEIS for a year) WEIS – Weighted Inlier Equivalent Separations⁸



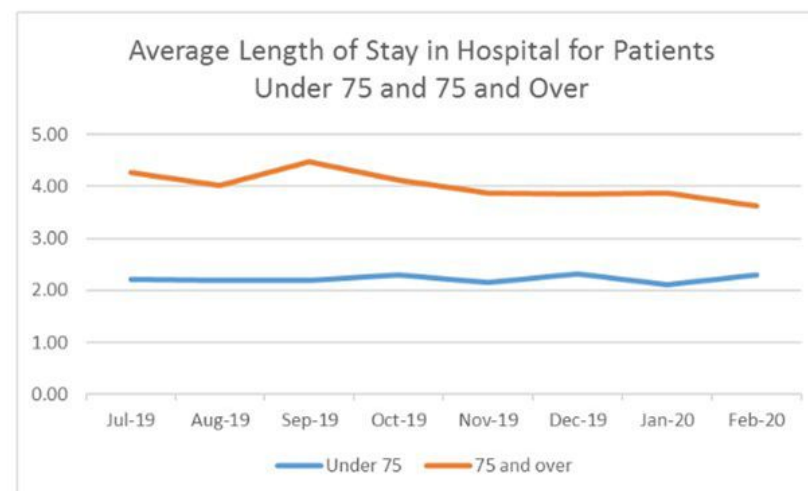
Section 2.1

Funder Performance



Frailty in the Emergency Department (ED)

- In February, 672 patients aged 75+ presented to ED for acute illness.
- On average 61% of patients aged 75+ presenting to ED are admitted to hospital and spend 3.62 nights in hospital; 58% longer than the average length of stay of 2.29 nights for people under 75 years of age.
- Hospital admissions can accelerate the progression of frailty. Every day an older patient stays in a hospital bed, they lose 10% of their muscle strength, deconditioning the patient
- When a patient becomes deconditioned they need more community support, for longer periods - which is costly
- It is important patients return home and to their usual routines as soon as possible. Doing this improves patient outcomes, reduces hospital costs, and reduces community support costs



Advancing wellness at home

- The Advancing Wellness at Home Initiative (AWHI) is a pilot programme led by Allied Health and involves community nursing and other community services
- AWHI supports medically fit older patients for discharge, and does whatever is necessary to get them home and return to their functional and social activities
- Since it launched in mid-October 2019, AWHI has successfully supported the discharge of 103 people, enabling them to return home an average of two or more days earlier than usual.
- The pilot works and we should look to for wider roll out ASAP



Jack aged 94, one of the first MAPU patients to experience AWHI, was delighted to get home to his own comfy chair and a breakfast apple, which he has eaten everyday of his life since he turned 16!



Funder Financial Statement of Performance

Month					Capital & Coast DHB Funder Result - \$000 Feb 2020	Year to Date				
Actual	Budget	Last year	Variance			Actual	Budget	Last year	Variance	
			Actual vs Budget	Actual vs Last year					Actual vs Budget	Actual vs Last year
68,138	68,138	63,789	0	4,349	Base Funding	545,105	545,105	510,312	0	34,793
4,868	4,872	6,029	(4)	(1,160)	Other MOH Revenue - Funder	39,519	38,977	44,211	542	(4,692)
106	263	0	(156)	0	CCDM funding from 18/19 released in 19/20	851	2,100	0	(1,249)	0
299	0	0	299	0	Add funds re MERAS and PSA MECA	479	0	0	479	0
171	84	142	87	29	Other Revenue	782	704	904	78	(122)
2,682	2,735	2,402	(54)	280	IDF Inflows PHOs	22,362	21,883	20,279	479	2,083
17,552	17,450	16,454	101	1,098	IDF Inflows 19/20 Wash-up Prov	134,771	139,604	130,599	(4,832)	4,173
93,817	93,542	88,816	274	5,001	Total Revenue	743,869	748,372	706,305	(4,504)	37,563
					Internal Provider Payments					
958	958	933	0	(25)	DHB Governance & Administration	7,665	7,665	7,462	0	(203)
45,636	45,376	41,892	(260)	(3,744)	DHB Provider Arm PVS - HHS	383,162	387,090	361,600	3,928	(21,562)
7,454	7,498	7,202	44	(253)	DHB Provider Arm PVS - Mental Health	59,684	59,987	57,339	303	(2,346)
3,199	2,880	1,568	(319)	(1,631)	DHB Provider Arm PVS - Corporate	23,900	23,048	8,646	(852)	(15,254)
57,247	56,712	51,594	(535)	(5,653)	Total Internal Provider	474,411	477,790	435,046	3,379	(39,365)
					External Provider Payments:					
5,872	5,790	6,225	(82)	353	- Pharmaceuticals	46,974	46,324	48,069	(650)	1,095
6,397	6,233	6,111	(165)	(287)	- Capitation	51,072	49,863	46,752	(1,210)	(4,320)
6,768	7,217	6,306	449	(462)	- Aged Care and Health of Older Persons	55,948	57,740	55,337	1,792	(611)
2,520	2,407	2,510	(113)	(10)	- Mental Health	19,722	19,248	19,031	(474)	(691)
866	786	443	(80)	(423)	- Child, Youth, Families	6,528	6,289	3,428	(239)	(3,101)
477	598	442	121	(35)	- Demand driven Primary Services	4,295	4,571	4,729	276	434
2,179	2,240	1,972	61	(206)	- Other services	17,307	17,745	16,033	438	(1,274)
3,156	3,645	3,509	489	353	- IDF Outflows Patients to other DHBs	26,380	29,160	27,913	2,780	1,533
4,913	4,944	4,873	30	(41)	- IDF Outflows Other	39,705	39,550	37,286	(155)	(2,420)
33,149	33,861	32,392	712	(757)	Total External Providers	267,931	270,489	258,577	2,558	(9,354)
90,397	90,573	83,987	176	(6,410)	Total Expenditure	742,342	748,279	693,623	5,937	(48,719)
3,420	2,969	4,829	451	(1,409)	Net Result	1,527	93	12,682	1,433	(11,155)



Funder Financials – Revenue

Revenue

- IDF inflows (\$4.8m) unfavourable YTD due to lower than expected patient CWD volumes from other DHBs mainly Hutt, Midcentral and Taranaki.
- PHO additional funding \$1.5m. There are related costs accounted for in the expenditure.
- CCDM expected funding for 2019/20 not received. YTD unfavourable (\$1.1m). Additional funds received for MECA increases \$430k YTD offsets staff increased costs.
- Aged Care pay Equity funding held back & to be paid to Hutt to support joint HCSS contract managed by Hutt (\$1.5m).
- Additional other revenue is favourable YTD \$705k. This offsets additional costs in expenditure.

SIP Funder Revenue Variances	Month \$000's	YTD \$000's
IDF Inflow Revenue held back	101	(4,832)
IDF Additional Inflows PHOs	(53)	478
PHO funding change for u14/CSC	113	989
CCDM 18/19 - over budgeted for 19/20	(138)	(1,104)
Add funds re MERAS and PSA MECA	221	427
Mental Health additional services	140	353
Aged Care Pay Equity re HCSS to pay Hutt	(487)	(1,520)
Other additional funds	377	705
Year to Date Revenue Variances	274	(4,504)



Funder Financials – Provider Payments

- **Internal Provider Payments**
- Provider Arm Services payments are favourable \$3.3m YTD mainly due to lower than budgeted payments made to HHS for IDF inflow volumes from other DHBs.
- **External Provider Payments:**
- Pharmaceutical costs are (\$650k) unfavourable YTD, mainly due to an efficiency target built into the budget. Actual year to date costs are in line with seasonal patterns.
- Capitation expenses are (\$1.2k) unfavourable YTD. Additional costs due to volumes are offset by additional revenue received from the Ministry.
- Aged residential care and Health of Older People (HOP) other costs are \$1.7m YTD favourable. Volumes are maintained. Awaiting charge from Hutt for Home and Community Support Services (HCSS) pay equity costs related to joint contracts.
- Mental Health costs are unfavourable (\$474k) YTD. New contract issued to Tu Ora Compass offset by new revenue received from MOH.
- Child and Youth costs are unfavourable.(\$239k) YTD. New contract in 2019/20 offset by new revenue funding received from MOH.
- Other services favourable \$438k. Reduced NTA (National Travel Costs) due to reduced Inter District Flow (IDF) patient movements.
- IDF Outflows are favourable \$2.8m YTD, driven by lower patient volumes sent to other DHBs, mainly Hutt, Counties Manukau, Canterbury and Auckland DHBs.



Inter District Flows (IDF)

DHB of Domicile	YTD Feb estimated inpatient inflow washup
Hutt Valley	-\$2,761,866.82
MidCentral	-\$1,818,638.04
Taranaki	-\$999,477.16
Hawkes Bay	-\$731,028.79
Wairarapa	-\$642,384.54
Other under-delivered (8 DHBs)	-\$852,520.93
Other over-delivered (4 DHBs)	\$320,835.00
Nelson Marlborough	\$533,915.49
Whanganui	\$829,047.70
Total undelivered inpatient IDF	-\$6,122,118.08

DHB of Service	YTD Feb estimated inpatient outflow washup
Hutt	-\$1,357,096
Canterbury	-\$530,405
Counties Manukau	-\$422,269
Auckland	-\$366,198
Other under-serviced (13 DHBs)	-\$433,201
Other over-serviced (1 DHBs)	\$9,709
Waikato	\$143,118
Total unserviced inpatient IDF	-\$2,956,341

IDF Inflow (revenue):

Overall IDF inflows are below budget by (\$4.4m), however this includes additional funding for PCT drugs for IDF patients of \$1.3m. The funding offsets the DHB increase in pharmaceutical expenditure. The majority of the lower IDF inflows is caused by inpatient caseweight activity split between:

- (\$1.9m) acute (largely Neurosurgery \$1.3m), NICU was highest last month,
- (\$4.2m) elective (largely Cardiothoracic \$3.1m).

IDF Outflow (expense):

Overall IDF outflows are below budget by \$3.0m. This relates to lower numbers of CCDHB patients treated at other DHBs as indicated on the table to the left.



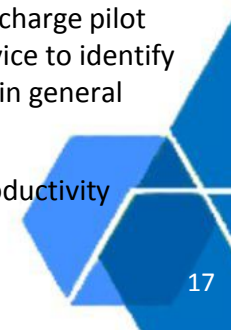
Section 2.2

Hospital Performance



Executive Summary – Hospital Performance

- The DHB hospital performance is under pressure in many of the key areas measured and reported on in this report. The February Emergency Department (ED) performance has continued to be lower than what was achieved the previous year. The bed occupancy percentage utilisation for February 2020 was still high at 93% (optimum occupancy of 92%). High occupancy remains a barrier to acute flow – new and creative solutions to addressing this key area are under development for this upcoming year.
- Waiting times for CT and MRI remain high as a result of an historical insufficient capacity to meet demand. Waiting times for outpatients is now over 30 weeks for MRI and CT scanning. Outsourcing has increased for CT scanning for the remainder of the financial year. The proportion of patients waiting less than 90 days for angiography has improved compared to last month, and remains below the target of 95%. The service is backfilling sessions to mitigate the risk, however, we do not expect a change to wait lists until end of the financial year within current service capacity.
- We are in the process of developing our plan for identifying our bowel screening program taking lessons learned from the Hutt Valley experience. Preparation for Readiness Audits are underway with a projected go live date of September this year. CCDHB does not meet the Ministry of Health target for urgent, non-urgent and surveillance colonoscopies however with as part of our preparation for screening we have commenced work to bring our wait times to be compliant with ministry targets before the programme launches.
- The Acute Demand and Bed Capacity Programme continues to have successes with expansion of the Advancing Wellness at Home Initiative (AWHI) from MAPU to two other inpatient areas. The expansion of the Advancing Wellness at Home Initiative (AWHI) pilot from MAPU and two general medical inpatient areas to a wider catchment and other inpatient wards has been rolled out. AWHI is an early supported discharge pilot for people whose level of function has declined on admission and has involved making changes to the patient care coordination service to identify potential patients needing intervention earlier in admission with the goal of reduction in the over 10 day stays for complex patients in general medicine.
- To inform our annual planning reconciliation continues to identify increases in FTEs that are driven by compliance as separate to productivity changes. This will allow better evaluation of lost productivity opportunities going forward.



HHS Operational Performance Scorecard – period Feb 19 to Feb 20

Domain	Indicator	2019/20 Target	Performance Trend												
			2019-Feb	2019-Mar	2019-Apr	2019-May	2019-Jun	2019-Jul	2019-Aug	2019-Sep	2019-Oct	2019-Nov	2019-Dec	2020-Jan	2020-Feb
Care	Serious Safety Events	Zero SSEs	5	3	3	10	8	3	3	2	3	3	4	2	3
	Total Reportable Events	TBD	875	1,020	867	1,176	1,169	1,251	1,178	1,091	1,151	1,055	994	860	1,058
Patient and Family Centred	Complaints Resolved within 35 calendar days	TBD	80.3%	64.7%	74.1%	81.4%	85.7%	83.1%	83.8%	97.7%	93.4%	91.8%	89.8%	95.1%	100.0%
	% Discharges with an Electronic Discharge summary	TBD													
Access	Emergency Presentations		5,029	5,983	5,264	5,523	5,480	5,749	5,757	5,430	5,336	5,377	5,389	5,319	5,336
	Emergency Presentations Per Day		180	193	175	178	183	185	186	181	172	179	174	172	184
	Emergency Length of Stay (ELOS) % within 6hrs	≥95%	83.8%	82.5%	83.0%	83.9%	78.2%	79.8%	76.8%	76.4%	78.7%	77.2%	78.9%	81.0%	77.3%
	ELOS % within 6hrs - non admitted	TBD	88.7%	88.2%	88.9%	89.3%	84.2%	86.6%	83.6%	82.2%	85.0%	82.7%	84.6%	86.6%	83.0%
	ELOS % within 6hrs - admitted	TBD	68.1%	62.6%	65.0%	66.9%	59.4%	58.5%	55.9%	58.4%	60.0%	59.6%	61.1%	63.2%	58.2%
	Total Elective Surgery Long Waits	Zero Long Waits	140	146	151	116	107	68	59	64	94	107	136	165	153
	Additions to Elective Surgery Wait List		1,329	1,316	1,257	1,436	1,332	1,470	1,420	1,400	1,309	1,393	1,112	1,100	1,227
	% Elective Surgery treated in time	TBD	86.5%	87.2%	87.6%	89.7%	90.7%	88.6%	91.2%	92.7%	92.7%	92.1%	92.2%	85.7%	85.9%
	No. surgeries rescheduled due to specialty bed availability	TBD	1	7	5	2	8	13	23	10	5	19	3	1	8
	Total Elective and Emergency Operations in Main Theatres	TBD	1,113	1,269	1,048	1,185	1,105	1,195	1,239	1,201	1,179	1,199	997	1,067	1,101
	Faster Cancer Treatment 31 Day - Decision to Treat to Treat	85%	95.0%	96.0%	94.0%	93.0%	91.0%	92.0%	91.0%	93.0%	92.0%	86.0%	95.0%	88.0%	72.0%
	Faster Cancer Treatment 62 Day - Referral to Treatment	90%	87.0%	96.0%	88.0%	89.0%	89.0%	83.0%	92.0%	94.0%	97.0%	86.0%	96.0%	73.0%	75.0%
	Specialist Outpatient Long Waits	Zero Long Waits	72	151	138	48	49	61	0	13	43	91	165	238	183
	% Specialist Outpatients seen in time	Zero Long Waits	90.3%	89.1%	89.6%	91.2%	90.3%	91.5%	91.5%	91.0%	92.8%	91.9%	94.3%	80.5%	84.2%
	Outpatient Failure to Attend %	TBD	7.4%	7.2%	7.1%	7.3%	7.2%	6.9%	7.0%	7.3%	7.1%	7.0%	7.6%	7.0%	7.3%
	Maori Outpatient Failure to Attend %	TBD	14.9%	15.2%	14.9%	14.7%	15.0%	13.8%	14.3%	14.1%	14.7%	14.3%	15.9%	14.7%	14.3%
	Pacific Outpatient Failure to Attend %	TBD	16.8%	16.9%	16.2%	16.3%	16.1%	16.7%	15.8%	17.1%	16.5%	14.5%	16.3%	16.1%	15.8%
Financial Efficiency	Forecast full year surplus (deficit) (\$million)		(\$15.9m)	(\$15.9m)	(\$22m)	(\$22m)	(\$22.8m)	(\$15.9m)	(\$15.9m)	(\$20.9m)	(\$20.9m)	(\$26m)	(\$29.5m)	(\$29.5m)	(\$29.5m)
	Contracted FTE (Internal labour)		4,779	4,784	4,808	4,811	4,818	4,812	4,824	4,851	4,864	4,855	4,836	4,839	4,844
	Paid FTE (Internal labour)		5,117	5,104	5,141	5,117	5,196	5,154	5,155	5,187	5,163	5,208	5,262	5,190	5,188
	% Main Theatre utilisation (Elective Sessions only)	85.0%	78.5%	80.1%	81.0%	80.4%	79.2%	80.4%	78.2%	79.2%	78.1%	79.0%	82.8%	82.8%	82.0%
Discharge and Occupancy	% Patients Discharged Before 11AM	TBD	24.8%	22.3%	25.0%	25.0%	23.0%	23.8%	24.4%	25.8%	25.6%	22.4%	24.0%	24.0%	24.4%
	Adult Long Stay Patients Not Yet Discharged (>14 days) WLG	TBD	24	35	28	32	31	37	31	22	27	32	29	26	39
	Adult Overnight Beds - Average Occupied WLG	TBD	296	300	307	297	312	315	306	314	308	305	289	294	295
	Adult Long Stay Patients Not Yet Discharged (>14 days) KEN	TBD	27	22	34	24	30	24	29	27	19	27	23	23	19
	Adult Overnight Beds - Average Occupied KEN	TBD	75	78	74	70	77	77	84	83	76	71	66	72	69
	Child Overnight Beds - Average Occupied	TBD	25	27	23	27	28	29	32	29	24	24	21	19	20
	NICU Beds - ave. beds occupied	36	30	30	37	36	31	38	31	36	37	36	33	32	28
Care	Rate of Presentations to ED within 48 hours of discharge	TBD	3.9%	3.8%	4.0%	3.4%	4.3%	4.0%	3.8%	3.7%	3.7%	4.2%	3.6%	3.7%	4.2%
	Presentations to ED within 48 hours of discharge	TBD	198	230	208	189	234	231	218	200	196	226	193	196	224
Staff Experience	Staff Reportable Events	TBD	117	124	83	114	123	123	120	124	137	127	101	111	135
	% sick Leave v standard	TBD	2.3%	3.0%	2.9%	3.4%	3.5%	3.7%	3.4%	3.5%	3.2%	2.9%	2.5%	2.1%	2.6%
	Nursing vacancy	TBD	150.0	149.0	141.0	133.0	139.0	221.0	221.4	212.2	208.9	213.9	228.0	217.6	209.4
	% overtime v standard (medical)	TBD	2.1%	1.7%	1.4%	2.1%	1.8%	1.9%	1.8%	1.7%	1.7%	1.7%	1.6%	1.5%	1.6%

Refer to pages 9 to 14 for more details on CCDHB performance. Highlighted where an identified target in 19/20.

