PUBLIC

AGENDA

Held on Friday 13 March

Hutt Hospital Auditorium, Learning Centre, 1st floor, Main Hospital

Time: 11.30am

MEETING

	Item	Action	Presenter	Min	Time	Pg
1	**PROCEDURAL BUSINESS**					
1.1	Karakia			20	11.30am	2
1.2	Apologies	**ACCEPT**	Chair			
1.3	Public Participation - Woburn Masonic	**VERBAL**	Public			
1.4	Continuous Disclosure 1.3.1 Combined Board Interest Register	**ACCEPT**	Chair			
	1.3.2 Combined ELT Interest Register					
1.5	Minutes of Previous Concurrent Meeting 12 February 2020	**ACCEPT**	Chair			
1.6	Matters Arising from Previous Concurrent Meetings	**NOTE**	Chair			
1.7	Chair's Report	**VERBAL**	Chair			
1.8	CEO's Report	**VERBAL**	Chief Executive			
2	**DHB Performance and Accountability**					
2.1	CCDHB December 2019 Financial and Operational Performance Report	**NOTE**	Chief Financial Officer Director Provider Services	10	11.50	
2.2	HVDHB December 2019 Financial and Operational Performance Report	**NOTE**	GM Finance and Corporate Services Director Provider Services			
3	**Sub Committee Report Back**					
3.1	Health System Committee Update	**NOTE**	Chair	10	12.00am	
4	**OTHER**					
4.1	General Business	**NOTE**	Chair	10	12.10am	
4.2	Resolution to Exclude the Public	**ACCEPT**	Chair			

DATE OF NEXT FULL BOARD MEETING:

Friday 17 April 2020, Wellington Hospital, Grace Neill Building, Level 11, Board Room

CAPITAL & COAST AND HUTT VALLEY DISTRICT HEALTH BOARDS

Interest Register

13 March 2020

Name	Interest
Mr David Smol *Chair*	• 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 *Deputy Chair*	• 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 *Deputy Chair*	• 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	• 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	• 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

	• 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	• 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	• Councillor, Hutt City Council • Wife is an employee of Hutt Valley District Health Board / Capital & Coast District Health Board
Keri Brown	• 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	• 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	• 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	• Director, Foundation for Equity & Research New Zealand • Director, Miramar Enterprises Limited (Property Investment Company) • Chair, 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

	• 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, Capital & Coast District Health Board Māori Partnership Board • 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
Dr Chris Kalderimis	• National Clinical Lead Contractor, Advance Care Planning programme for Health Quality & Safety Commission • Locum Contractor, Karori Medical Centre • Contractor, Lychgate Funeral Home
Sue Kedgley	• Member, Capital & Coast District Health Board • Member, Consumer New Zealand Board • Stepson works in middle management of Fletcher Steel
Ken Laban	• 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	• 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
Kimbal von Lanthen	• Shareholder, Kim von Lanthen and Associates Ltd • Shareholder, Commodity Markets (NZ) Ltd • Shareholder, Manawatu Whanganui Bio Forestry Ltd • Shareholder, Resilient Funds Management Ltd • Member, Hutt Valley District Health Board
John Ryall	• Member, Hutt Union and Community Health Service Board • Member, E tū Union

Naomi Shaw	• Director, Charisma Rentals • Councillor, Hutt City Council • Member, Hutt Valley Sports Awards • Development Officer, Wellington Softball Association • Trustee, Hutt City Communities Facility Trust
Vanessa Simpson	• Director, Kanuka Developments Ltd • Relationship & Development Manager, Wellington Free Ambulance
Dr Richard Stein	• 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