CCDHB Access Performance – Shorter Stays in ED (SSIED)

Performance	DEC	JAN	FEB
2018-19	85%	89%	83%
2019-20	77%	80%	76%

Breaches	DEC	JAN	FEB
2018-19	746	567	805
2019-20	1137	996	1177

ED Volumes	DEC	JAN	FEB
2018-19	5,509	5,015	4,725
2019-20	5,019	4,994	4,813

- The overall performance of ED admitted, treated and discharged patients for the 2019/20 financial year is presented in Table 1 below. The occupancy percentage utilisation for February 2020 was 93% (optimum occupancy of 92%). High occupancy remains a barrier to acute flow and achieving the SSIED target.
- The Acute Demand and Bed Capacity Programme has been assumed by the Patient Flow Steering Committee. Attention is focused on major streams of work including:
 - The expansion of the Advancing Wellness at Home Initiative (AWHI) pilot from MAPU and two general medical inpatient areas to a wider catchment and other inpatient wards. AWHI is an early supported discharge pilot for people whose level of function has declined on admission and has involved making changes to the patient care coordination service to identify potential patients needing intervention earlier in admission with the goal of reduction in the over 10 day stays for complex patients in general medicine.
 - Consider increasing the opening hours and resourcing of the Children's Assessment Unit.
 - Activities continue across the organisation to improve discharge processes and reduce length of stay where appropriate.



CCDHB Access Performance – Planned Care

Inpatient Surgical Discharges/Minor Procedures

- CCDHB has achieved 97.8% of the target planned care intervention volume YTD as at January month end. This is comprised of a 511 under delivery in inpatient discharges and partially offset by a 335 over delivery in minor procedures. This result was confirmed by MOH as of 2 March 2020.
- As per MOH reporting CCDHB was adverse 229.2 Case Weighted Discharges (CWD) YTD as at end of January. This equates to (\$1.2m) YTD. January result was unfavourable 58.4 CWDs, or \$304k.
- Due to timing delays there will always be a six week lag in MOH reporting for inpatient volumes. Internal reporting, taking into account uncoded discharges is still in development and not available for reporting.
- This under delivery has not been recognised within CCDHB financial accounts to date, we recognise there may be some additional risk in terms of wash-up of different components of the planned care initiative. This is putting further pressure on our cash balances as we are only paid any wash-up after the year closes.

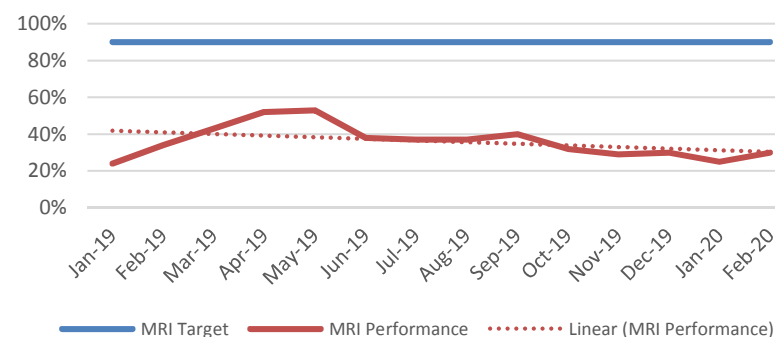


CCDHB Access Performance – Planned Care

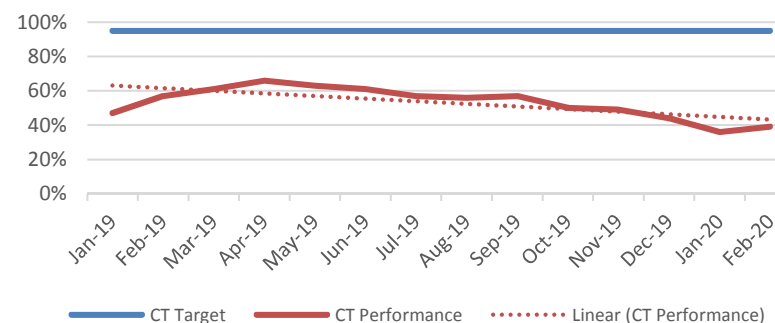
MRI and CT Waiting Times

- Waiting times for CT and MRI remain high and waiting times for outpatients is now over 30 weeks for MRI and CT scanning. Outsourcing has increased for CT scanning for the remainder of the financial year.
- Reporting times for scans are also increasing with over 2000 examinations waiting for reporting at the beginning of March. A Recruitment Business Case(RBC) has been submitted for 3 new SMO positions to close the gap between scanning capacity and reporting capacity. This will not have a significant effect on waiting times in itself. However, as part of a Radiology 5 year workforce and production plan it is a necessary step before increased booking appointments can be considered.
- With current waiting times there is increased risk of patient harm, including disease progression. The likelihood of significant adverse events is high. The service continues to prioritise based on clinical urgency and performs Inpatient and ED patients within expected timeframes to maximise inpatient flow.
- The MOH have been in contact over the continued decrease in performance and are increasingly worried about the patients waiting longer than 142 days which is growing rapidly. There is significant clinical risk for these patients.
- There will be little ability to influence the numbers waiting within current service capacity. The service continues to work on how to mitigate the risk of serious patient harm.

Percentage of routine OP MRI Scans undertaken within 42 days of referral



Percentage of routine OP CT Scans undertaken within 42 days of referral



CCDHB Access Performance – Planned Care

Coronary Angiography Waiting Times

- The proportion of patients waiting less than 90 days for angiography has deteriorated compared to last month, and remains below the target of 95%.
- The service continues to be non-compliant with the elective coronary angiography target, driven by both demand and capacity (losing sessions to acute demand). MIT Industrial action last year has impacted capacity, as has reduced production over December and January. There are approximately 21 cases, over 90 days, 13 still to be booked. An improvement on previous months. The service is backfilling sessions to mitigate the risk, however, we do not expect a change to wait lists until end of the financial year within current service capacity.

Acute Coronary Syndrome

Key clinical quality improvement indicators

1. 70% of high-risk patients will receive an angiogram within 3 days of admission. ('Day of Admission' being 'Day 0')
 - CCDHB result for January (most recent data that is available) was 87.2%. As a region we did not achieve the target for January, 69% 107/155)
 - Hawkes Bay, MidCentral, Wairarapa, and Whanganui did not achieve the target. (40%, 59.1%, 62.5% and 35.7% respectively) this was primarily driven by access to beds.
2. The second measure relates to data quality, integrity – the target is that over 95% of patients presenting with ACS who undergo coronary angiography have completion of ANZACS-QI ACS and Cath/PCI registry data collection within 30 days.
 - CCDHB result for January was 95.7%. As a region we achieved target for January- 97.1%.



CCDHB Activity Performance

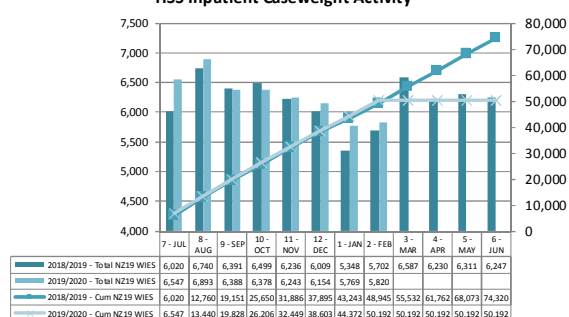
Capital and Coast DHB: February 2020

HSS Inpatient Caseweight Activity

	2018/19	2019/20
YTD Totals	48,945	50,192
Change		1,247
% Change		2.5%

* This includes all Hospital Activity including ACC, Non Resident, Non-Casemix but excludes Mental Health

HSS Inpatient Caseweight Activity

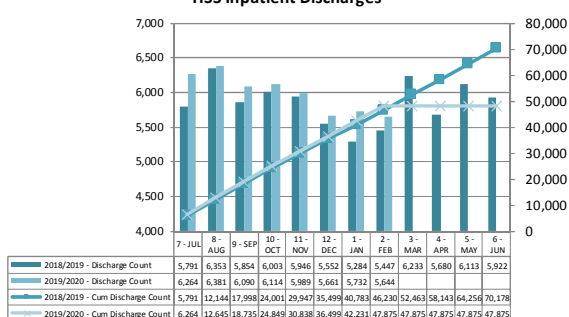


HSS Inpatient Discharges

	2018/19	2019/20
YTD Totals	46,230	47,875
Change		1,645
% Change		3.6%

* This includes all Hospital Activity including ACC, Non Resident, Non-Casemix but excludes Mental Health

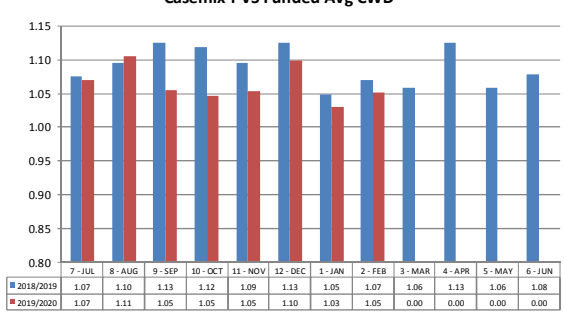
HSS Inpatient Discharges



Casemix PVS Funded Avg CWD

	2018/19	2019/20
YTD Totals	1.09	1.06
Change		-0.03
% Change		-2%

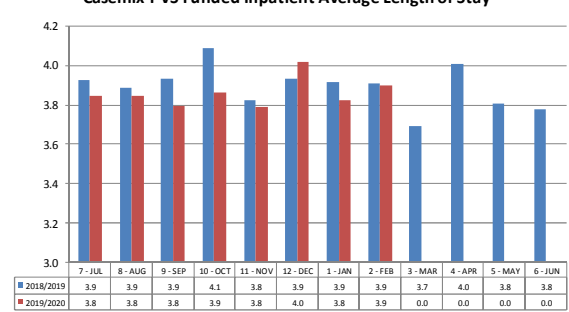
Casemix PVS Funded Avg CWD



Casemix PVS Funded Inpatient Average Length of Stay

	2018/19	2019/20
YTD Totals	3.89	3.86
Change		-0.03
% Change		-0.8%

Casemix PVS Funded Inpatient Average Length of Stay



- Local acute CWDs are higher than previous financial year (702 CWDs) with an increase in discharges; a slightly lower ALOS and a similar average CWD.
 - The discharge increase is driven primarily by Emergency Medicine, General Medicine, Gynaecology, General Surgery, Gynaecology and Orthopaedics. The CWD increase is driven primarily by General Surgery, Emergency Medicine, Orthopaedics, Respiratory and Urology.
- Local Elective CWDs are lower than the previous financial year by (11 CWDs) with a decrease in discharges; and a similar ALOS and average CWD.
 - The discharge decrease is driven primarily by Orthopaedics, ENT and Urology. The CWD decrease is driven primarily by ENT, Orthopaedics and General Surgery.
- IDF acute CWDs are higher than previous financial year (432 CWDs) with an increase in discharges a similar ALOS and a lower average CWD.
 - The discharge increase is driven primarily by Emergency Medicine, Cardiothoracic and General Surgery. There is a CWD increase driven primarily by Cardiothoracic, General Surgery and Neonatal.
- IDF Elective CWDs are lower than the previous financial year (277 CWDs) with more discharges a lower ALOS and a similar average CWD.
 - The discharge increase is driven primarily by Paediatric Surgery, Vascular Surgery and Ophthalmology. The CWD decrease is driven primarily by Cardiothoracic, General Surgery and Neurosurgery.

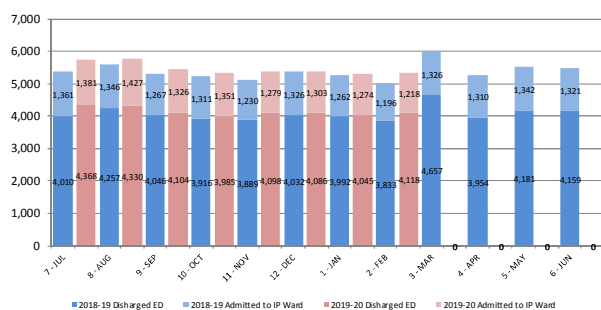
CCDHB Activity Performance - Productivity

Capital and Coast DHB: February 2020

ED Presentations

	2018/19	2019/20
YTD Totals	42,274	43,693
Change		1,419
% Change		3%

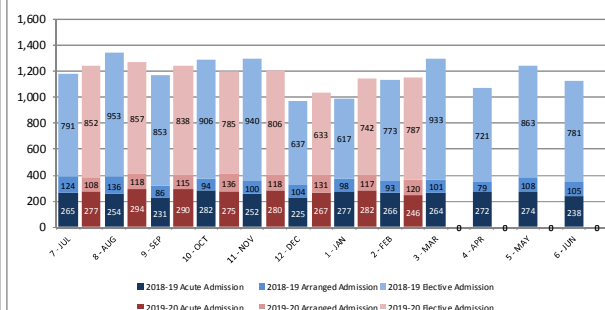
ED Presentations by Year / Month and Outcome



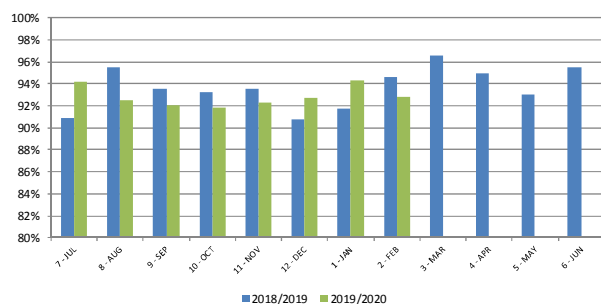
Theatre Cases

	2018/19	2019/20
YTD Totals	9,357	9,474
Change		117
% Change		1%

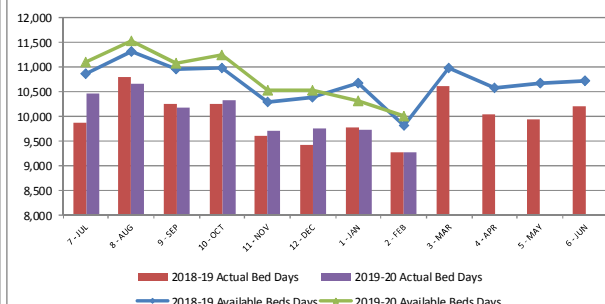
Theatre Cases



Actual Bed Utilisation as a Percentage of Available Beds
Ytd 2018/19 - 93.0% Ytd 2019/20 - 92.8%



Bed Utilisation Bed Days
Ytd 2018/19 - 79,312 Ytd 2019/20 - 80,133



- Note firstly when reading these measures that that Feb 2020 is a leap year and has an extra day
- The number of ED presentations is higher in February 2019 than the number recorded in the same month in the previous financial year and will be partly related to the number of days in the month. The emergency department in February 2020 has experienced a 6.1% increase (307) in the number of presentations compared to February 2019.
- The utilisation of available of adult beds in core wards in February 2020 is 92.8% which is lower than the 94.6% rate recorded in February 2019. The number of available beds in February 2020 is higher than in February 2019 with Kenepuru open for less days.
- Elective theatre cases have increased for the month of February 2020 by 1.8% (14 cases) when compared to February 2019.
 - The increase is spread across a number of specialties with increases evident in Dental (11), General Surgery (11), Gynaecology (11) and Paediatric Surgery (11) but countered by decreases in Ophthalmology (31) and Vascular Surgery (10).

Section 2.3

Mental Health Addiction & Intellectual
Disability

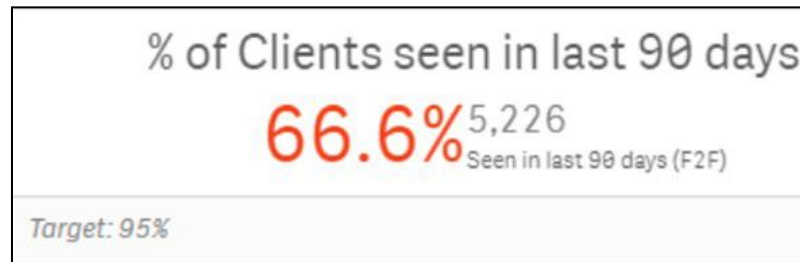


Executive Summary – Mental Health Performance

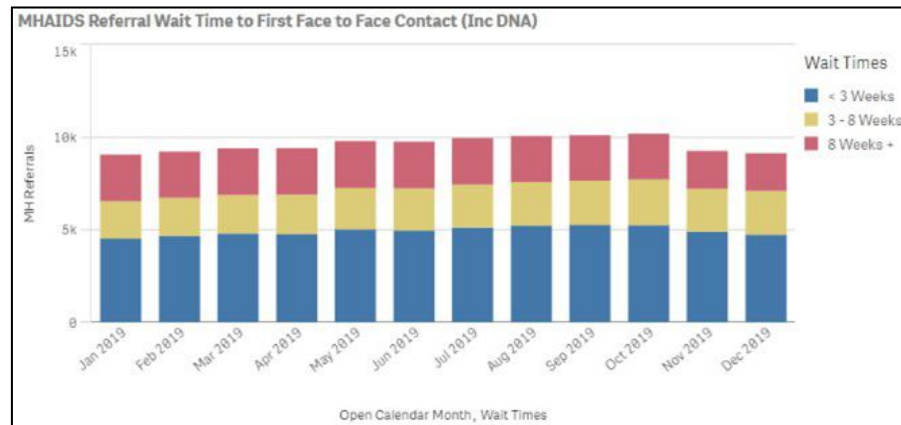
- The DHB hospital performance is under pressure in many of the key areas measured and reported on in this report. Both Acute Mental Health Inpatient Units in CCDHB and HVDHB are managing high occupancy.
- There are initiatives underway to intervene in mental health crises early and reduce pressure on ED presentations and wait times. The number of Mental Health (MH) Nurses in CCDHB and HVDHB Emergency Departments will be increased. A pilot is underway for the Co Response Team and commenced early March 2020 where MH Nurses will team up with Police and Ambulance as the first responders to 111 calls. A General Practitioners (GPs) Liaison team is to be established and this team will work alongside GPs to address mental health issues at the primary level.
- Focus for the next 12 months will be on addressing equity which will include increasing the Māori and Pacific mental health and addictions workforce, improving access for Māori and Pacific to services and reducing the number of Māori under the CTO Sec 29.
- The toward Zero seclusion project is fully underway with the aim of reducing the incidence of seclusion particularly for Māori.



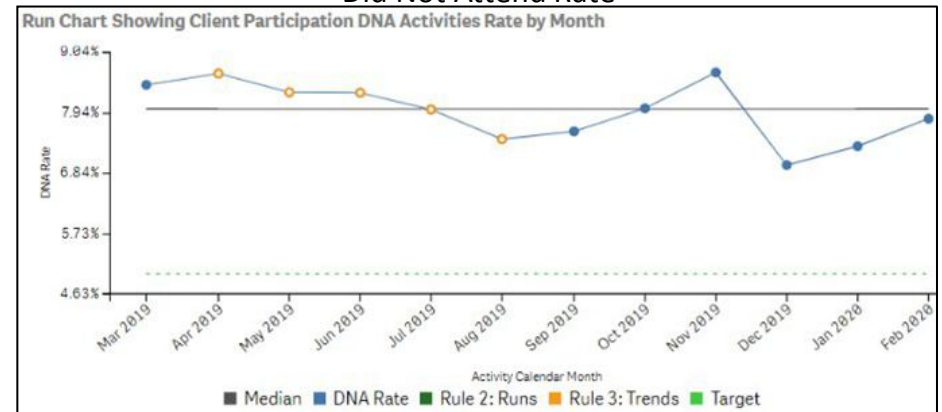
Mental Health (MHAIDS) Operational Performance - Community



Wait Times from Referral to first Face-to-Face Contact



Did Not Attend Rate

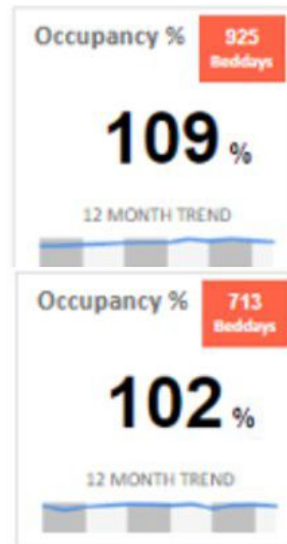


Te Haika Mean Time to First Contact

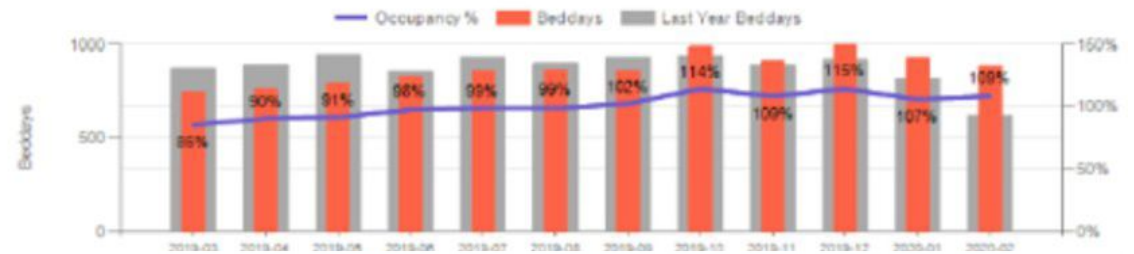


Mental Health (MHAIDS) Operational Performance – Acute Adult Inpatient Units

Occupancy %
Te Whare O Matairangi



Occupancy %
Te Whare Ahuru



Readmissions Rate
(Te Whare O Matairangi and Te Whare Ahuru)

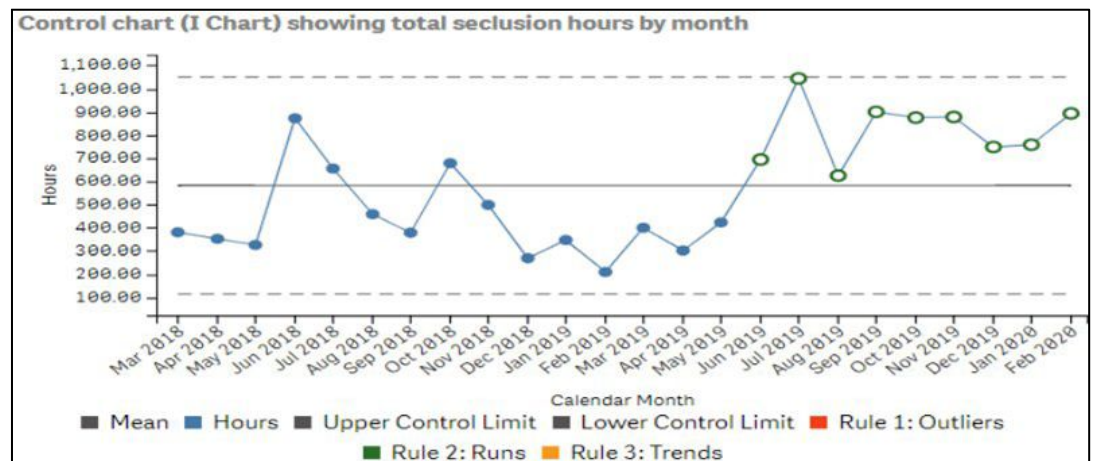


Mental Health (MHAIDS) Operational Performance – Seclusion

Commentary on Zero Seclusion Programme

- Of the nine inpatient units with seclusion rooms, reports indicate five achieved zero seclusion use in February
- The seclusion hours chart continues to show a shift in process with above average seclusion hours noted between Jun 2019- Feb 2020.
- Seclusion events have remained stable in MHAIDS (all ethnicities) and for Māori. There was an unusually high number of seclusion hours for Pacific service users; this was due to the prolonged seclusion of one service user in Te Whare o Matairangi.
- Seclusion use (hours and events) has remained stable for Te Whare Ahuru and Te Whare o Matairangi. Māori seclusion hours have steadily been increasing over the past five months (Oct 2019 – Feb 2020).

Seclusion hours by month – all MHAIDS units



Seclusion events by month – all MHAIDS units



Section 3

Financial Performance and Sustainability



Executive Summary Financial Performance and Position

- The DHB had an approved budget of \$15.9 million against an initial submission of \$29.5 million. The DHB has forecast to meet its original submission of \$29.5 million and this has been accepted (not approved) by MOH.
- The DHB had targeted a large number of efficiency measures for the year ahead, which were required to meet our deficit position of \$29.5 million. Some of these, such as leave management and staff vacancy rates, have been largely achieved, but will now be at risk due to the impacts of COVID-19. There are a number of initiatives which were overly ambitious to achieve in the current year. Some of these activities will now take place in the 20/21 year, and others were not feasible.
- The DHB's cash should be of concern as the current assets of \$75m is significantly lower than the \$238m of current liabilities, therefore resulting in the DHB being solely reliant on the Crown to meet payments as they fall due. The board has received a "letter of comfort" from the Ministers of Health & Finance, which allows the board to continue to trade as a going concern. A further letter of comfort is being sought for the current year to enable the Board to approve the financial accounts, along with a request for a capital equity injection of \$15.9 million.
- The focus of the DHB has turned to the planning and preparedness for COVID-19. This has resulted in groups being formed and dedicated staff for planning. This will incur some additional costs and disruption to normal BAU for some components of the hospital's operation and management. We have put in place tracking and monitoring systems to enable all the costs to be captured and reported to MOH.



CCDHB Operating Position – February 2020

Month - February 2020					Capital & Coast DHB		Year to Date					Annual	
			Variance		Operating Results - \$000s					Variance		Annual	
			Actual vs Budget	Actual vs Last year						YTD February 2020	Actual vs Budget		
Actual	Budget	Last year	Budget	Last year		Actual	Budget	Last year	Budget	Last year	Budget	Last year	
73,412	73,273	69,818	139	3,595	Devolved MoH Revenue	585,953	586,182	554,523	(228)	31,430	879,272	840,425	
3,506	3,368	3,437	138	69	Non-Devolved MoH Revenue	27,965	27,507	26,817	458	1,148	41,265	43,826	
2,755	3,131	3,016	(376)	(261)	Other Revenue	26,193	26,317	28,274	(124)	(2,081)	39,404	41,074	
20,234	20,186	18,857	48	1,377	IDF Inflow	157,133	161,486	150,878	(4,353)	6,255	242,230	227,680	
648	603	640	45	8	Inter DHB Provider Revenue	5,688	5,094	5,456	595	233	7,627	8,617	
100,554	100,561	95,766	(6)	4,788	Total Revenue	802,933	806,585	765,948	(3,653)	36,985	1,209,799	1,161,622	
					Personnel								
13,565	13,511	13,417	(54)	(148)	Medical	113,748	112,313	109,986	(1,436)	(3,762)	170,050	187,670	
17,410	16,733	16,229	(677)	(1,181)	Nursing	146,833	142,701	134,930	(4,132)	(11,903)	217,221	238,301	
4,840	4,847	4,594	7	(246)	Allied Health	40,574	41,356	38,437	782	(2,137)	62,609	63,990	
788	752	628	(36)	(160)	Support	6,870	6,616	5,440	(254)	(1,430)	10,138	10,930	
5,640	6,093	5,052	454	(588)	Management & Administration	48,458	51,940	42,919	3,482	(5,539)	78,177	72,008	
42,243	41,936	39,919	(307)	(2,324)	Total Employee Cost	356,484	354,926	331,713	(1,557)	(24,771)	538,194	572,899	
					Outsourced Personnel								
321	410	474	89	154	Medical	4,420	3,408	4,064	(1,012)	(355)	5,108	6,158	
26	15	13	(11)	(13)	Nursing	178	122	115	(56)	(64)	183	215	
109	121	171	12	63	Allied Health	1,030	994	1,184	(35)	154	1,488	1,770	
23	4	28	(19)	5	Support	222	35	297	(186)	75	52	461	
86	55	240	(31)	154	Management & Administration	1,460	463	1,604	(997)	144	693	2,660	
565	605	927	40	362	Total Outsourced Personnel Cost	7,309	5,023	7,264	(2,287)	(46)	7,524	11,265	
10,218	9,276	9,412	(941)	(806)	Treatment related costs - Clinical Supp	83,914	80,940	80,772	(2,974)	(3,142)	122,344	122,929	
1,612	1,826	1,690	214	78	Treatment related costs - Outsourced	14,884	14,322	12,541	(562)	(2,344)	21,794	20,314	
6,112	4,935	3,941	(1,178)	(2,171)	Non Treatment Related Costs	50,754	45,257	46,210	(5,497)	(4,544)	66,360	77,600	
8,073	8,589	8,393	516	320	IDF Outflow	66,124	68,710	65,286	2,585	(838)	103,064	98,083	
25,113	25,272	24,011	160	(1,102)	Other External Provider Costs (SIP)	201,883	201,779	193,378	(104)	(8,505)	304,138	288,682	
4,986	5,162	5,192	177	207	Interest Depreciation & Capital Charge	39,457	41,504	40,301	2,047	844	62,281	66,224	
56,113	55,060	52,639	(1,053)	(3,474)	Total Other Expenditure	457,017	452,512	438,488	(4,505)	(18,529)	679,981	673,831	
98,921	97,601	93,485	(1,320)	(5,436)	Total Expenditure	820,810	812,461	777,464	(8,349)	(43,346)	1,225,699	1,257,996	
1,633	2,960	2,281	(1,327)	(648)	Net result	(17,878)	(5,876)	(11,516)	(12,002)	(6,362)	(15,900)	(96,374)	
3,420	2,969	4,829	451	(1,409)	Funder	1,527	93	12,682	1,433	(11,155)	0	19,170	
182	(6)	(57)	188	239	Governance	689	1	623	688	66	(1)	524	
(1,969)	(3)	(2,491)	(1,965)	522	Provider	(20,094)	(5,970)	(24,822)	(14,124)	4,728	(15,899)	(116,068)	
1,633	2,960	2,281	(1,327)	(648)	Net result	(17,878)	(5,876)	(11,516)	(12,002)	(6,362)	(15,900)	(96,374)	



Executive Summary – Financial Variances

The overall DHB result for February 2020 is (\$1.3m) unfavourable to budget and (\$12.0m) unfavourable YTD. The DHB deficit year to date is (\$17.9m).

This variances to budget in the accounts YTD has largely been driven by the following factors:

- Revenue is unfavourable by (\$3.7m). The largest variance is Inter District Flows (IDF) caseweight inpatient revenue (\$6.1m) which has been impacted by the industrial action YTD and provision for surgical revenue in reserves (IDF Inpatient CWD). ACC related revenue is also down (\$923k) due to a change in clinical practice to reduce length of stay for rehab patients. This revenue was offset by increased special fund revenue, cost recovery of PCT drugs for IDF patients \$1.3m, other recoveries revenue and CCDM related revenue (shortfall borne by the funder arm) all with corresponding costs. The funder arm has additional revenue offsetting additional external provider payments.
- Personnel costs (\$3.8m) largely relates to unallocated savings targets held in reserves (\$5.3m). The remaining internal labour costs are favourable \$1.5m. However this includes favourable variances due to vacancies, largely due to medical staff in surgical units earlier in the year but fully offset by outsourced staff costs across all directorates (\$2.3m). Currently there are 523 FTE of internal labour vacancies some of which are backfilled which will require tight management in the second half of the year compounded with costs for upcoming public holidays.
- Treatment related clinical supplies (\$3m), this partially relates to Pharmaceuticals (noting PCT IDF revenue offset above). Additional spend in treatment disposables (Blood costs - Intragam / catheters) are partially offset by implant underspend (Orthopaedic prostheses due to outsourcing and shunts/stents in our cath lab/Neurosurgery);
- Outsourced clinical services (\$562k), due to the number of surgeries and procedures outsourced to meet targets, largely in Orthopaedics for the last quarter. Expected to be a timing variance against full budget plan as new locums/medical staff start work. This month recognises a further \$214k of favourable variance confirming this timing variance.
- Non treatment related costs (\$5.5m), a combination of savings targets yet to be realised (\$4.5m), increase in trust expenditure (offset with revenue) and existing integrated services contract renewals (food & cleaning).
- These costs have been partially offset by underspend in aged care claims, \$3m lower IDF outflow expenditure, and \$2m saving in capital charge/depreciation.



Analysis of the Operating Position

Below is a summary of the key drivers behind the financial result by financial driver type:

Revenue	<ul style="list-style-type: none"> Revenue is unfavourable by (\$3.7m) YTD however on budget for the month. The largest variance is IDF caseweight inpatient revenue (\$6.1m) which has been impacted by the industrial action YTD and provision for surgical revenue in reserves (IDF Inpatient CWD). ACC related revenue is down (\$923k) due to a change in clinical practice to reduce length of stay for rehab patients; we note that this is a National trend as the rehab contract moves from a bed day rate to a outcomes based funding, this is being offset by a couple of high cost ACC patients in surgical units. A lower level of interest due to DHB overdraft situations, and lower level of donations likely attributed to those being made towards our Children's hospital. This revenue was offset by increased special fund revenue, cost recovery of PCT drugs for IDF patients \$1.3m, other recoveries revenue and CCDM related revenue (shortfall borne by the funder arm) all with corresponding costs.
Labour (including outsourced)	<p>Medical Personnel:</p> <p>Medical Personnel labour month position is on budget within the month by \$35k however YTD unfavourable (\$2.4m).</p> <ul style="list-style-type: none"> The month position is driven by lower relative spend in surgical areas The unfavourable YTD position is due to reserves savings targets totalling (\$2.9m). We note excluding reserves targets the DHB is \$425k unfavourable on medical personnel despite an (\$1m) overspend on outsourcing to cover vacancies (wherever possible we budget as internal labour as the efficient means of filling roles). YTD Surgery has had significant savings in medical staff costs through vacancies which has now reduced as roles have been hired for the commencement of 2020. We note in terms of production flow that this is offset by outsourced surgeries largely in orthopaedics which is ahead of budget plan. These offsetting items as expected are starting to come back into line towards year end, however consequently spend on clinical supplies is likely to increase with internal production volumes.

Analysis of the Operating Position

Labour (including outsourced)	<p>Nursing Personnel</p> <p>Nursing Personnel labour month position is (\$689k) unfavourable to budget and (\$4.2m) YTD</p> <ul style="list-style-type: none"> • The unfavourable month position is across all directorates however with significant spend in medicine inpatient wards. • YTD (\$1.9m) is due to unallocated reserve targets, with an additional (\$2.4m) across QIPs, Medicine and MHAIDS based on unmet savings targets including leave reduction targets. Surgical wards have largely remained on budget. • Overall Paid FTE for Nursing staff has remained relatively stable since the start of the year yet 114 Paid FTE more than the same time last year ~\$11m. Due to Multi Employer Collective Agreement (MECA) increases this hourly rate increase is costing the DHB approximately \$110k extra per week equating to \$5.6m annualised (Jan compared to July). We expect another salary increase is due before the end of the financial year. Whilst these amounts have been budgeted by the DHB it is important to note the scale of the nationally agreed increases which are compounded by any new roles to service our population. • We have seen an increase in Paid & Contracted FTE from January onwards in line with our main new graduate intake and will expect hiring to commence shortly for winter roster intakes further increasing our FTEs.
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Analysis of the Operating Position

Labour (including outsourced)	<p>Allied Personnel</p> <p>Allied Personnel labour month position is \$19k favourable to budget ending several months of significant favourability and \$746k YTD.</p> <ul style="list-style-type: none"> • We note reserve unallocated savings targets totalling \$578k are being met within these results. • The favourable movement is partially due to an increase in vacancies (12.9% vacancy) <p>Support Personnel</p> <p>Support Personnel labour month position is (\$55k) unfavourable to budget and (\$441k) YTD.</p> <ul style="list-style-type: none"> • YTD spend is largely in terms of outsourced maintenance <p>Management/Admin Personnel</p> <p>This personnel category is favourable in the month by \$422k, and \$2.5m YTD.</p> <ul style="list-style-type: none"> • The monthly variance is largely due to lower spend in SIP due to vacancies, combined with normal levels of vacancy in the provider arm. • YTD the variance is due to staffing vacancies which was 165 FTE at the end of the month, offset by some external contractor costs. This is offsetting budgeted savings targets such as YTD leave taken which is lower than the prior year.
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Analysis of the Operating Position

Non-Labour	<ul style="list-style-type: none"> • Outsourced clinical services (\$562k), due to number of surgeries and procedures outsourced to meet targets, largely in Orthopaedics for the last quarter. Expected to be a timing variance against full budget plan as new locums/medical staff start work. This month recognises a further \$214k of favourable variance confirming this timing variance. • Treatment related clinical supplies (\$3m) an increase in \$1m from prior months, this largely relates to Pharmaceuticals (noting PCT IDF revenue offset of \$1.3m). Additional spend in treatment disposables (Blood costs -Intragam / catheters) are offset by implant underspend (Orthopaedic prostheses due to outsourcing and shunts/stents in our cath lab/Neurosurgery). • It is likely due to the decrease in outsourcing compared to the initial half of the year that some of this increase in clinical supply costs will be attributed to the timing of inhouse production. • Infrastructure savings are not currently being met in all areas, savings in insurance, capital charge, corporate training and depreciation are offsetting large increases in the integrated services contract due to MECA rises for this external provider in addition to consultants, outsourced maintenance and mobile phone spend.
Funder	<ul style="list-style-type: none"> • The Funder arm has external provider payments; total costs are in line with total YTD. Increased costs in PHO, other HOP and Child, youth costs are offset by additional revenue from MoH. Costs in ARC are lower than budget targets. • IDF Outpatient volumes are also lower than paid target and the DHB has made a provision of \$3m (case weight) as an under-spend on these costs.



Section 4

Appendices Financial Position



Cash Management – February 2020

Month : February 2020						Capital & Coast DHB Statement of Cashflows	Year to Date				
Actual	Budget	Last year	Variance		Notes		Actual	Budget	Last year	Variance	
			Actual vs Budget	Actual vs Last year		YTD February 2020				Actual vs Budget	Actual vs Last year
Operating Activities											
104,659	104,969	98,267	(310)	6,391		Receipts	851,554	839,749	799,836	11,805	51,718
Payments											
41,879	45,480	45,653	3,601	3,774		Payments to employees	366,073	363,839	343,517	(2,234)	(22,556)
58,156	55,247	55,320	(2,908)	(2,836)		Payments to suppliers	473,046	441,976	441,201	(31,070)	(31,845)
0	2,484	0	2,484	0		Capital Charge paid	12,297	19,870	11,668	7,574	(629)
(464)	187	1,063	651	1,527		GST (net)	(44)	1,496	1,772	1,540	1,816
99,571	103,398	102,036	3,827	2,465		Payments - total	851,372	827,181	798,158	(24,191)	(53,214)
5,088	1,571	(3,769)	3,517	8,857	6	Net cash flow from operating Activities	183	12,568	1,679	(12,385)	(1,496)
Investing Activities											
119	104	139	(15)	20		Receipts - Interest	762	832	981	70	219
0	0	0	0	0		Receipts - Other	500	0	0	(500)	(500)
119	104	139	(15)	20		Receipts - total	1,262	832	981	(430)	(281)
Payments											
0	0	61	0	61		Investment in associates	0	0	1,128	0	1,128
2,448	3,917	2,148	1,468	(300)		Purchase of fixed assets	24,223	31,333	30,250	7,111	6,027
2,448	3,917	2,210	1,468	(239)		Payments - total	24,223	31,333	31,377	7,111	7,155
(2,330)	(3,813)	(2,070)	1,453	(218)	7	Net cash flow from investing Activities	(22,961)	(30,502)	(30,396)	6,681	6,874
Financing Activities											
0	0	0	0	0		Equity - Capital	0	0	0	0	0
0	0	0	0	0		Other Equity Movement	10,650	0	0	10,650	10,650
0	0	(55)	0	(55)		Other	0	0	(192)	0	(192)
0	0	(55)	0	55		Receipts - total	10,650	0	(192)	10,650	10,842
Payments											
0	0	0	0	0		Interest payments	55	0	0	(55)	(55)
0	0	0	0	0		Payments - total	55	0	0	(55)	(55)
0	0	(55)	0	55	8	Net cash flow from financing Activities	10,595	0	(192)	10,595	10,787
2,758	(2,242)	(5,895)	4,970	8,694		Net inflow/(outflow) of CCDHB funds	(12,183)	(17,934)	(28,909)	4,890	16,165
(6,858)	(7,609)	4,281	(751)	11,140		Opening cash	8,083	8,083	27,296	(0)	19,213
104,778	105,073	98,351	(325)	6,467		Net inflow funds	863,466	840,581	800,626	22,025	62,279
102,019	107,315	104,246	5,295	2,227		Net (outflow) funds	875,649	858,514	829,535	(17,135)	(46,114)
2,758	(2,242)	(5,895)	4,970	8,694		Net inflow/(outflow) of CCDHB funds	(12,183)	(17,934)	(28,909)	4,890	16,165
(4,100)	(9,851)	(1,613)	5,751	(2,487)		Closing cash	(4,100)	(9,851)	(1,613)	5,751	(2,487)

Capital and Coast DHB RECONCILIATION OF CASH FLOW TO OPERATING BALANCE

	YTD February 2020			
	Notes	Actual \$000	Budget \$000	Variance \$000
Net Cashflow from Operating		183	12,568	(12,385)
Non operating financial asset items		(505)	-	(505)
Non operating non financial asset items		(2,077)	(1,797)	(280)
Non cash PPE movements				
Depreciation & Impairment on PPE		(21,351)	(22,483)	1,132
Gain/Loss on sale of PPE		0	-	0
Total Non cash PPE movements		(21,351)	(22,483)	1,132
Interest Expense		-	-	0
Working Capital Movement				
Inventory		799	281	518
Receipts and Prepayments		4,574	5,554	(981)
Payables and Accruals		502	-	502
Total Working Capital movement		5,874	5,835	39
Operating balance		(17,876)	(5,876)	(12,000)

Current Ratio – This ratio determines the DHB's ability to pay back its short term liabilities.