12 FEBRUARY 2020

Fionnagh Dougan *Chief Executive Officer*	• Board member, Children's Hospital Foundation, Queensland • Member, Wellington Hospital Foundation • Adjunct Professor University of Queensland
Declan Walsh *HVDHB General Manager Human Resources & Organisational Development*	•
Sandy Blake *CCDHB Executive Director, Quality Improvement & Patient Safety*	• Advisor to Patient Safety and Reportable Events programme, Health Quality Safety Commission • Adviser to ACC re adverse events • Son is Associate Director of Deloittes
Anna Chalmers *Acting Director of Communications*	• Vice President of the National Council of the Motor Neurone Disease Association of New Zealand
Stewart Collinson *CCDHB Interim Executive Director, People & Capability*	•
Thomas Davis *CCDHB Executive Director, Corporate Services*	• Wife's cousin Facility & Property Manager Victoria University of Wellington
Kerry Dougall *HVDHB Director of Māori Health*	• Board Chair, Kōkiri Marae Māori Women's Refuge • Board member, Ta Kirimai te Ata Whanau Collective
Nigel Fairley *3DHB General Manager MHAIDS*	• 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 *2DHB Director of Provider Services*	• No interests declared
Debbie Gell *HVDHB General Manager Quality, Service Improvement and Innovation*	• Member of Consumer Council for Healthy Homes Naenae
Arawhetu Gray *CCDHB Director, Māori Health*	• Co-chair, Health Quality Safety Commission – Maternal Morbidity Working Group • Director, Gray Partners

12 February 2020

	• Chair, Te Hauora Runanga o Wairarapa • Chair, Tangata Whenua Advisory Group, Te Hiringa Hauora, Health Promotion Agency
Rachel Haggerty *2DHB Director, Strategy Planning & Performance*	• Director, Haggerty & Associates • Chair, National GM Planner & Funder
Emma Hickson *CCDHB Chief Nursing Officer*	• None
Nicola Holden *Director, Chief Executive's Office*	• None
Dr Sisira Jayathissa *HVDHB Chief Medical Officer*	• 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 *HVDHB Chief Allied Health Officer* *Acting CCDHB Chief Allied Health Officer*	• Brother works for Medical Assurance Society (MAS • Sister is a Nurse for Southern Cross
Michael McCarthy *CCDHB Chief Financial Officer*	• 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 Palairet *Chief Legal Officer*	• 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 *HVDHB General Manager, Finance and Corporate Services*	• Director of Allied Laundry
Tofa Suafole-Gush *HVDHB Director, Pacific Peoples* *Acting CCDHB Director, Pacific Peoples*	• Member of Te Awakairangi Health Board • Pacific Member, Board of Compass Health • Husband is an employee of Hutt Valley DHB

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Mr John Tait *CCDHB Chief Medical Officer*	• Vice President RANZCOG • Ex-offico member, National Maternity Monitoring Group • Member, ACC taskforce neonatal encephalopathy • Board member, Wellington Hospitals Foundation • Board member Asia Oceanic Federation of Obstetrician and Gynaecology • Chair, PMMRC
Tracy Voice *3DHB Chief Digital Officer*	• Secretary, New Zealand Lavender Growers Association • Board member, Primary Growth Partnership with PGG Wrightsons/Grassland Seed Technology Innovation

BOARD MEETING **PUBLIC**

HUTT VALLEY DHB Capital & Coast District Health Board	**MINUTES** Held on Wednesday, 12 February 2020 Wellington Hospital, Grace Neill Building, Level 11, Board Room **Commencing at 9.30am**
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
'Ana Coffey	Board Member	Yvette Grace	Board Member
Dr Tristram Ingham	Board Member	Ken Laban	Board Member
Dr Chris Kalderimis	Board Member	Prue Lamason	Board Member
Sue Kedgley	Board Member	Kimbal Von Lathen	Board Member
Kimball Von Lathen	Board Member	John Ryall	Board Member
Vanessa Simpson	Board Member	Naomi Shaw	Board Member
		Dr Richard Stein	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
Amber Igasia	Board Liaison Officer
Nigel Fairley	GM Mental Health, Addictions and Intellectual Disability Services

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

Hamiora Bowkett	CCDHB Board Member

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

It was noted Hamiora Bowkett would arrive late.

1.3 CONTINUOUS DISCLOSURE

1.3.1 COMBINED BOARD INTEREST REGISTER

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

1.3.2 COMBINED EXECUTIVE LEADERSHIP TEAM INTEREST REGISTER

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

1.4 CHAIR'S REPORT AND CORRESPONDENCE

The Chair noted the Governance Support Programme. The programme is part of an enhanced process for induction and ongoing assessment/development of DHB Board Chairs, Members and Boards. The regional meeting for Boards on 5 March led by the Ministry of Health initiates this approach. A key requirement of the programme is assessing DHB Board Member skills and capabilities. The Board Liaison Officer will be sending out a questionnaire for completion.

The Chair noted the following correspondence.