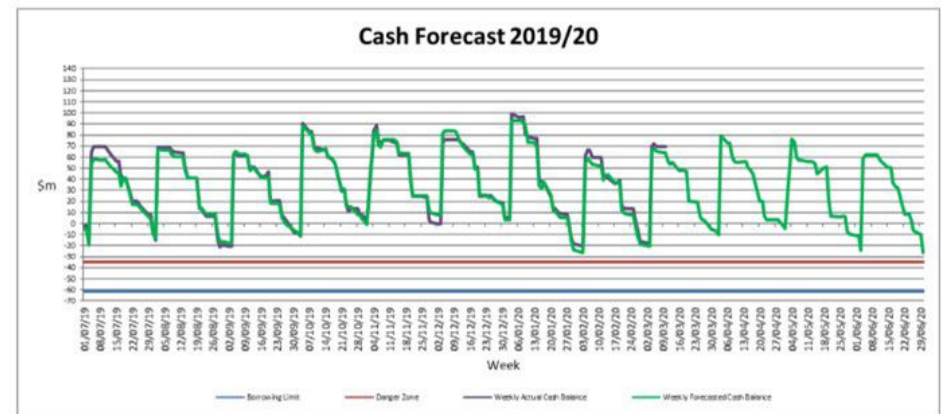
DHB's current ratio is 0.33 (Jan 20: 0.32);

Debt to Equity Ratio - This ratio determines how the DHB has financed the asset base.

DHB's total liability to equity ratio is 37:63 (Jan 20 37:63).

Debt Management / Cash Forecast – February 2020

Accounts Receivable 29-Feb-20							
Aged Debtors report (\$'000)	Total	Current	1-30	31 - 60	61 - 90	91+	Previous Period
Ministry of Health	9,368	7,553	152	2	1	1,660	6,087
Other DHB's	6,255	1,114	297	168	67	4,609	6,790
Kenepuru A&M	240	46	17	24	153	-	238
ACC	112	291	-	254	34	35	209
Misc Other	7,060	2,066	1,392	1,523	133	1,946	6,285
Total Debtors	23,035	11,070	1,604	1,751	360	8,250	19,609
less : Provision for Doubtful Debts	(1,522)						(1,521)
Net Debtors	21,513						18,088



Debt Management

- **Ministry of Health:** invoices on hold due to contracts not yet signed by MOH, reports not yet provided by CCDHB or disputed invoices.
- **Other DHB's:** Single largest debtor outstanding for more than 91 days is Hutt Valley DHB at \$4.6m
- **Kenepuru A&M:** Includes significant number of low value patient transactions. Provision of the overdue debts is \$133k
- **Misc Other:** Includes non-resident debt of approx. \$2.1m. About 71% of the non-resident debt have payment arrangements in place. The balance will be referred to collection agencies if unpaid.



Balance Sheet / Cashflow – as at 29 February 2020

Jan-20	Month : February 2020						Capital & Coast DHB Balance Sheet	
	Actual	Budget	February 2019	At June 2019	Actual vs Budget	Actual vs February 2019	Notes	YTD February 2020
32	31	33	30	33	(2)	1	1	Bank
0	0	0	(12,662)	0	0	12,662	1	Bank NZHP
12,104	12,201	10,754	11,019	10,754	1,447	1,182	1	Trust funds
45,189	48,631	51,217	45,825	51,866	(2,586)	2,806	2	Accounts receivable
10,127	9,845	9,046	9,146	9,046	799	699		Inventory/Stock
7,971	8,520	4,197	5,557	4,197	4,323	2,963		Prepayments
75,422	79,228	75,247	58,916	75,896	3,981	20,312		Total current assets
527,228	524,455	561,618	544,078	540,558	(37,163)	(19,622)		Fixed assets
14,297	14,567	14,567	9,859	11,626	0	4,707		Work in Progress - CRISP
44,078	46,743	25,578	38,077	30,490	21,165	8,666		Work in progress
585,603	585,765	601,763	592,014	582,673	(15,998)	(6,249)	3	Total fixed assets
0	0	0	6,127	0	0	(6,127)		Investments in New Zealand Health Partnership
1,150	1,150	1,150	1,150	1,150	0	(1)		Investment in Allied Laundry
1,150	1,150	1,150	7,277	1,150	0	(6,127)		Total investments
662,175	666,143	678,160	658,207	659,719	(12,017)	7,936		Total Assets
18,995	16,332	20,638	0	2,704	4,306	(16,332)		Bank overdraft HBL
67,659	69,926	63,689	65,823	64,760	(6,236)	(4,103)	4	Accounts payable, Accruals and provisions
0	0	55	55	55	55	55	7	Loans - Current portion
1,766	3,784	0	1,400	0	(3,784)	(2,384)	6	Capital Charge payable
593	593	593	593	593	0	0		Insurance liability
21,185	22,896	56,248	21,450	18,577	33,352	(1,446)	5	Current Employee Provisions
118,159	118,462	53,276	48,598	120,437	(65,186)	(69,864)	5	Accrued Employee Leave
9,901	8,593	23,794	9,799	21,041	15,201	1,206	5	Accrued Employee salary & Wages
238,258	240,586	218,294	147,719	228,167	(22,292)	(92,867)		Total current liabilities
0	0	0	55	0	0	55		Crown loans
79	85	80	11,081	72	(5)	10,995		Restricted special funds
605	605	605	605	605	0	0		Insurance liability
6,297	6,297	6,353	5,642	6,353	56	(655)		Long-term employee provisions
6,981	6,987	7,037	17,383	7,029	51	10,396		Total non-current liabilities
245,238	247,573	225,331	165,101	235,196	(22,242)	(82,471)		Total Liabilities
416,936	418,570	452,829	493,106	424,523	(34,259)	(74,536)		Net Assets
797,172	797,172	785,356	763,866	778,200	11,816	33,306		Crown Equity
0	0	0	0	(3,484)	0	0		Capital repaid
0	0	0	0	0	0	0		Capital Injection
131,395	131,395	136,711	136,585	142,009	(5,316)	(5,190)		Reserves
(511,630)	(509,997)	(469,238)	(407,345)	(492,203)	(40,758)	(102,651)		Retained earnings
416,937	418,571	452,829	493,106	424,522	(34,259)	(74,536)		Total Equity

The DHB's overall liquidity should be of concern as the current assets of \$79m is significantly lower than the \$241m of current liabilities, this is therefore resulting in the DHB being solely reliant on the crown to meet payments as they fall due.

Deficit support will be needed in 2020, to help manage the large expected overdrafts. Current projections do not include extraordinary cashflows such as Holidays Act settlements which may occur during the year, however the cash is expected to be funded for this settlement .



Capital Expenditure and Projects Summary February 2020

Capital Expenditure Spend		Forecast Cash Spend					
Asset Category	Actual YTD Spend	Mar-20	Apr-20	May-20	Jun-20	Total Forecast	Total FY20 Spend
Buildings	180,486	1,538,600	2,222,485	1,685,963	2,139,343	7,586,392	7,766,878
Clinical Equipment	3,658,499	4,859,047	6,453,821	6,424,379	3,794,697	21,531,943	25,190,442
ICT	686,972	193,380	414,918	454,539	757,347	1,820,183	2,507,155
Projects Approved 2019-20	4,525,958	6,591,027	9,091,223	8,564,880	6,691,386	30,938,517	35,464,475
Buildings	5,433,113	391,979	158,000	340,000	250,000	1,139,979	6,573,092
Clinical Equipment	3,838,764	64,511	-	-	-	64,511	3,903,275
ICT	4,452,926	365,164	249,780	149,000	18,500	782,444	5,235,370
Projects Approved Prior Year	13,724,803	821,654	407,780	489,000	268,500	1,986,934	15,711,737
Total	18,250,761	7,412,681	9,499,003	9,053,880	6,959,886	32,925,451	51,176,212
Equity Funding (MOH) & Leases							(15,000,000)
Grand Total							36,176,212

Note: This spend excludes our key equity funded projects: Children's Hospital, ISU

The overall Capital funding for 2019-20 is \$57.4 million. Key highlights to February 2020 are:

- More than \$42m in projects have been approved and are progressing. FRAC approval is sought for \$5.8m, \$8m in projects will be submitted for approval April/May 2020 and \$1.6m will be deferred to FY20/21
- Of the approved projects, 57% pertain to clinical equipment, 35% to facilities related works and 8% for ICT
- Rollover of inflight projects occurs every year. It reflects the lag time between business case approval, procurement, delivery, installation and go-live.
- \$18.1m in unfinished projects was carried forward from the previous year. Most will be completed by 30 June 2020. In the eight months to February 2020, cash spend to date \$18.3m (\$13.8m for prior year projects and \$4.5m for projects from the 2019/20 Capital Plan)
- The DHB will be keeping within the \$37m (\$36m from depreciation & \$1m from WHF donations) of cash expenditure in 2019/20 financial year.

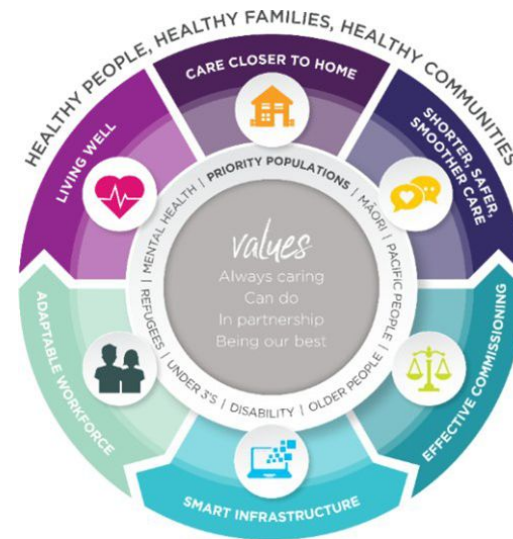




Monthly Financial and Operational Performance Report

For Period Ending
29 February 2020

Reported in March 2020





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②	Funder Performance	
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Section 1

Financial And Performance Overview And Executive Summary



Executive Summary

Thousands of people every month are served by the Hutt Valley DHB. February is traditionally similar to January as it is a shorter month.

The Ministry of Health monitor performance against key measures agreed in the Annual Plan. Hutt Valley achieved 11 of the key areas; partially achieved on 9 measures and 2 were not achieved; being immunisation targets and smoking cessation.

Year to date the Hutt Valley DHB has a deficit of \$7.9m which is \$2m above budget. Of this deficit \$6.9m is in the provider arm services. Activity is 6.26% ahead of that planned. Total FTE are 44 below budget.

There is a significant positive impact on the organisation as a result of a reduction in the number of patients treated at other DHBs. The inter district flow cost reduction equates to a favourable variance of \$1.6m YTD.

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

The forecasted financial position of Hutt Valley as advised to the Ministry of Health is a deficit of \$10.4m, being \$2.2m above the agreed budget deficit of \$8.1m or 27.6%.



People Served – February 2020 (January 2020)

HVDHB funds services that touch thousands of people in our community every month. February is traditionally similar to January as it is a shorter month (Unique individuals)

ED Attendances 3,598 (↓3,641) 768 Maori (↓815) 354 Pacific (↑338)	Surgical Procedures 697 (↓761) 145 Maori (↓162) 61 Pacific (↑46)	Hospital Discharges 2,440 (↑2,411) 428 Maori (↑422) 185 Pacific (↑160)	Mental Health Discharges 38 (→38) 15 Maori (↑ 11) 4 Pacific (↑3)
Outpatient & Community Contacts 8,579 (↑7,678) 1,304 Maori (↑1,211) 586 Pacific (↑537)	Mental Health & Addiction Contacts 1,540 (↓1,588) 350 Maori (↓368) 97 Pacific (↓100)	Primary Care Contacts 36,806 (↓40,854) 5,759 Maori (↓6,706) 3,158 Pacific (↓3,188) (Data to Dec 19 total contacts only available quarterly)	People in Age Residential Care 1,213 (↑1,210) 44 Maori (→44) 39 Pacific (↑38)

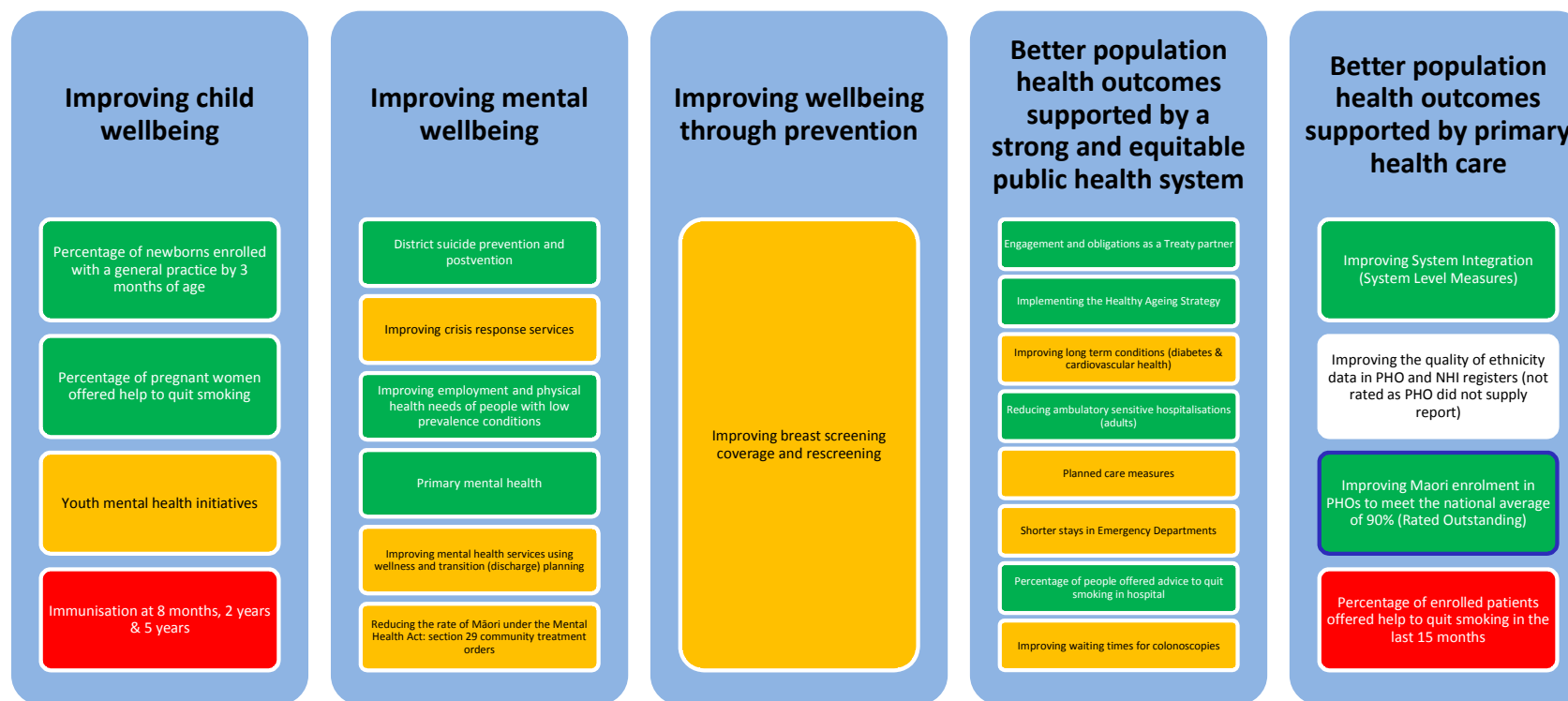


Ministry Measures(Q2 2019/20)

Achieved

Partially Achieved

Not achieved



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 February 2020

YTD Operating Position

\$7.9m deficit

Against the budgeted deficit of \$5.9m.
Month result was \$0.01k surplus
against budget surplus \$0.4m.

YTD Provider Position

\$6.9m deficit

Against a the prior month deficit of
\$7.7m. Month result was \$0.85m
surplus, (budget \$0.85m surplus).

YTD Funder Position

\$1.3m deficit

Budget \$3.9m deficit.
Month result was \$0.9m deficit,
budget \$0.5m deficit

YTD Capital Exp

\$6.0m spend

Against the prior month spend of
\$5.7m.

YTD Activity vs Plan (CWDs)

6.26% ahead

917 CWDs ahead PVS plan (33 IDF CWDs
ahead).
Month result +34 CWDs

YTD Paid FTE

1,955

YTD 44 below annual budget of 1,998 FTE.
Month 23 below budget.

Annual Leave Accrual

\$18.8m

This is an decrease of \$0.1m on prior
period.



Hospital Performance Overview February 2020

YTD Shorter stays in ED

84.85%

15% below the ED target of 95% by, 5% below YTD for February 19.

People waiting >120 days for treatment (ESPI5)

745

Against a target of zero long waits a monthly movement of +15.

People waiting >120 days for 1st Specialist Assmt (ESPI2)

1,202

Against a target of zero long waits. Monthly movement +63

Faster Cancer Treatment

92.3%

We achieved the 62 day target. The 31 day target was also achieved 92.6%

YTD Activity vs Plan (CWD)

6.49% ahead

952 CWDs ahead PVS plan (80 IDF CWDs ahead).
Month result +71 CWDs

YTD Standard FTE

1,955

44 below of a YTD budget of 1,998 FTE.
Month FTE was 23 below budget.

Serious Safety Events

4

An expectation is for nil SSEs at any point.



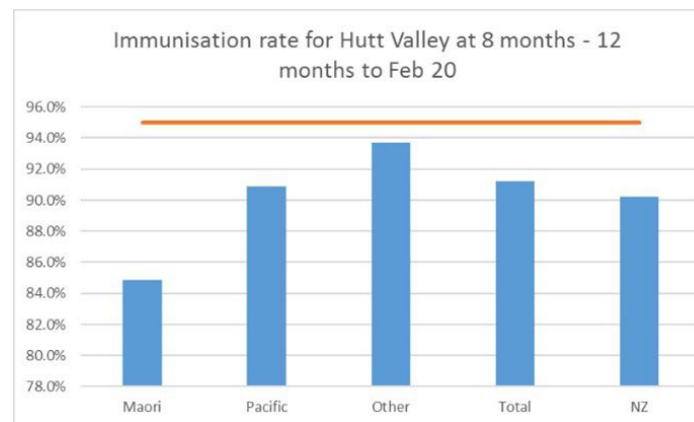
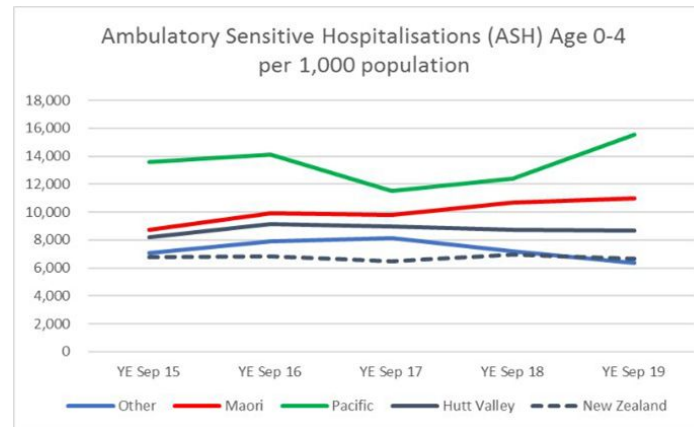
Section 2

FUNDER PERFORMANCE



Child Health

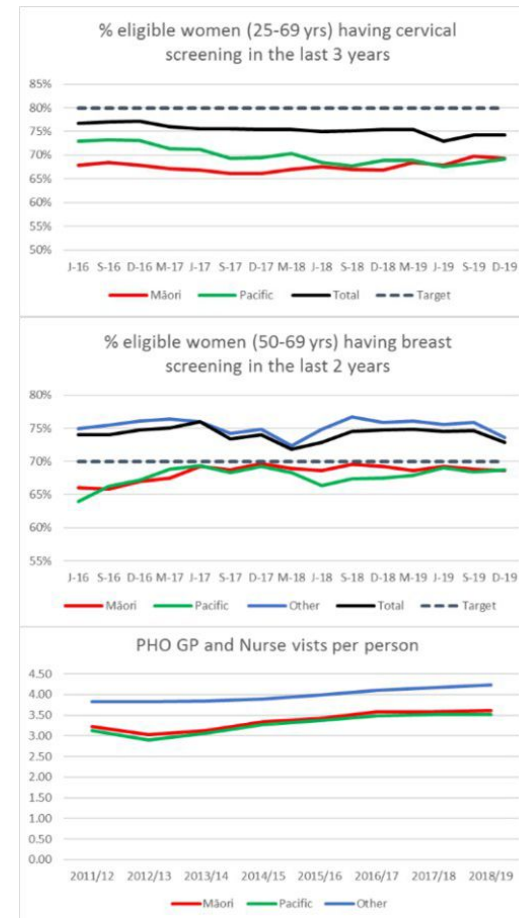
- The health of our children is a priority. Ambulatory Sensitive Hospitalisations reflect the incidence of preventable hospital care. This should be declining.
- As can be seen in the graphs inequities are persistent with our Pacific and Māori population carrying the greater burden. Asthma is the major 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 inequalities exist for Māori and Pacific babies which needs to be a focus for improvement.
- Regional Public Health and Te Awakairangi Health Network ran a pop up immunisation clinic at the Te Rā o te Raukura festival as a way to reach Maori families.





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

February 2020

DHB Funder (Hutt Valley DHB) Financial Summary for the month of February 2020

Month					\$000s	Year to Date					Annual				
Actual	Budget	Variance	Last Year	Variance		Actual	Budget	Variance	Last Year	Variance	Forecast	Budget	Variance	Last Year	Variance
					<u>Revenue</u>										
34,735	33,996	739	33,092	1,642	Base Funding	277,877	277,199	678	264,739	13,138	417,133	416,455	678	397,109	20,024
2,068	2,818	(750)	1,305	764	Other MOH Revenue	21,745	22,547	(802)	22,601	(856)	33,018	33,820	(802)	37,126	(4,108)
37	448	(410)	40	(3)	Other Revenue	308	3,581	(3,273)	397	(89)	2,099	5,372	(3,273)	654	1,445
8,721	8,602	118	8,710	10	IDF Inflows	69,228	68,817	412	68,498	730	103,835	103,225	610	101,806	2,029
45,561	45,864	(303)	43,147	2,413	Total Revenue	369,159	372,144	(2,985)	356,236	12,924	556,085	558,872	(2,787)	536,694	19,391
					<u>Expenditure</u>										
383	383	0	291	(92)	DHB Governance & Administration	3,064	3,064	0	2,301	(763)	4,597	4,597	0	3,467	(1,129)
20,106	20,032	(73)	18,343	(1,763)	DHB Provider Arm	160,893	160,259	(635)	147,687	(13,206)	241,221	240,388	(833)	221,939	(19,282)
					<u>External Provider Payments</u>										
3,720	2,528	(1,193)	2,643	(1,077)	Pharmaceuticals	25,691	23,705	(1,987)	24,848	(843)	36,985	35,275	(1,710)	37,728	744
4,239	4,329	91	4,292	53	Laboratory	33,802	34,636	834	34,089	286	51,020	51,954	934	51,172	152
2,421	2,479	58	2,336	(85)	Capitation	19,645	19,831	187	17,406	(2,239)	29,560	29,747	187	26,925	(2,635)
792	955	163	836	44	ARC-Rest Home Level	7,726	8,155	429	7,442	(284)	11,816	12,245	429	11,476	(340)
1,337	1,504	167	1,402	65	ARC-Hospital Level	12,653	12,808	155	12,131	(522)	19,076	19,231	155	18,224	(852)
3,085	2,795	(290)	2,115	(970)	Other HoP & Pay Equity	22,398	22,757	359	21,274	(1,123)	33,375	34,234	859	33,411	36
579	826	247	943	364	Mental Health	5,578	6,589	1,012	5,821	244	8,880	9,892	1,012	9,034	154
472	757	284	734	262	Palliative Care / Fertility / Comm Radiology	3,843	6,053	2,209	5,871	2,028	6,869	9,079	2,209	8,808	1,938
1,201	1,317	115	1,271	70	Other External Provider Payments	9,289	10,748	1,459	9,556	267	15,475	16,934	1,459	14,824	(651)
8,118	8,434	315	7,733	(385)	IDF Outflows	65,849	67,468	1,619	62,052	(3,798)	99,678	101,203	1,525	95,136	(4,542)
0	0	0	0	0	Provision for IDF Wash-ups	43	0	(43)	0	(43)	43	0	(43)	15	(28)
46,454	46,338	(116)	42,940	(3,514)	Total Expenditure	370,475	376,074	5,599	350,480	(19,996)	558,595	564,778	6,184	532,160	(26,435)
(894)	(474)	(419)	207	(1,101)	Net Result	(1,316)	(3,930)	2,614	5,756	(7,072)	(2,509)	(5,906)	3,397	4,534	(7,044)

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 favourable to budget for the month \$739k and YTD favourable \$678k.
- Other MoH revenue is unfavourable (\$750k) for February and unfavourable (\$802k) YTD, driven by 18/19 IBT wash-ups, which was (\$554k) unfavourable.
- Other revenue is unfavourable (\$410k) for the month and (\$3,273k) YTD, mostly driven by Hospital medicine rebates now included in expenditure (\$399k). ACC revenue is (\$142k) unfavourable due to timing of service delivery.
- IDF inflows are \$118k favourable for the month and \$412k favourable YTD driven by higher than expected volumes.

Other MOH Revenue Variance	MTH \$000's	YTD \$000's
In- Between Travel	(582)	(441)
Pay Equity Funding	65	556
Capitation Funding	(243)	(369)
18/19 CCDM	-	365
Additional Pharmaceuticals Funding	49	396
MECA	(182)	(1,295)
Crown funding agreements		
Maternal & Child Nutrition & Physical Activity	(32)	(257)
Tobacco Control	(22)	(253)
Timing issues on other CFA contracts	(174)	(244)
Year to date Variance \$000's	(750)	(802)



Funder Financials – Expenditure

Expenditure:

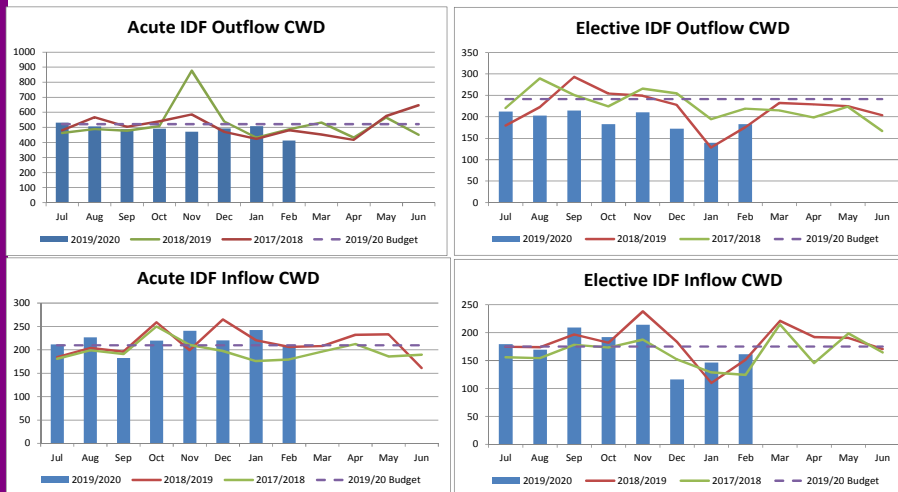
- Governance and Administration are on budget.
- Provider Arm payments are unfavourable (\$73k) for the month and unfavourable (\$635k) YTD mostly related to IDF wash-up payments.

External Provider Payments:

- Pharmaceutical costs are unfavourable (\$1,193k) to budget for February and unfavourable (\$1,987k) YTD. The monthly result is driven by an additional payment for DPF (\$200k) and higher than expected payments for February. We are still waiting for confirmation of the Pharmac Forecast to confirm likely rebates and payments.
- Laboratory costs are favourable to budget by \$91k for the month and favourable \$834k YTD due to a reduction in the Hutt additional costs.
- Capitation expenses \$58k favourable for the month and favourable \$187k YTD offset by changes to revenue.
- Aged residential care costs are \$330k favourable for the month and \$584k YTD favourable. The residential care loan adjustment reported within other HOP is favourable by \$1k for the month and \$301k YTD.
- Other Health of Older People (including Pay Equity) costs are unfavourable by (\$290k) for the month and favourable \$359k YTD, mostly due to timing of contracts for Community Health & Support.
- Mental Health costs are favourable \$247k for the month and \$1,012k YTD.
- Palliative Care, Fertility and Community Radiology costs are favourable by \$284k for the month, \$2,209k YTD. The contract to Fertility associations (contract value \$3,002k) has expired and included in the IDF outflows.
- Other external provider costs are favourable to budget \$115k for the month, and \$1,459k YTD. This is driven by the Sportwell contract \$1,042k which is not expected to fully materialise this year.
- IDF Outflows favourable \$315k for the month and \$1,619 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 over budget YTD by \$412k, mainly due to inflows for Inpatient services being \$331k above budget and other services being \$81k above budget. Inpatient inflows are above budget mainly in Plastics and Gastroenterology while Maternity and Medical are under budget.

IDF Outflow (expense):

- Overall IDF outflows are under budget by \$1,619k. Inpatients under budget YTD (8 months CCDHB and 7 month other DHBs data). Flows to CCDHB are under budget by 492 CWD (9%) in total but close to the volume delivered at the same time last year.
- Acute outflows under budget particularly in Renal, Neonates, Neurosurgery, General Surgery and Oncology, but this is offset by being over budget in Orthopaedics, Cardiology and Cardiothoracic. There was 1 baby at CCDHB with 65 CWD.
- Electives are under budget particularly for CCDHB mostly due to Cardiothoracic being 173 CWD or \$896k 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 PCTs of (\$752k) which brought the final to (\$1,092k) paid in October 19.

IDF Wash-ups and Service Changes February		
IDF Outflows \$000s	Variance to budget	
	Month	YTD
Current year Wash-uo	275	1,979
Base	18	145
Personal Health various Service charges	(0)	(29)
SPO Project Charges	-	159
Washups		
FFS Washup	32	54
19/20 PHO washup	-	(247)
19/20 National Service Pymnt	(10)	(76)
18/19 Medical Outpatient Washups	-	994
18/19 PCT/ COMM Pharms washups	-	(1,423)
18/19 Other washups	-	64
Rounding (timing) differences	-	-
IDF Outflow variance	315	1,619



Section 3

Hospital Performance



Executive Summary – Hospital Performance

- A sustained improvement is required in a number of areas within the provider arm. Reducing length of stay in ED continues to be a challenge and the number of people waiting over 4 months for elective surgery continues to grow as with colonoscopy wait times. This latter growth is driven by significant demand in referrals. The long wait numbers deteriorated over the Christmas period driven by staff leave and service closures associated with the festive season. We are engaged with the Ministry of Health to better understand and develop our planned care approach in moving towards better coordinated system responses and have a recovery plan that is monitored weekly in place .
- An agreed plan has been developed and is in place to support our hapu mama and whānau in accessing safe maternity care. Meetings with the service have been held to determine the process and action points to determine workstreams (models of care, procurement, decanting etc). Confirmation of the required Investment was completed by 6 March with the Single business case submission to Treasury projected for August.
- To inform our annual planning, reconciliation continues to identify increases in FTEs that are driven by compliance as separate to productivity changes. This will allow better evaluation of lost productivity opportunities going forward.

Operational Performance Scorecard – Period Feb 19- Feb 20



Domain	Indicator (MoH KPIs highlighted yellow)	2019/20 Target	Performance Trend												Feb-20
			Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	
Safe	Serious Safety Events ¹	Zero SSEs					4	2	4	1	6	3	0	1	4
	SABSI Cases ²	Zero	0	0	0	1	1	0	0	0	0	0	0	1	
	C. difficile infected diarrhoea cases	Zero	0	2	1	2	1	1	2	1	2	2	1	2	
	Hand Hygiene compliance	≥ 80%	N/a	83%	N/a	N/a	86%	N/a	N/a	N/a	84%	N/a	N/a	N/a	
	Patient reported experience measure ³ Quarterly	≥ 80%	86.8%			85.5%			85.3%						
Patient and Family Centred	Emergency Presentations	49,056	3,788	4,490	3,956	4,519	4,333	4,251	4,348	4,166	4,054	4,239	4,133	4,053	4,028
	Shorter Stays in ED (SSIED) % within 6hrs	≥ 95%	89.8%	88.1%	90.5%	90.3%	85.1%	81.2%	84.4%	89.3%	88.7%	84.6%	83.7%	82.6%	83.5%
	SSIED % within 6hrs - non admitted	≥ 95%	93.6%	92.1%	94.4%	94.2%	91.0%	88.6%	90.4%	94.1%	92.7%	90.1%	90.9%	89.5%	90.1%
	SSIED % within 6hrs - admitted	≥ 95%	77.8%	76.4%	79.0%	78.3%	68.6%	61.0%	67.9%	75.2%	77.7%	71.0%	64.5%	63.1%	64.4%
	Total Elective Surgery Long Waits - ESPI 5	Zero Long Waits	123	181	179	151	156	227	274	303	435	536	626	737	689
	No. Theater surgeries cancelled (OP 1-8)		150	145	157	149	131	180	143	162	169	137	116	134	98
	Total Elective & Acute Operations in MainTheatres 1-8 ⁶		773	841	794	828	761	770	752	744	788	769	664	784	737
	Specialist Outpatient Long Waits- ESPI 2	Zero Long Waits	352	440	271	328	355	456	486	562	583	632	889	1141	1154
	Outpatient Failure to Attend %	≤ 6.3%	6.6%	6.8%	7.4%	6.6%	7.0%	7.1%	6.3%	6.5%	6.8%	6.9%	7.6%	7.1%	7.5%
	Full Year Forecast surplus / (deficit) \$m - Provider (1) (2)	(\$2.03)	(\$11.92)	(\$12.97)	(\$14.79)	(\$15.83)	(\$12.74)	(\$2.03)	(\$2.03)	(\$4.48)	(\$6.90)	(\$5.21)	(\$5.21)	(\$6.57)	
	Full Year Forecast surplus / (deficit) \$m - DHB (1) (2)	(\$8.14)	(\$6.91)	(\$7.56)	(\$8.05)	(\$8.15)	(\$8.34)	(\$8.14)	(\$8.14)	(\$8.97)	(\$8.14)	(\$8.58)	(\$8.58)	(\$8.76)	
	% Theatre utilisation (Elective Sessions only) ⁷	≤ 90%	88.0%	90.4%	88.9%	87.1%	90.5%	88.1%	88.5%	87.9%	87.1%	86.5%	85.5%	87.8%	88.9%
	Overnight Patients - Average Length of Stay (days)	≤ 4.3	4.55	4.17	4.74	4.25	4.25	4.46	4.38	4.36	4.82	4.52	4.37	4.34	4.35
	Long Stay Patients Not Yet Discharged (>14 days)	≤ 5	10	13	11	11	14	15	14	21	13	10	23	15	16
	Overnight Beds (General Occupancy) - Average Occupied	≤ 130	126	134	133	127	133	139	140	140	135	138	137	131	136
	Overnight Beds (General Occupancy) - % Funded Beds Occupied	≤ 85%	81.6%	94.5%	93.9%	87.0%	82.1%	86.1%	85.9%	86.2%	87.9%	89.5%	89.0%	87.2%	88.2%
	All Beds - ave. beds occupied ⁸	≤ 250	226	235	231	229	241	248	253	250	242	244	232	231	244
	% sick Leave v standard	≤ 3.5%	2.6%	3.5%	3.5%	3.2%	3.7%	4.0%	3.9%	3.7%	3.5%	2.9%	2.7%	2.0%	2.5%
	% Nursing agency v employee	≤ 1.49%	2.5%	3.0%	2.5%	2.8%	5.2%	2.3%	2.0%	3.8%	2.6%	2.3%	1.7%	3.9%	
	% overtime v standard (medical)	≤ 9.22%	16.7%	12.2%	7.3%	22.8%	4.9%	7.6%	9.6%	7.4%	8.7%	11.2%	5.9%	11.6%	
	% overtime v standard (nursing)	≤ 5.47%	12.8%	9.7%	11.0%	13.2%	13.5%	12.9%	12.6%	12.8%	12.4%	13.8%	11.5%	17.9%	