1.4.1 INCOMING

Date Received	Summary
23 December 2019	Congratulations on appointment from Murray Bain, Chair of TAS
19 December 2019	Bill Day – Funding equipment granted
19 December 2019	Bill Day – Funding equipment granted
14 Jan 2020	A member of the public raised concerns related to Nurse Maude

1.4.2 OUTGOING

Date Responded	Summary
22 Jan 2020	Nurse Maude - A response was sent from CCDHB as the matters were operational. The Chief Executive will be speaking to the response.
To be sent	Bill Day – Thank you letter
To be sent	Bill Day – Thank you letter

1.4.3 UPCOMING ENGAGEMENTS RELATING TO EACH DHB

Date	Summary
Wednesday 13th February	National Board Executives Meeting
Thursday 5th March	Central Region DHB Board Members' Induction Day – Te Papa, Wellington

1.5 CHIEF EXECUTIVE'S REPORT

The Chief Executive provided an update on the following:

1. Coronavirus
2. Nurse Maude Concerns
3. White Island De-Brief

2 DHB PERFORMANCE

2.1 CCDHB HEALTH AND SAFETY REPORT

This report was taken as **READ.**

The following was **noted:**

(a) There were no Notifiable events in December.

(b) There were no Lost Time Injuries (LTI) recorded in December.

(c) The current updated Health and Safety Risks are included in the Board Risk Report.

There were questions related to vacancies and strategies to reduce the number. It was noted some of this is natural attrition but there has been work completed to fill the casual and bureau pool. Once there is a vacancy it is a pathway for naturally progression into those roles. A question was raised relating to staff safety and the Board was advised there are staff programs to train in event identification, de-escalation and management.

ACTION: The Board requested the Health and Safety Report include ethnicity data.

3 CAPITAL PROJECTS

3.1 NEW CHILDREN'S HOSPITAL PROGRAM OF WORKS STATUS REPORT

This report was taken as **READ.**

The following was **noted:**

a) There have been 2 minor, non-personal harm incidents, since the last report.

b) McKee Fehl are forecasting Project Handover on 14 April 2021 (@ 13.12.2019).

c) The Chief Executive has signed off on the Room layout Sheets (RLS).

d) Grace Neill – L3 Reconfiguration **-** Naylor Love construction work is progressing.

e) WRH – WBCC, Building Consent has been lodged with Council.

Questions were raised relating to a playground/outdoor space. It was noted the Wellington Hospital Foundation is working with a community group to fundraise this and while it is in the plan, it is not yet confirmed. The Board was also informed the delay to the link bridge between the New Children's Hospital and the Hospital main building is not affecting the timeframes of the project which are currently tracking on time for April 2021.

4 OTHER

4.1 GENERAL BUSINESS

No further business was raised.

4.2 RESOLUTION TO EXCLUDE THE PUBLIC

Moved	
HVDHB	**Second**
Wayne Guppy	Prue Lamason
CCDHB	
Roger Blakeley	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 18 December 2019 and 23 January 2020 (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
HVDHB Quality Improvement and Patient Safety Report	As above	As above

BOARD MEETING **PUBLIC**

CCDHB Quality Improvement and Patient Safety Report	As above	As above
Health and Disability Commissioner -Role of Health and Disability Commission -Relationship between the Boards and Commission	As above	As above
HVDHB December 2019 Financial and Operational Performance Report	As above	As above
CCDHB December 2019 Financial and Operational Performance Report	As above	As above
Workforce Briefing	As above	As above
New Children's Hospital Program of Works Status Report	As above	As above
Progress Update on Cost Status for Ministry of Health Haumietiketike (HTT) Individual Service Units (ISUS) Development Approval of October 2019 to December 2019 Quarterly Report	As above	As above
Future Quality and Safety Framework	As above	As above
Future Risk Management Approach Presentation	As above	As above
Draft Annual Plans	As above	As above

The Board moved to Public Excluded session at 10.40pm

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
19-P0097	28-Nov-19	31-Mar-20	Executive Director Strategy, Planning and Performance	3.1	Draft Sub-regional Pacific Health & Wellbeing Strategic Plan	Management to report back to board on 'water to child care centres and schools'	Report required
20-PE0007	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	Email
20-PE0008	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