Hospital Throughput



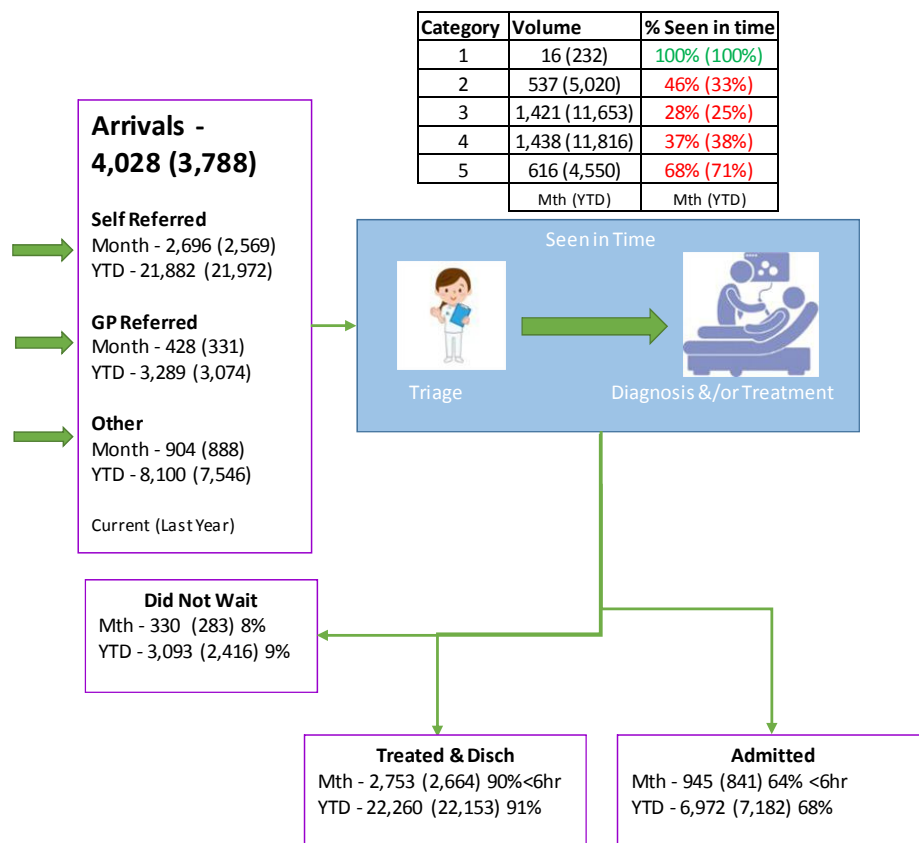
Month					Hutt Valley DHB Hospital Throughput YTD Feb-20	Year to Date					Annual	
Actual	Budget	Variance	Last year	Variance		Actual	Budget	Variance	Last year	Variance	Annual Budget	Last year
		Actual vs Budget		Actual vs Last year				Actual vs Budget		Actual vs Last year		
					<i>Discharges</i>							
1,010	934	(76)	958	(52)	Surgical	8,347	8,182	(165)	8,635	288	12,425	12,797
1,739	1,545	(194)	1,610	(129)	Medical	14,669	13,685	(984)	14,457	(212)	20,730	19,506
473	399	(74)	439	(34)	Other	3,688	3,431	(257)	3,714	26	5,052	5,474
3,222	2,879	(343)	3,007	(215)	Total	26,704	25,299	(1,405)	26,806	102	38,206	37,777
					<i>CWD</i>							
1,149	996	(153)	987	(162)	Surgical	9,280	8,841	(439)	9,139	(142)	13,364	12,852
922	905	(17)	823	(99)	Medical	7,814	8,253	439	7,646	(167)	12,277	11,991
507	484	(23)	567	60	Other	4,333	3,435	(898)	4,212	(120)	5,053	4,698
2,579	2,385	(194)	2,377	(202)	Total	21,426	20,529	(897)	20,997	(429)	30,695	29,540
					<i>Other</i>							
4,028	3,762	(266)	3,788	(240)	Total ED Attendances	33,271	32,465	(806)	32,593	(678)	49,056	47,491
945	866	(79)	841	(104)	ED Admissions	7,918	8,087	169	8,023	105	12,187	11,847
737	750	13	769	32	Theatre Visits	6,008	6,063	55	6,396	388	9,047	9,271
99	85	(14)	87	(12)	Non- theatre Proc	1,008	919	(89)	971	(37)	1,452	1,891
7,073	6,221	(852)	6,325	(748)	Bed Days	59,226	54,815	(4,411)	55,980	(3,246)	82,109	85,515
4.32	4.30	(0.02)	4.96	0.64	ALOS Inpatient	4.43	4.30	(0.13)	4.42	(0.01)	4.30	4.29
2.15	2.03	(0.12)	2.32	0.17	ALOS Total	2.17	2.03	(0.14)	2.17	0.00	2.03	2.20
7.04%	8.02%	0.98%	7.15%	0.11%	Acute Readmission	7.96%	8.02%	0.05%	7.98%	0.02%	7.31%	7.36%

During February, Medical discharges were over budget and higher than last year. Surgical discharges were over budget for the month and higher than last year. Medical caseweights are over budget and 16% more than the same time last year. Year to date, Surgical services have had more caseweights than budget and last year. Although Medical discharges are over budget year to date, they have done fewer caseweights. Caseweights may increase as the coding is completed.

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



Emergency Department (ED)



• Presentation Volume

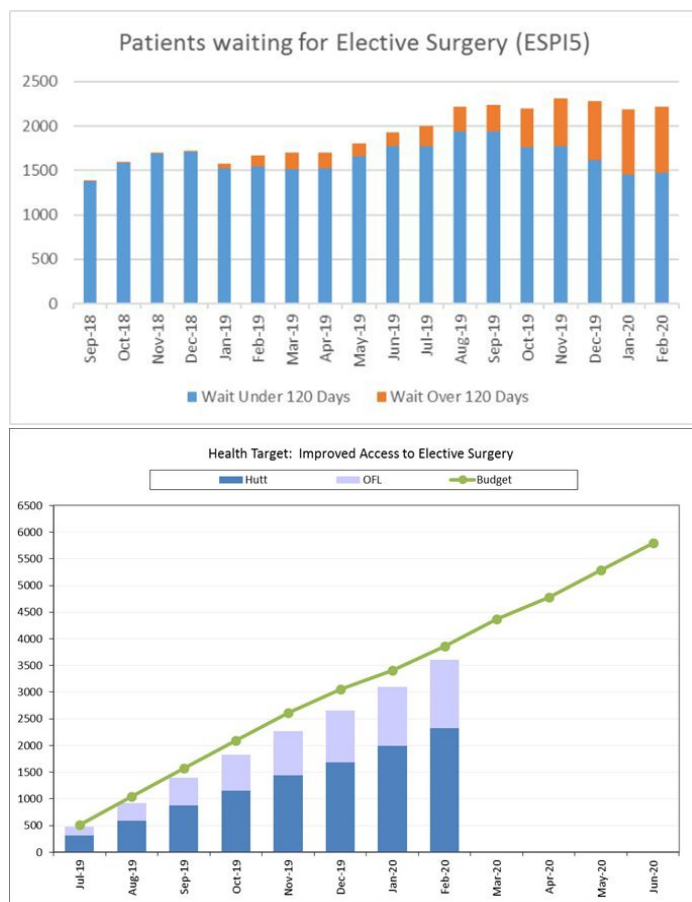
- In February 4,028 patients presented to ED, 5.8% above February 2019
- 8% did not wait for treatment
- 23% were admitted which is similar to prior months and last year (22%)

• Shorter Stays in ED

- In February 83% of patients were seen and discharged or transferred within 6 hours. YTD performance is 85% against the national target of 95%
- Only 64% of admitted patients in February met the National target of 95%. February is below the YTD average of 69%.
- A plan for focused work to improve patient flow has been launched across the hospital to support flow from ED. Focus is on length of stay, discharges before 11am and improving service care coordination assessments as part of an overall acute flow programme



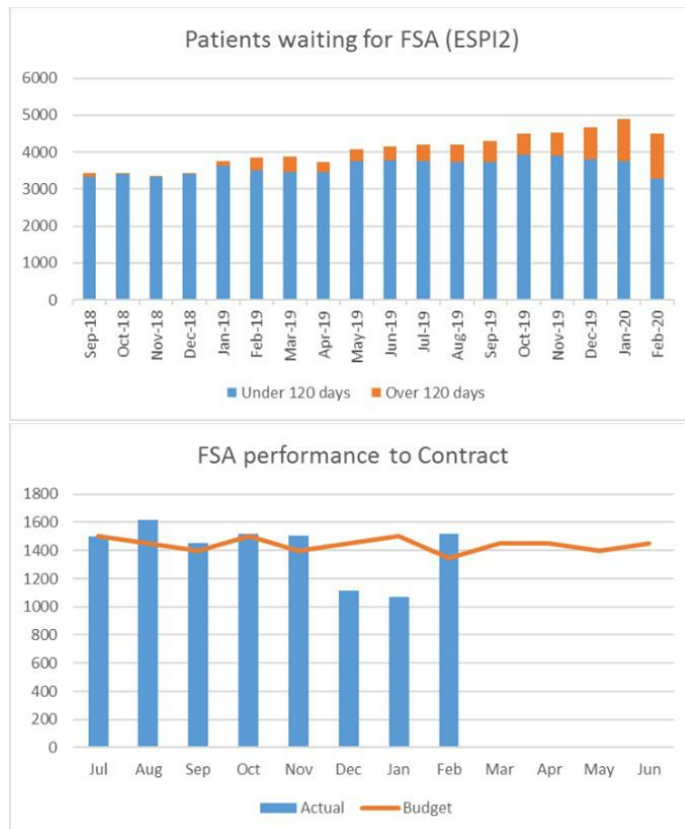
Elective Surgery



- Total number on the waiting list grew 1.0% to 2,215
- The number waiting more than 120 days increased by 1.1% to 745. That is 34% of people are waiting longer than 120 days for treatment
- The biggest issues are in general surgery (50%) and orthopaedics (48%)
- We are not meeting the planned care discharges for our population (6% behind)
- Our population has had 3,604 discharges YTD against 3,647 at the same time last year
- There have been 1,671 minor procedures YTD against 1,746 at the same time last year
- While recovery planning for both ESPI 2 and ESPI 5 is ongoing with identified actions for improvement in place an upcoming reduction in available anaesthetists will need careful management if we are to address our elective surgery programme.



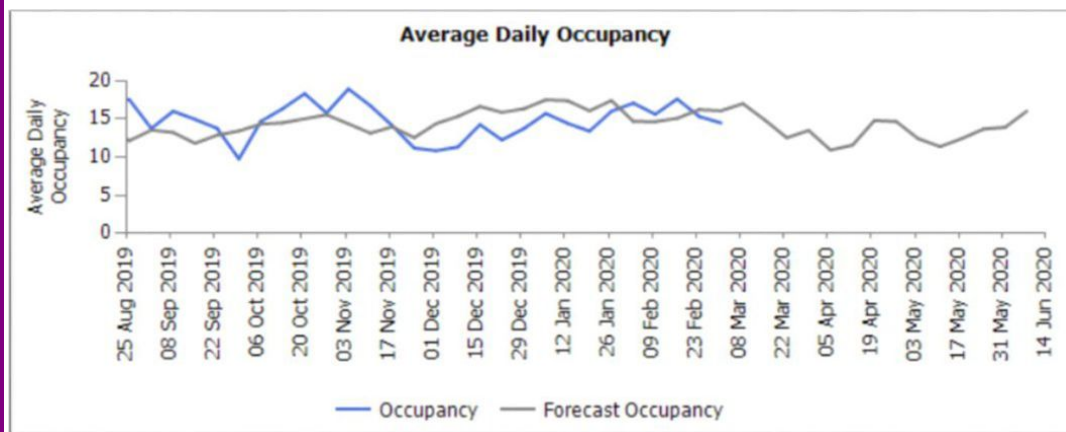
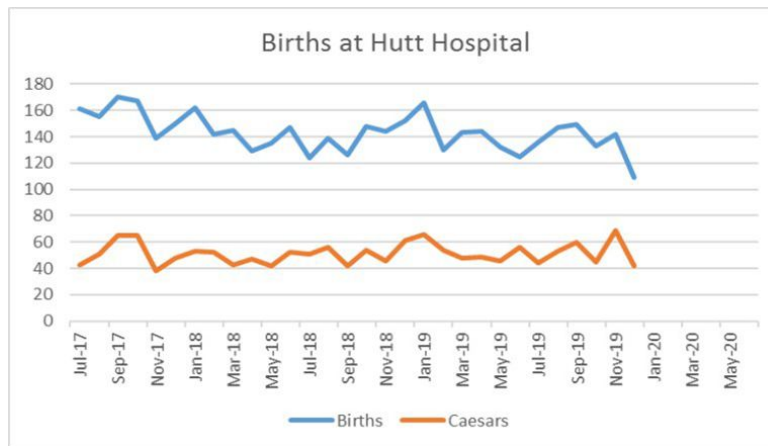
Specialist Outpatients



- The number of patients waiting for FSA has decreased by 8% to 4,489.
- The number waiting more than 120 days has increased 5% to 1,202.
- 27% of patients have waited over 120 days for FSA.
- The longest waits are in Gynaecology and Orthopaedics. 55 of the long wait patients are in non-surgical services.
- 7% of patients did not attend/did not receive their FSA appointment. This was significantly higher for Maori 18% and Pacific 10% suggesting that the models of care do not work for Maori and Pacific.
- YTD we have seen 98% of budgeted FSAs (actual 11,304 attendances, budget 11,558 attendances)



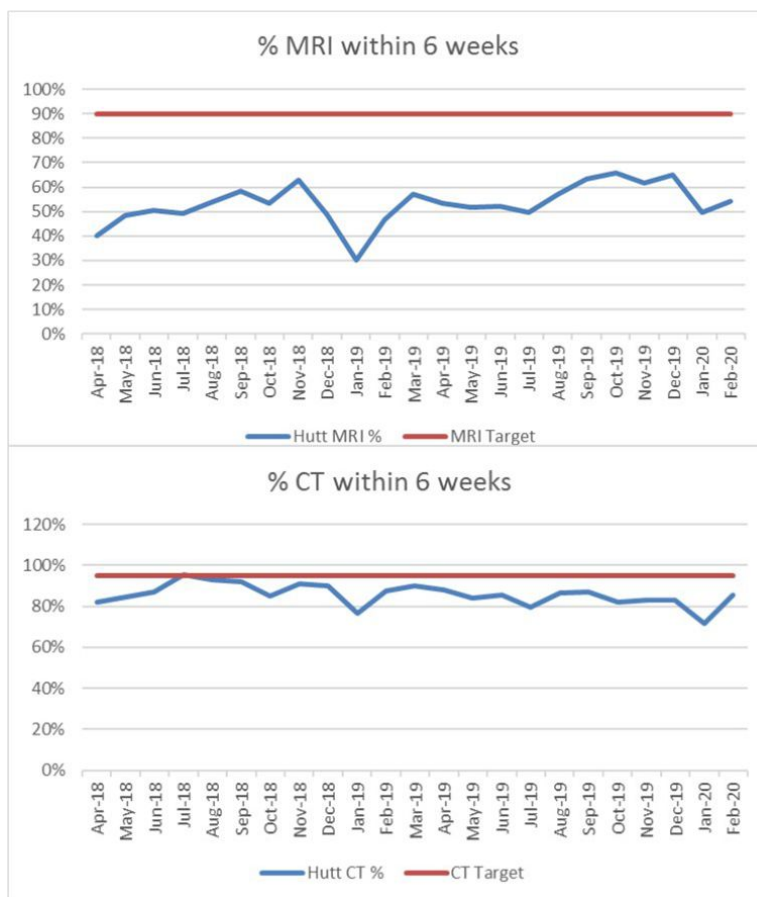
Maternity



- The number of births at Hutt hospital has remained relatively stable.
- The Caesar rate for the 12 months to Nov 19 was an average of 38% which is an increase on the previous 12 months average of 35%.
- Average bed occupancy was higher than expected in February.
- A regular system of reporting is in place via the steering committee; with good progress made against the recommended actions. Regular progress reports are provided to the MoH.



CT & MRI wait times



MRI
Feb 20
54%

CT
Feb 20
86%

- Waiting times for MRIs are increasing. Underlying capacity is insufficient to meet demand
- The % of patients receiving their MRI within 6 weeks improved in February from 50% to 54%
- CT wait times remain close to target
- The September / October increase correlates with the time when outsourcing was reduced. Delivery has also been affected by the number of Stat Holidays during the Christmas period.
- We are also supporting CCDHB by scanning all Hutt Valley domicile patients even if they are under care at CCDHB
- We are looking at remedial options in the short term, however planning adequate radiology capacity for the future is clearly a 2 DHB imperative.

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)	(395)	0	0	0	0	0	0	0	0	0	0	(395)
MoH - Personal Health	25	0	0	42	(56)	0	0	(136)	0	0	0	(125)
Clinical Training Revenue	(26)	0	0	(41)	14	19	0	0	0	0	0	(35)
Inter District Flows	0	0	0	0	21	0	0	0	0	0	0	21
Revenue From Other DHBs	497	0	0	10	(277)	(92)	16	(15)	(0)	17	15	169
ACC Revenue	14	0	0	(52)	(157)	(153)	0	0	1	0	0	(346)
Other Government Revenue	61	100	0	44	(73)	4	0	0	(2)	0	4	139
Total Government and Crown Agency	175	100	0	3	(528)	(222)	16	(151)	(1)	17	19	(573)
Non Government Revenue												
Patient Revenue	(8)	0	0	(20)	(146)	(21)	0	0	0	0	0	(195)
Other Income	(59)	1	0	92	17	7	(33)	0	32	29	4	91
DHB Internal Revenue	127	0	0	162	655	(21)	2	0	(166)	0	(124)	635
Total Non Government Revenue	61	1	0	235	525	(35)	(31)	0	(134)	29	(120)	530
Total Revenue	235	101	0	238	(2)	(257)	(15)	(151)	(135)	46	(101)	(42)
Expenditure												
Employee Expenses												
Medical Employees	499	(1)	(23)	298	(958)	109	0	(5)	95	44	272	331
Nursing Employees	199	(1)	(7)	(191)	(1,830)	(774)	(2)	7	84	0	(114)	(2,629)
Allied Health Employees	307	(16)	(1)	(325)	33	145	(25)	(25)	324	(81)	301	638
Support Employees	(309)	(0)	(0)	(40)	(95)	0	(141)	0	0	0	(21)	(607)
Management and Admin Employees	349	122	239	67	(26)	47	(58)	177	(3)	43	(171)	785
Total Employee Expenses	1,045	104	208	(191)	(2,876)	(473)	(226)	155	501	6	267	(1,482)
Outsourced Personnel Expenses												
Medical Personnel	(27)	0	0	(487)	299	29	0	(3)	0	0	(421)	(611)
Nursing Personnel	(38)	0	0	(221)	(125)	(51)	(1)	0	(1)	0	(212)	(647)
Allied Health Personnel	61	0	0	(11)	(36)	(89)	0	3	(6)	0	(51)	(129)
Support Personnel	(93)	0	0	0	0	0	0	0	0	0	(61)	(154)
Management and Admin Personnel	(306)	(10)	0	(57)	0	(13)	(26)	0	(0)	0	(61)	(473)
Total Outsourced Personnel Expenses	(404)	(10)	0	(776)	139	(124)	(26)	0	(7)	0	(806)	(2,013)
Outsourced Other Expenses												
Clinical Supplies	(148)	(13)	(976)	(966)	(385)	(128)	27	222	176	65	26	(2,101)
Non Clinical Expenses	179	11	(140)	127	(51)	(61)	(218)	(63)	77	76	(13)	(76)
Financing Expenses	1,510	0	0	0	29	0	0	0	0	63	0	1,603
Internal Allocations	5	(1)	(177)	(70)	(124)	(91)	370	67	14	22	(14)	1
Total Expenditure	1,900	91	(1,097)	(2,570)	(3,360)	(980)	(74)	537	752	232	(550)	(5,118)
Net Surplus / (Deficit)	2,136	191	(1,097)	(2,332)	(3,362)	(1,237)	(90)	386	617	278	(651)	(5,161)

There may be rounding differences in this report



Major Service Group Variances

- **Medical & Acute care (\$2,332k)** – 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.
- **Surgical Women's and Children's (\$3,362k)** – Medical Costs are higher than expected due to increased 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. Clinical supplies costs are above budget driven by increased prosthesis costs as acute Orthopaedic volumes continue.
- **Community Health (\$1,237k)** – overall YTD position is 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 as nursing volumes continue to be high (9% above target year to date).
- **MHAIDs (\$651k)** – 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 February 2020

					Hutt Valley DHB Operating Report for the month of February 2020																
Month										Year end Result					Annual		Annual				
Actual	Budget	Variance	Last Year	Variance	\$000s	Actual	Budget	Variance	Last Year	Variance	Forecast	Budget	Variance	Last Year	Variance						
36,803	36,863	(61)	34,397	2,406	<u>Revenue</u>	299,622	300,141	(519)	287,340	12,282	450,349	450,868	(519)	434,235	16,114						
1,377	1,515	(138)	1,808	(431)	Devolved MoH Revenue	12,478	12,749	(271)	12,864	(386)	19,175	19,446	(271)	19,742	(567)						
438	580	(142)	584	(146)	ACC Revenue	4,478	4,985	(508)	5,068	(591)	6,878	7,341	(463)	7,539	(661)						
692	902	(210)	441	252	Other Revenue	4,309	7,282	(2,974)	3,840	469	7,918	10,891	(2,974)	6,987	931						
8,727	8,602	125	8,710	17	IDF Inflow	69,250	68,817	433	68,498	751	103,856	103,225	631	101,806	2,050						
265	326	(62)	335	(70)	Inter DHB Provider Revenue	2,776	2,609	167	2,968	(192)	4,110	3,915	195	4,577	(467)						
48,302	48,789	(487)	46,274	2,028	Total Revenue	392,912	396,584	(3,672)	380,578	12,334	592,286	595,687	(3,401)	574,886	17,400						
					<u>Expenditure</u>																
					<u>Employee Expenses</u>																
4,666	4,577	(89)	4,560	(105)	Medical Employees	39,516	39,903	388	36,448	(3,067)	59,277	59,826	549	56,594	(2,683)						
6,024	5,348	(676)	5,480	(544)	Nursing Employees	49,248	46,618	(2,630)	45,673	(3,574)	73,706	69,893	(3,813)	69,463	(4,243)						
2,698	2,463	(235)	2,736	38	Allied Health Employees	20,664	21,301	638	19,587	(1,077)	31,720	32,008	288	29,882	(1,838)						
625	577	(47)	587	(38)	Support Employees	5,654	5,048	(607)	4,789	(866)	8,249	7,642	(607)	7,392	(857)						
2,136	2,248	113	2,114	(22)	Management and Admin Employees	18,608	19,692	1,084	17,787	(821)	28,115	29,481	1,365	27,228	(887)						
16,148	15,213	(934)	15,477	(671)	Total Employee Expenses	133,689	132,562	(1,127)	124,284	(9,405)	201,067	198,850	(2,217)	190,558	(10,509)						
					<u>Outsourced Personnel Expenses</u>																
239	221	(18)	268	29	Medical Personnel	2,377	1,766	(611)	2,217	(159)	3,426	2,649	(777)	3,600	174						
182	87	(96)	135	(47)	Nursing Personnel	1,340	693	(647)	1,480	139	1,885	1,039	(846)	2,268	383						
40	29	(12)	49	9	Allied Health Personnel	358	229	(129)	294	(64)	472	344	(129)	502	30						
27	20	(7)	4	(23)	Support Personnel	316	163	(154)	172	(145)	398	244	(154)	323	(75)						
(36)	42	77	80	116	Management and Admin Personnel	871	335	(536)	816	(55)	1,085	502	(583)	1,299	214						
453	398	(55)	537	83	Total Outsourced Personnel Expenses	5,262	3,185	(2,077)	4,978	(284)	7,266	4,778	(2,488)	7,991	726						
					<u>Outsourced Other Expenses</u>																
574	615	41	827	253	Outsourced Other Expenses	5,947	5,034	(912)	6,502	555	8,714	7,498	(1,217)	8,486	(228)						
2,023	2,377	355	929	(1,094)	Treatment Related Costs	19,699	17,587	(2,112)	16,067	(3,633)	28,313	26,099	(2,213)	24,879	(3,433)						
1,323	1,523	200	1,769	447	Non Treatment Related Costs	12,918	12,365	(553)	12,410	(509)	19,301	18,458	(842)	29,932	10,631						
8,118	8,434	315	7,733	(385)	IDF Outflow	65,849	67,468	1,619	62,052	(3,796)	99,678	101,203	1,525	95,136	(4,542)						
17,847	17,489	(358)	16,573	(1,274)	Other External Provider Costs	140,667	145,282	4,615	138,439	(2,228)	213,098	218,591	5,492	211,615	(1,483)						
1,806	2,342	536	2,147	341	Interest, Depreciation & Capital Charge	16,774	18,961	2,187	17,591	817	25,239	28,352	3,113	26,163	924						
48,291	48,392	100	45,991	(2,301)	Total Expenditure	400,806	402,446	1,640	382,322	(18,484)	602,676	603,828	1,153	594,761	(7,914)						
10	397	(387)	283	(273)	Net Result	(7,894)	(5,862)	(2,032)	(1,744)	(6,150)	(10,390)	(8,141)	(2,248)	(19,876)	9,486						
Result by Output Class																					
(894)	(474)	(419)	207	(1,101)	Funder	(1,316)	(3,930)	2,614	5,756	(7,072)	(2,509)	(5,906)	3,397	4,534	(7,044)						
50	21	28	(61)	111	Governance	318	(197)	515	50	268	305	(210)	515	(134)	439						
854	850	4	138	717	Provider	(6,895)	(1,734)	(5,161)	(7,549)	654	(8,185)	(2,025)	(6,160)	(24,276)	16,091						
10	397	(387)	283	(273)	Net Result	(7,894)	(5,862)	(2,032)	(1,744)	(6,150)	(10,390)	(8,141)	(2,248)	(19,876)	9,486						

There may be rounding differences in this report



Executive Summary – Financial Position

Financial performance year to date

- Total Revenue unfavourable (\$3,672k)
- Personnel and outsourced Personnel unfavourable (\$3,204k):
 - Medical unfavourable (\$223k); Nursing unfavourable (\$3,278k); Allied Health favourable \$509k, Support Staff unfavourable (\$760k); Management and Admin; favourable \$548k; Annual leave Liability cost has increased \$1,254k since February 2019
- Outsourced other expenses unfavourable (\$912k)
- Treatment related Costs unfavourable (\$2,112k)
- Non Treatment Related Costs unfavourable (\$553k)
- IDF Outflow favourable \$1,619k
- Other External Provider Costs favourable \$4,615k
- Interest depreciation and capital charge favourable \$2,187k

Action being taken

- The cost of treating White Island patients will be recovering from ACC, estimated at \$1.34 million.
- Treatment related costs include increased Pharmaceutical costs where we are expecting additional rebates from Pharmac, we continue to chase for information on future rebates.



Analysis of operating position - revenue

- **Revenue:** Total revenue unfavourable (\$487k) for the month.
 - Devolved MoH revenue (\$61k) unfavourable, driven by MoH Sub Contracts including Pay Equity Wash-ups from prior year.
 - Non Devolved revenue (\$138k) unfavourable driven largely by Bowel Screening (\$80k).
 - ACC Revenue (\$142k) unfavourable this month driven by Orthopaedics (\$68k), Plastics (\$53k) and other variances.
 - Other revenue (\$210k) unfavourable for the month reflecting lower than expected revenue for MECA settlements been recognised.
 - IDF inflows favourable \$125k for the month.
 - Inter DHB Revenue unfavourable (\$62k), mostly timing differences.



Analysis of operating position - Personnel

- **Total Personnel** including outsourced unfavourable (\$989k) for the month.
 - Medical personnel incl. outsourced unfavourable (\$107k). Outsourced costs are (\$18k) unfavourable Medical Staff Internal are (\$89k) unfavourable driven by RMO's.
 - Nursing incl. outsourced (\$772k) unfavourable. Employee costs are (\$676k) unfavourable, driven by Internal Bureau Nurses (\$241k), Registered Nurses (\$232k), Health Care Assistants (\$45k) and other minor variances.
 - Allied Health incl. outsourced (\$247k) unfavourable, with outsourced unfavourable (\$12k) and internal employees (\$235k) driven largely by back pay and leave revaluation of the recent MIT MECA settlement (\$245k).
 - Support incl. outsourced unfavourable (\$54k), with Outsourced (\$7k) unfavourable, and employee costs (\$47k) unfavourable, reflecting larger than expected increases in the MUCA rates.
 - Management & Admin incl. outsourced favourable \$190k; internal staff favourable \$113k, Outsourced favourable \$77k, the later includes savings targets.
 - Sick leave for February was 2.5%, which is lower than the same time last year, which was 2.6%.



FTE Analysis

Month					FTE Report Feb-20	Year To Date					Annual	
Actual	Budget	Variance	Last Year	Variance		Actual	Budget	Variance	Last Year	Variance	Budget	Last Year
					FTE							
280	280	(0)	277	(3)	Medical	272	280	7	271	(1)	280	273
805	792	(13)	781	(25)	Nursing	797	792	(5)	769	(29)	792	776
400	408	8	387	(14)	Allied Health	390	408	19	385	(5)	408	387
140	135	(5)	136	(4)	Support	139	135	(4)	134	(5)	135	135
349	383	34	352	3	Management & Administration	356	383	27	349	(7)	383	353
1,975	1,998	23	1,932	(43)	Total FTE	1,955	1,998	44	1,908	(47)	1,998	1,923
					\$ per FTE							
16,664	16,354	(309)	16,481	(182)	Medical	145,065	142,753	(2,312)	134,441	(10,624)	211,088	219,529
7,479	6,752	(727)	7,020	(459)	Nursing	61,756	58,857	(2,899)	59,404	(2,352)	92,371	90,022
6,736	6,036	(700)	7,073	337	Allied Health	53,044	52,155	(889)	50,910	(2,134)	76,926	82,741
4,468	4,272	(195)	4,317	(150)	Support	40,682	37,369	(3,314)	35,716	(4,967)	61,065	56,760
6,122	5,872	(250)	6,006	(116)	Management & Administration	52,216	51,370	(846)	50,977	(1,239)	74,154	83,574
8,178	7,615	(563)	8,011	(167)	Average Cost per FTE all Staff	68,391	66,334	(2,058)	65,149	(3,243)	100,220	103,398

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

Nursing over by (13) FTE for the month. Internal Bureau Nurses are over budget (27) FTE mostly driven by General Surgery (3), Special Care Unit (2) and ED (3), Plastics (6), Maternity (3), District (2) and other variances. Health Care Assistants under budget by 1. Internal Bureau Nursing variances are driven by one to one care demands. Registered Midwives are over budget by (2) FTE. Registered Nurses under budget 15 FTE mostly driven by General Surgery 1, General Medical 3, Fracture clinic 3, Operating Theatres 1 with other variances consistent with staff on leave. Personnel cost variance for YTD February (\$2,630k) is the result of a price variance of (\$2,312k) mostly overtime and time based allowances.

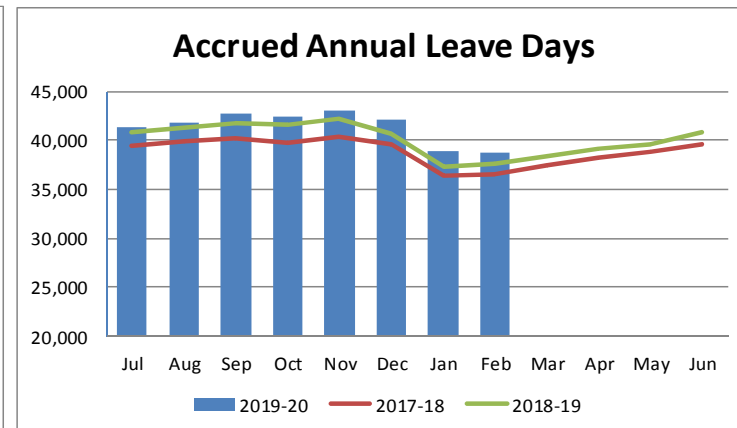
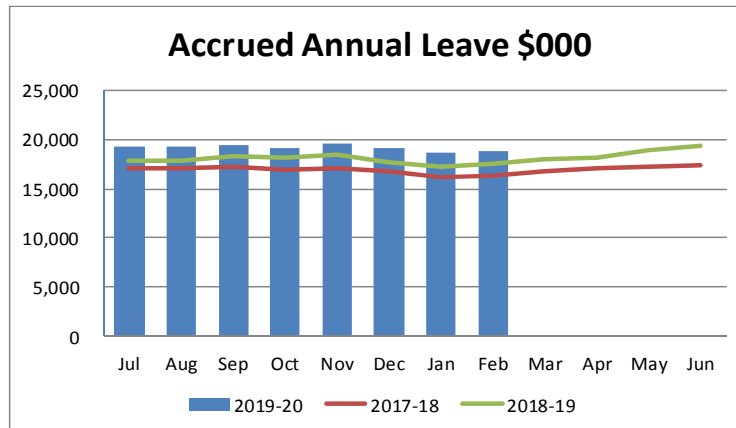
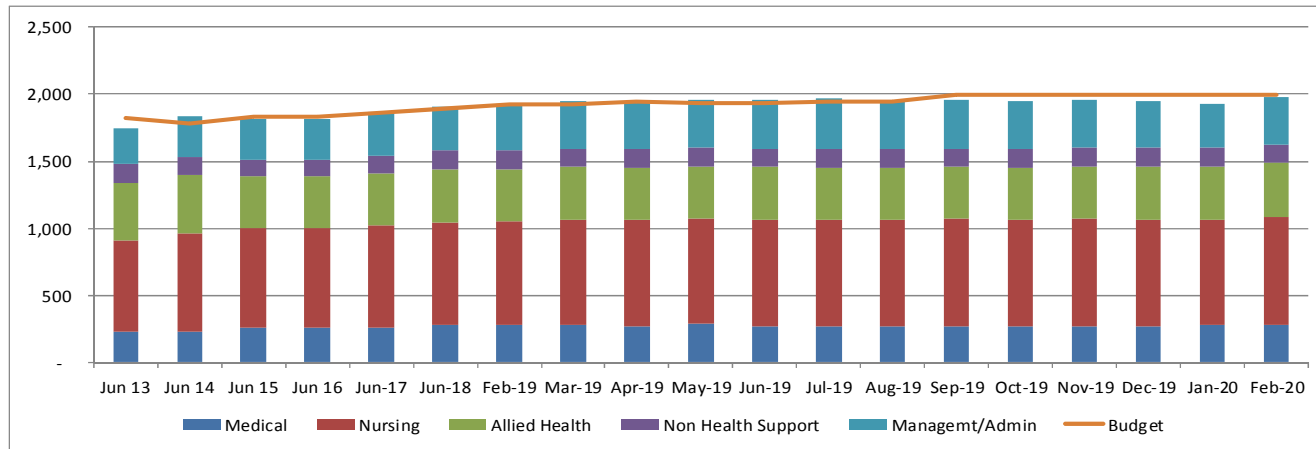
Allied FTEs are under by 8 FTEs for the month due in the main to; Favourable variances in Health promotion offices & community support workers, Hand therapy, Audiology, social work and psychologists.

Support FTEs are (5) FTEs over budget driven by Food services (3) FTE and Clinical Services Supply (3), partly offset by other variances.

Management & Admin are under budget by 34 FTEs. Driven by administrative support staff vacancies and includes the capitalisation of 4 FTE's in February. 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 favourable \$41k for the month, driven by Outsource Clinical Services \$34k.
- Treatment related costs \$355k favourable, driven by Treatment Disposables \$94k, Implants and Prostheses \$28k, Instruments and Equipment \$178k, partly offset by Pharmaceuticals (\$45k) and other minor variances.
- Non Treatment Related costs unfavourable \$200k driven by Consultant fees \$150k, Affiliation Fees \$9k, Transport & Travel \$23k, Hotel and Laundry Expenses \$7k, Facilities Expenses \$69k, partly offset by Other Operating (\$100k) - mostly the ongoing monthly provision for Holidays Act Compliance (\$70k).
- IDF Outflows \$315k favourable for the month driven by lower than expected volumes to Capital & Coast DHB.
- Other External Provider costs unfavourable (\$358k), driven by Community Pharmaceuticals (\$1,397k), offset by other variances.
- Interest, Depreciation & Capital Charge favourable \$536k, driven by the re-confirmation of the Capital charge for the 2019-20 Financial Year and lower than expected depreciation.



Section 5

ADDITIONAL FINANCIAL INFORMATION & UPDATES



Financial Position as at 29 February 2020

\$000s	Actual	Budget	Variance	Jun 19	Variance	Explanation of Variances Between Actual and Budget
Assets						
Current Assets						
Bank - Non DHB Funds *	6,994	5,216	1,778	5,216	1,778	Payments from NHMG to DHB's paid later than budgeted
Accounts Receivable & Accrued Revenue	24,170	27,055	(2,885)	27,095	(2,925)	
Stock	2,097	1,476	620	1,434	662	
Prepayments	1,534	727	806	727	806	
Total Current Assets	34,794	34,475	319	34,473	321	
Fixed Assets						
Fixed Assets	209,439	209,011	428	210,483	(1,043)	
Work in Progress	17,568	19,710	(2,143)	19,710	(2,143)	
Total Fixed Assets	227,007	228,722	(1,715)	230,193	(3,186)	
Investments						
Investments in Associates	1,150	1,150	0	1,150	0	Allied Laundry
Trust Funds Invested	1,683	1,409	274	1,409	274	Restricted trusts
Total Investments	2,833	2,559	274	2,559	274	
Total Assets	264,634	265,756	(1,122)	267,225	(2,591)	
Liabilities						
Current Liabilities						
Bank	8,649	5,825	(2,824)	1,433	(7,216)	Average bank balance in Feb-20 was \$11.2m
Accounts Payable and Accruals	46,391	52,164	5,773	52,164	5,773	
Crown Loans and Other Loans	47	221	175	221	175	
Capital Charge Payable	1,680	0	(1,680)	0	(1,680)	
Current Employee Provisions	24,274	24,190	(83)	24,190	(83)	
Total Current Liabilities	81,040	82,401	1,361	78,009	(3,031)	
Non Current Liabilities						
Other Loans	220	0	(220)	0	(220)	
Long Term Employee Provisions	8,245	8,245	0	8,245	0	
Non DHB Liabilities	6,994	5,216	(1,778)	5,216	(1,778)	Payments from NHMG to DHB's paid later than budgeted
Trust Funds	1,682	1,409	(274)	1,409	(274)	
Total Non Current Liabilities	17,141	14,870	(2,271)	14,870	(2,271)	
Total Liabilities	98,182	97,271	(911)	92,879	(5,303)	
Net Assets	166,453	168,485	(2,032)	174,346	(7,894)	
Equity						
Crown Equity	124,123	124,123	0	124,123	0	
Revaluation Reserve	126,422	126,422	0	126,422	0	
Opening Retained Earnings	(76,199)	(76,199)	(0)	(56,323)	(19,876)	
Net Surplus / (Deficit)	(7,894)	(5,862)	(2,032)	(19,876)	11,982	
Total Equity	166,453	168,485	(2,032)	174,347	(7,894)	