Capital & Coast District Health Board
Ōpōkō ki te Uru Hauāuru

PUBLIC EXCLUDED

Date: 12 February 2020	**BOARD INFORMATION**
Author	Chief Financial Officer – Michael McCarthy 2DHB Director, Strategy, Planning & Performance – Rachel Haggerty 2DHB Director Provider Services – Joy Farley
Endorsed by	Chief Executive Hutt Valley and Capital & Coast DHBs – Fionnagh Dougan
Subject	**CCDHB December 2019 Financial and Operational performance report**

RECOMMENDATIONS

It is **recommended** that the Board:

(a) **Note:** of the 17 Ministry of Health measures, CCDHB is currently achieving 7, partially achieving 7 with 3 measures not being achieved; colonoscopy waiting times, exclusive breastfeeding and smoking cessation;

(b) **Note:** the Financial result for December year to date was an unfavourable ($8.9million) variance to budget against the year to date budget deficit of ($8 million);

(c) **Note:** the Funder result for December year to date was $0.5m favourable, Governance $0.5m favourable and Provider ($9.7m) unfavourable to budget;

(d) **Note:** total CWD Activity was 1.84% behind plan;

(e) **Note:** 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 (ASH). The utilisation of acute services is being managed despite an increase in admissions for aging population ;

APPENDICES

1. **CCDHB MONTHLY FINANCIAL AND OPERATIONAL PERFORMANCE REPORT**

1. INTRODUCTION

1.1 Purpose

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

2. BACKGROUND

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

This model will be further developed for the February concurrent FRAC and refined for the March concurrent Board. It is intended to give an overview of the people served, how CCDHB performs against Ministry targets and hospital performance. Currently 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 will be a focus of all reporting.

Capital & Coast District Health Board

Monthly Financial and Operational Performance Report

For the period ending 31 December 2019

Presented in February 2020

Capital & Coast
District Health Board

Contents

Introduction

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

This model will be further developed for the February concurrent FRAC and refined for the March concurrent Board. It is intended to give an overview of the people served, how Capital and Coast DHB performs against Ministry targets and hospital performance. Currently 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 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 lower in December than November due to the holiday period as shown on page 6.

The Ministry of Health monitor performance against key measures agreed in the Annual Plan. In 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 $16.9m which is $8.9m ahead of budget. Of this deficit $12.7m is in the provider aspects of the DHB. Activity is 1.84% behind that planned. In the positive FTE are 42 below budget, on top of 500 FTE vacancy rate 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 $3.7m YTD, equivalent to 883 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 liquidity should be of concern as the current assets of $77m 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 Ministers of Health and Finance, which allows the board to continue to trade as a going concern.

People Served – December 2019 (November 2019)

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

ED Attendances

4,788 (↑ 4,766)

587 Maori (↓ 599)
448 Pacific (↓ 425)

Surgical Procedures*

997 (↓ 1,199)

146 Maori (↓ 162)
89 Pacific (↓ 96)

* Surgical procedures completed in main theatres.

Hospital Discharges*

4,871 (↓ 5,181)

706 Maori (↓ 772)
434 Pacific (↓ 460)

* Discharges from Kenepuru Community Hospital and Wellington Regional Hospital.

Outpatient & Community Contacts

19,421 (↓ 22,410)

2,470 Maori (↑ 2,839)
1,580 Pacific (↑ 1,766)

Mental Health Discharges

1,349 (↓ 1,427)

366 Maori (↓ 398)
53 Pacific (↓ 74)

Mental Health & Addiction Contacts

5,524 (↓ 6,021)

1,367 Maori (↓ 1,516)
318 Pacific (↓ 335)

Primary Care Contacts

67,763 (↓ 73,127)

7,175 Maori (↓ 7,565)
5,071 Pacific (↓ 5,357)

People in Aged Residential Care

2,112 (↓ 2,113)

85 Maori (↑ 83)
76 Pacific (↑ 71)

Ministry Priorities (Q1 2019/20)

Achieved | Partially Achieved | Not achieved

Improving child wellbeing

- Percentage of newborns enrolled with a general practice by 3 months of age
- Percentage of pregnant women offered help to quit smoking
- Immunisation at 8 months, 2 years & 5 years
- Percentage of infants exclusively or fully breastfed at 3 months of age

Improving mental wellbeing

- Number of People Accessing Specialist Mental Health Service
- District suicide prevention and postvention
- Primary mental health
- Improving mental health services using wellness and transition (discharge) planning
- Reducing the rate of Maori under the Mental Health Act section 29 community treatment orders

Improving wellbeing through prevention

No indicators reported this quarter

Better population health outcomes supported by a strong and equitable public health system

- Implementing the Healthy Ageing Strategy
- Faster Cancer Treatment
- Planned Care Measures
- Shorter stays in Emergency Departments
- Percentage of People Receiving Advice to Quit smoking in Hospital
- Improving waiting times for colonoscopies

Better population health outcomes supported by primary health care

- Improving System Integration (System Level Measures)
- Percentage of enrolled patients offered help to quit smoking in the last 15 months

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

Financial Overview – December 2019

YTD Operating Position	YTD Provider Position	YTD Funder Position	YTD Capital Exp
$16.9m deficit	$12.7m deficit	$4.2m deficit	$20m spend
Against a half-year budgeted deficit of $8m. Month result was $1m deficit as budgeted.	Against a KPI of a half-year deficit of $2.9m. Month result was $3.2m deficit, [$600k favourable].	Against a KPI of a half-year deficit of $5.1m. Month result was $2.2m surplus, [$581k adverse].	Against a KPI of a half-year spend of $23.5m. This includes funded projects – Childrens Hospital

YTD Activity vs Plan (CWDs)	YTD Paid FTE	Annual Leave Accrual
1.84% behind[1]	5,186[3]	7.92%[4]
673 CWDs below PVS plan (887 IDF CWDs behind). Month result -123 CWDs excluding work in progress.	YTD 42 below annual budget of 5,228 FTE. Month 11 adverse.	Underlying annual leave taken is equivalent to 20.7 days per FTE. 3 days short of breaking even.

[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 500 CWD more than target to Dec 19.
[3] Paid FTE ignores leave balance movement which is YTD 9 FTE worse than budgeted, Outsourced staff are also not counted in this metric which is currently $2m adverse

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

Hospital Performance Overview – December 2019

YTD SSIED Performance	ESPI 5 Long Waits	Specialist Outpatient Long Waits	Serious Safety Events[2]
78.9%	133	192	4
16.1% below the ED target of 95% Monthly -1.7%	Against a target of zero long waits. Monthly +25	Against a target of zero long waits. Monthly + 101	An expectation is for nil SSEs at any point.

YTD Activity vs Plan (CWDs)	YTD Paid FTE	YTD Cost per WEIS
1.84% behind[1]	3,344[3]	$5,708
673 CWDs below PVS plan (887 IDF CWDs behind). Month result -123 CWDs excluding work in progress.	YTD 45 below annual budget of 3,408 FTE. Month 0.6 favourable. 123 FTE of vacancies at 31st Dec.	Against a national case-weight price per WEIS of $5,216 (9.4% above). YTD Nov $5,712

[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 500 CWD more than target to Dec 19.
[2] An SSE is classified as SAC1 or SAC2 serious adverse events per HQSC
[3] Paid FTE ignores leave balance movement which is YTD 9 FTE worse than budgeted, Outsourced staff are also not counted in this metric which is currently $2m adverse

ELOS – Emergency Dept 6 hour length of stay rule of 95%
ES – Elective Surgery
SOPD – Specialist Outpatient Department
CWD – Case weights (also known as WEIS for a year) WEIS – Weighted Inlier Equivalent Separations