* NHMG - National Haemophilia Management Group

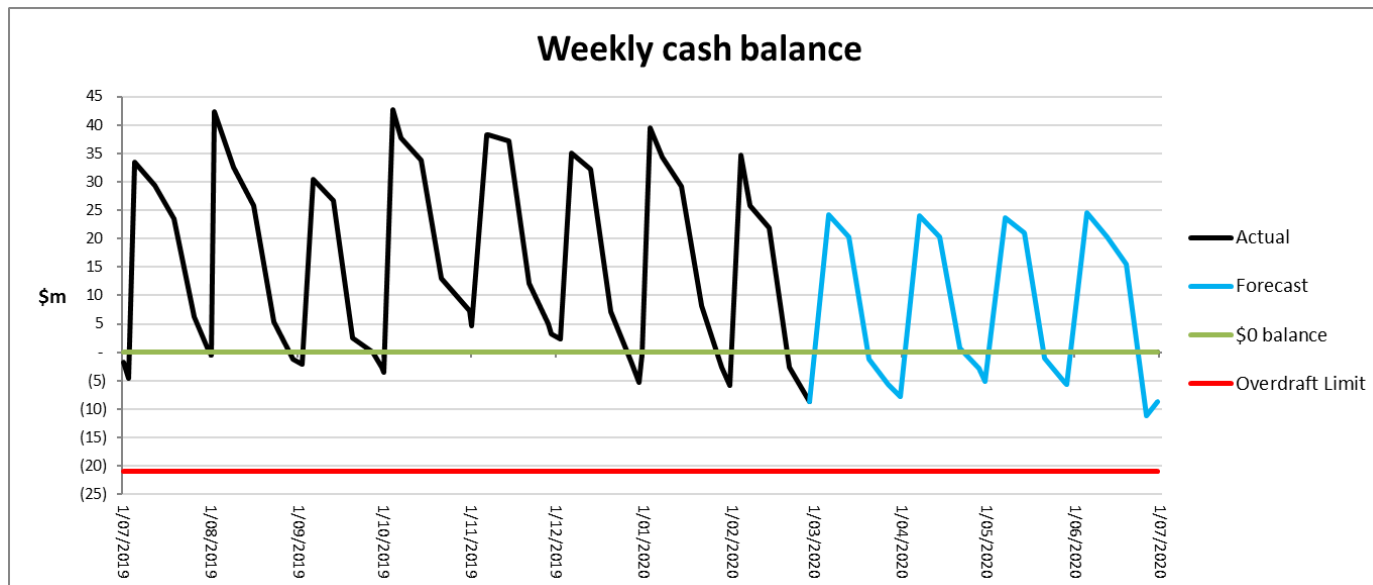


Statement of Cash Flows to 29 February 2020

\$000s	Jul Actual	Aug Actual	Sep Actual	Oct Actual	Nov Actual	Dec Actual	Jan Actual	Feb Actual	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	38,611	37,686	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	7,699	8,968	9,134	8,936	8,936	8,936
Receipts from Other Government Sources	1,100	1,188	(134)	1,210	774	180	340	555	1,074	1,132	1,046	1,075
Other Revenue	1,472	553	(406)	738	(1,975)	(608)	1,419	990	380	380	380	385
Total Receipts	50,049	48,759	46,978	55,906	47,202	50,368	48,070	48,200	49,952	49,457	49,969	49,838
Payments for Personnel	(18,535)	(17,294)	(15,756)	(17,871)	(16,974)	(18,656)	(17,957)	(16,467)	(17,537)	(17,536)	(16,756)	(17,553)
Payments for Supplies (Excluding Capital Expenditure)	(1,524)	(6,314)	(6,549)	(3,500)	(4,315)	(4,426)	(6,511)	(6,636)	(4,174)	(4,674)	(4,663)	(4,277)
Capital Charge Paid	0	0	0	0	0	(5,244)	0	0	0	0	0	(5,040)
GST Movement	22	(297)	120	1,389	(1,537)	2,412	(2,162)	(391)	0	0	0	0
Payment to Own DHB Provider	(0)	0	0	(0)	(0)	(0)	(0)	0	581	0	0	(0)
Payments to Other DHBs (Including IDF)	(8,416)	(8,221)	(7,778)	(9,363)	(7,921)	(8,151)	(7,881)	(8,118)	(8,528)	(8,434)	(8,434)	(8,434)
Payments to Providers	(18,044)	(18,060)	(17,755)	(15,737)	(19,590)	(18,745)	(18,343)	(19,119)	(18,010)	(17,904)	(18,182)	(17,855)
Total Payments	(46,498)	(50,186)	(47,719)	(45,083)	(50,337)	(52,809)	(52,854)	(50,730)	(47,667)	(48,547)	(48,035)	(53,159)
Net Cashflow from Operating Activities	3,551	(1,427)	(741)	10,823	(3,135)	(2,440)	(4,785)	(2,530)	2,284	910	1,934	(3,320)
Investing Activities												
Interest Receipts	26	22	16	23	27	18	14	6	46	46	46	46
Dividends	0	47	0	0	0	0	0	65	0	0	0	0
Total Receipts	26	68	16	23	27	18	14	71	46	46	46	46
Capital Expenditure	(1,708)	(132)	(758)	(912)	(874)	(892)	(1,137)	(105)	(736)	(736)	(736)	(724)
Increase in Investments and Restricted & Trust Funds Assets	(75)	(82)	106	(32)	(19)	0	35	(208)	0	0	0	0
Total Payments	(1,782)	(213)	(652)	(944)	(893)	(891)	(1,102)	(313)	(736)	(736)	(736)	(724)
Net Cashflow from Investing Activities	(1,756)	(145)	(635)	(922)	(867)	(873)	(1,089)	(242)	(690)	(690)	(690)	(678)
Financing Activities												
Interest Paid on Finance Leases	(1)	(1)	(1)	(0)	(0)	(0)	(0)	(0)	(6)	(5)	(5)	(5)
Total Payments	(1)	(1)	(1)	(0)	(0)	(0)	(0)	(0)	(6)	(5)	(5)	(5)
Net Cashflow from Financing Activities	(1)	(1)	(1)	(0)	(0)	(0)	(0)	(0)	(6)	(5)	(5)	(5)
Total Cash In	50,075	48,827	46,995	55,928	47,229	50,386	48,083	48,270	49,998	49,503	50,014	49,884
Total Cash Out	(48,280)	(50,400)	(48,371)	(46,027)	(51,231)	(53,700)	(53,957)	(51,043)	(48,409)	(49,288)	(48,776)	(53,888)
Net Cashflow	1,795	(1,573)	(1,376)	9,901	(4,002)	(3,314)	(5,873)	(2,773)	1,589	214	1,238	(4,004)
Opening Cash	(1,433)	362	(1,211)	(2,588)	7,313	3,311	(3)	(5,876)	(8,649)	(7,060)	(6,846)	(5,607)
Net Cash Movements	1,795	(1,573)	(1,376)	9,901	(4,002)	(3,314)	(5,873)	(2,773)	1,589	214	1,238	(4,004)
Closing Cash	362	(1,211)	(2,588)	7,313	3,311	(3)	(5,876)	(8,649)	(7,060)	(6,846)	(5,607)	(9,611)
Non DHB Funds - NHMG												
Opening Balance	5,216	1,933	1,424	1,981	4,110	3,920	1,714	3,920	4,618			
Net Movement	(3,283)	(509)	558	2,128	(190)	(2,206)	2,905	2,376				
Closing Balance	1,933	1,424	1,981	4,110	3,920	1,714	4,618	6,994				



Weekly Cash Flow Actual to 29 February 2020



Note

- the overdraft facility shown in red is set at \$21 million as at February 2020
- the lowest bank balance for the month of February was \$8.7m overdrawn



Capital Expenditure

Actual to 29 February 2020

- 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 has been set up 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	\$000	\$000	\$000	\$000
Baseline						
Buildings and Plant	1,545	3,355	1,532	6,432	1,667	4,765
Clinical Equipment	215	3,500	948	4,663	2,419	2,244
Information Technology (Hardware)	100	650	372	1,122	410	712
Intangible Assets (Software)	932	625	950	2,507	456	2,051
Baseline Total	2,792	8,130	3,802	14,724	4,953	9,773
Strategic						
Buildings and Plant	1,185	480	-	1,665	-	1,665
Clinical Equipment	1,390	1,500	716	3,606	446	3,160
IT	2,394	2,850	1,173	6,417	571	5,846
Strategic Total	4,969	4,830	1,889	11,688	1,017	10,671
Total Capital (excluding Trust Funds)	7,761	12,960	5,691	26,412	5,969	20,444



Summary of Leases – as at 29 February 2020

		Original Cost	Monthly Amount	Annual Amount	Total Lease Cost	Start Date	End Date	Lease type
Rental Property Leases								
Wainuiomata Health Centre	District Nurses		1,149	13,787		1/11/2017	31/10/2020	Operating
Public Trust House Lower Hutt	Community Mental Health		21,887	262,643		1/09/2017	1/09/2023	Operating
CREDS - Johnsonville	Eating Disorders		5,370	64,435		1/01/2015	Rolling lease	Operating
RPH - Porirua Public Health	RPH School Health - Promotional Health		9,088	109,055		15/03/2015	14/03/2021	Operating
Criterion Lane Upper Hutt	Lagans Pharmacy - Physiotherapy		2,363	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 (117 Vehicles)			33,598	403,181		Ongoing	Ongoing	Operating
			33,598	403,181				
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
		1,102,312	102,718	1,232,628	5,722,050			
Total Leases			189,416	2,273,003				



Treasury

as at 29 February 2020

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

NZHP banking activities for the month	Current month (\$000)	Last month (\$000)
Average balance for the month	\$11,176	\$15,385
Lowest balance for the month	(\$8,661)	(\$5,888)
Average interest rate	0.68%	1.04%
Net interest earned for the month	\$6	\$14

2) Hedges

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

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

No. of transactions involving foreign currency 8
 Total value of transactions \$42,137 NZD
 Largest transaction \$19,109 NZD

	No. of transactions	Equivalent NZD
AUD	8	\$42,137
GBP		
SGD		
USD		
Total	8	\$42,137

4) Debtors (\$000)

Top 10 Debtors	Outstanding	Current	1-30 Days	31-60 Days	61-90 Days	91-120 Days	121-180 Days	181+ Days
Capital & Coast District Health Board	\$2,235	\$149	\$196	\$40	\$20	\$47	\$155	\$1,627
Ministry of Health	\$1,856	\$390	\$917	\$43	\$398	\$43	\$17	\$49
Wairarapa District Health Board	\$979	\$140	\$34	\$61	\$99	\$119	\$37	\$490
Accident Compensation Corporation	\$675	\$500	(\$24)	(\$117)	\$146	\$57	\$26	\$87
Te Awakairangi Health Network Trust	\$95	\$32	\$0	\$0	\$0	\$32	\$0	\$31
Non Resident	\$53	\$0	\$0	\$0	\$0	\$0	\$0	\$53
Hawkes Bay District Health Board	\$51	\$4	\$0	\$2	\$2	\$4	\$5	\$35
Oranga Tamariki - Ministry for Children	\$42	\$0	\$42	\$0	\$0	\$0	\$0	\$0
ESR Limited	\$40	\$0	\$0	\$40	\$0	\$0	\$0	\$0
Massey University	\$39	\$39	\$1	\$0	\$0	\$0	\$0	\$0
Total Top 10 Debtors	\$6,066	\$1,253	\$1,165	\$69	\$664	\$302	\$240	\$2,374



Board Information

May 2020

Children's Hospital Programme Update

Action Required

It is recommended the Board note:

- (a) There have been no reportable incidents.
- (b) That McKee Fehl are forecasting Project Handover on 21 June 2021 – the most recent delay is due to the effects of Covid-19.
- (c) The Grace Neill Block L3 Reconfiguration construction work has achieved practical completion.
- (d) Wellington Regional Hospital – WBCC, Link Bridge & Raised Carpark roof Building Consents have been lodged with Wellington Council.

Strategic Alignment	A new children's hospital and reconfigured child health service will improve the health of our children.
Author	Thomas Davis, General Manager Corporate Services
Endorsed by	Fionnagh Dougan, Chief Executive
Purpose	Update on the progress of the New Children's Hospital Programme of work
Contributors	Sam Walker Project Manager David Fullarton Director Capital Projects
Consultation	NA

Executive Summary

1. The project has been further delayed by COVID-19. The full impact will be assessed as we move through COVID-19 levels 3 and 2.

Strategic Considerations

Service	The environment in which child health services are delivered will be greatly improved on completion of this programme of work.
People	The facilities provided by this project for staff will improve significantly on the current situation in the old children's hospital.
Financial	Programme funding provided by Mark Dunajtschik, Ministry of Health, Wellington Hospital Foundation and CCDHB. Programme cost to completion currently within budget.
Governance	NA

Engagement/Consultation

Patient/Family Ongoing



Clinician/Staff Ongoing

Community Ongoing

Identified Risks

Risk ID	Risk Description	Risk Owner	Current Control Description	Current Risk Rating	Projected Risk Rating
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Refer risk section of
attached paper

Attachment/s

1. Appendix 1 Site Photos - March 2020



New Children's Hospital Programme Update

Health & Safety

Currently there are two active construction sites to report on:

1. Main construction site of McKee Fehl Construction (MFC)
2. Wellington Blood & Cancer Centre reconfiguration

There have been

- No reportable incidents.
- Site Safe audit of MFC's site was conducted on 19th March 2020. The Critical Risk score for the site visit was 95.6%.
- The next Site Safe audit will be scheduled once site activities are fully recommenced.

Benefactor progress

Mark Dunajtschik's builder, McKee Fehl Constructors (MFC), is progressing with the installation of the curtain walling, concrete infills to the roof and building services. Offsite manufacturing & procurement continues. Updated Site Photos – **Appendix 3**.

Site Works carried out during February and March, including but not limited to:

- Thermosash curtain wall installation is continuing along the south façade.
- Level 2 window install has commenced to the north.
- Parapet and roofing vapour barrier works have been progressed.
- Canopy upstand walls have been framed and hung from primary steel. Canopy structural steel is being fabricated.
- Structural steel (lifts, stairs, balconies, canopies, & associated floor trimming beams) fabrication is proceeding and some areas are beginning to be delivered to site and progressively installed.
- Focus on closing the building in to make it weather tight with façade and roofing works being a high priority.
- Services 1st fix is well underway to L2 and L3.
- Internal partition framing/linings have commenced on L2 and have been set out on L3.

Site Works planned for April

- The site has been closed during Covid-19 Alert Level 4.
- The site is secure and being monitored by MFC security. This includes daily site visits.
- We envisage that site operations will re-commence under Covid-19 Alert Level 3 – details are to be confirmed.

Design

- Building services shop drawings and technical reviews are to be completed.
- Link bridge consent design documents have been issued to CCDHB for comment. Detailed design connection details are due to be issued.

L3 Link & Blood and Cancer Centre Reconfiguration

- **New Blood and Cancer office space - Grace Neill Building level 3 (GNB)**
 - WBCC moved in 11-16 March. Remedial works largely complete. Closeout of last items and any de-snagging to be completed when possible to re-start.



- Furniture and AV equipment is installed; IT – a number of PCs were unavailable due to procurement issues (IT advised Covid-19 related).
- **Wellington Regional Hospital Building Level 3 Link and WBCC Day Ward Reconfigurations**
 - Revised staging to suit Records move being reviewed.
 - Certificate for public use application approved pending site inspection by WCC.
 - Detailed methodologies for hoardings and dust management are being prepared by Naylor Love. These are to be reviewed by Tech Services and IPC pre-start. These are likely to be further affected by Covid-19 given the risks to Patients undergoing cancer treatment.
 - Consultant and construction contracts review, finalisation and preparation for signature is ongoing.
 - Mobilising for enabling works have been delayed until after shut down.

Programme

Below is a summary of the project timeline & approximate percentage of works completed;

Task	Target Completion Date	% Complete on site (16/04/2020)	Comment
Demolition Works Project	02/05/2019	100%	Closed
Civil Diversions	16/08/2018	100%	Closed
Internal Reconfiguration works within Regional Hospital	01/03/2021	20%	GNB relocation works complete. WRH works in site set up phase.
Building Services Works Project (WRH), Tender stage	01/05/2020	90%	GETS tender process has completed. Recommendation letter awaiting final sign off.
FF&E, Identification of equipment & evaluation of costs	30/06/2019	100%	Next stage to be reporting in this table is; the Development - lists of items to be procured by CCDHB & the process of procurement
Children's Hospital Construction phase: steel superstructure	04/08/2020	63%	Reflects the percentage of work completed for structural steel only. Practical Completion, as well as handover, is targeted for June 2021 See Milestone programme below.
New Children's Hospital Project – Soft fit out	8/03/2021	0%	Commencement of Time allocation allowance for the CCDHB to complete the final fit out / installation of FF&E and all training & Commission where required.



Programme Milestones as at 16/04/2020

Early delays with structural steel manufacturing have been addressed with additional resources and alternate methodologies. Recent delays due to weather (crane downtime) along with the current Covid-19 pandemic have shifted the anticipated construction completion date into June 2021.

CCDHB Wellington Children Hospital Project - Milestones dates from MKF Const. Programme					
	Deed (baseline)		MKF Apr PCG 2020		
<u>Construction & Associated Activities</u>	<u>Status report - 2/11/2018</u>		<u>Start</u>	<u>Complete</u>	<u>Current Status</u>
Design - Stages	4/12/2017	12/04/2019	28/05/2018	3/04/2020	Commenced (94%)
Approval of Budget & Development Deed Signed	3/09/2018	3/09/2018	3/09/2018	3/09/2018	Completed
Resource Consent	28/05/2018	25/07/2018	28/05/2018	25/07/2018	Completed
Building Consents (5 stages)	27/08/2018	22/05/2019	19/12/2018	2/06/2020	Commenced (84%)
Link Bridge & connection	28/06/2019	10/03/2020	3/06/2020	15/12/2020	Design Stage
External & Associated works	29/04/2019	10/03/2020	27/05/2020	14/12/2020	Design Stage
Construction	15/10/2018	2/09/2020	15/10/2018	21/06/2021	Commenced (57%)
Handover	29/10/2020	29/10/2020	21/06/2021	28/06/2021	Not due

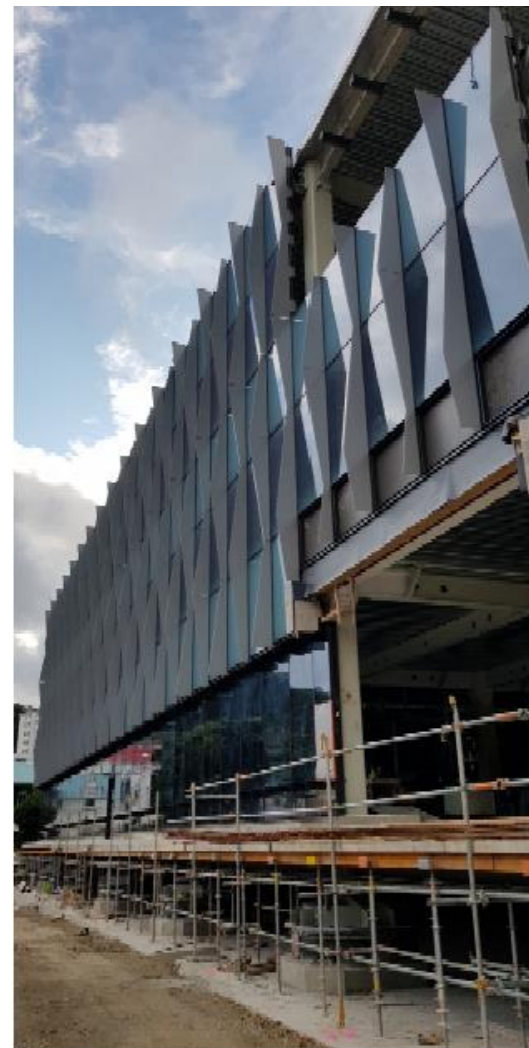
New Children's Hospital
Site Progress Photos
To 31st March 2020



Exterior North & East Elevations



Roof vapour barrier complete to West and PIR & Poly stored on site



Exterior Facade South Elevation

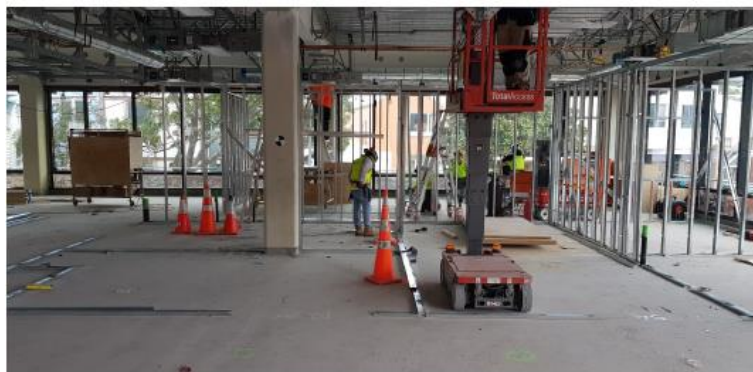
New Children's Hospital
Site Progress Photos
To 31st March 2020



Level 2 - Services & Partitions



Level 3 Services



Level 2 Partitions



Services Annex Raft Formwork

Capital and Coast DHB and Hutt Valley DHB

Meeting to be held on 27 May 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).

TABLE

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 13 March 2020 (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 and Update	As above	As above
Annual Plan Update and Delegation	As above	As above
29 Everton Terrace Sale	As above	As above
Te Whare Ahuru Rebuild	As above	As above
Major Capital Projects	As above	As above

Committee Establishment		
Sustainability presentation	As above	As above
HVDHB Quality Improvement and Patient Safety Report	As above	As above
CCDHB Quality Improvement and Patient Safety Report	As above	As above
HVDHB Health and Safety Report	As above	As above
CCDHB Health and Safety Report	As above	As above
HVDHB March/April 2020 Financial and Operational Performance Report	As above	As above
CCDHB March/April 2020 Financial and Operational Performance Report	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.