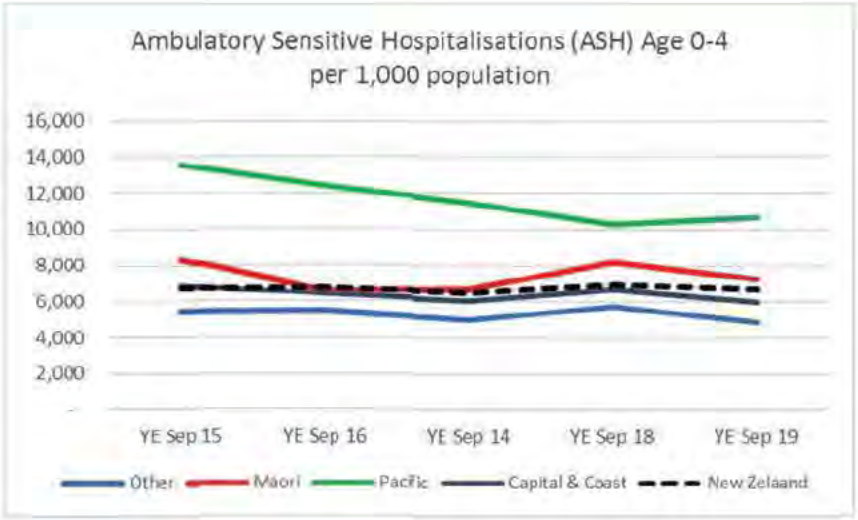
Section 2.1

Funder Arm Performance

Funder Arm 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, although for Pacific this has declined significantly. 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.
- Capital Coasts immunisation rate is better than the NZ coverage but significant inequalities exist for Māori which needs to be a focus for improvement.
- 92.4% of babies were fully immunised at 8 months this is below the target of 95% but above the national average of 90.3%



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 for Capital & Coast women are below target for Maori & pacific women.
- Breast screening rates for Capital & Coast women are relatively static, however, rates for Maori & pacific women remain below the target and DHB average.
- Engagement with general practice is highest in the very young (0-4 year olds) and oldest (65 and over) age groups. Access by young people (15-24 years old) has increased, more young people have visited their general practice in the last twelve months compared with the same time last year.
- CCDHB has just reached the target of 90% enrolment of Maori in primary care. However, young Māori and Pacific people have the lowest rates of engagement.

Funder Financial Statement of Performance

Month					Capital & Coast DHB Funder Result - $000 Dec 2019	Year to Date				
			Variance						Variance	
Actual	Budget	Last year	Actual vs Budget	Actual vs Last year		Actual	Budget	Last year	Actual vs Budget	Actual vs Last year
68,138	68,138	63,789	0	4,349	Base Funding	408,829	408,829	382,734	0	26,094
4,723	4,872	5,243	(149)	(520)	Other MOH Revenue	29,768	29,233	31,342	535	(1,574)
106	263	0	(156)	0	CCDM funding from 18/19 released in 19/20	639	1,575	0	(937)	0
299	0	0	299	0	Add funds re MERAS and PSA MECA	359	0	0	359	0
96	91	70	5	27	Other Revenue	570	532	591	38	(21)
2,743	2,735	2,587	8	156	IDF Inflows PHOs	16,683	16,412	15,709	271	974
17,583	17,450	18,122	133	(539)	IDF Inflows 19/20 Wash-up Prov	101,009	104,703	98,516	(3,693)	2,494
93,690	**93,550**	**89,811**	**140**	**3,879**	**Total Revenue**	**557,857**	**561,283**	**528,892**	**(3,426)**	**28,965**
					Internal Provider Payments					
958	958	933	0	(25)	DHB Governance & Administration	5,749	5,749	5,596	0	(152)
44,993	44,775	44,200	(218)	(793)	DHB Provider Arm PVS - HHS	286,457	289,905	277,813	3,448	(8,644)
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 - Corp/Other	23,897	22,900	5,357	(997)	(18,539)
57,385	**57,048**	**54,379**	**(336)**	**(3,005)**	**Total Internal Provider**	**360,844**	**363,544**	**331,687**	**2,700**	**(29,157)**
					External Provider Payments:					
6,127	5,790	6,269	(337)	142	- Pharmaceuticals	35,271	34,743	35,654	(528)	383
6,411	6,233	6,088	(179)	(323)	- Capitation	38,269	37,397	34,539	(872)	(3,730)
6,939	7,217	7,341	279	402	- Aged Care & Health of Older Persons	42,121	43,305	41,787	1,184	(334)
2,777	2,407	2,494	(369)	(283)	- Mental Health	14,824	14,433	14,061	(392)	(763)
774	786	332	12	(442)	- Child, Youth, Families	4,822	4,717	2,562	(105)	(2,260)
450	471	498	21	48	- Demand driven primary services	3,441	3,444	3,698	3	257
2,116	2,199	1,970	83	(147)	- Other services	12,887	13,021	12,119	134	(768)
3,713	3,686	3,509	(27)	(204)	- IDF Outflows HHS	20,202	22,114	20,922	1,912	719
4,944	4,944	4,627	0	(316)	- IDF Outflows Other	29,751	29,662	27,785	(89)	(1,966)
34,251	**33,734**	**33,128**	**(517)**	**(1,123)**	**Total External Providers**	**201,590**	**202,836**	**193,127**	**1,246**	**(8,463)**
91,635	**90,782**	**87,507**	**(853)**	**(4,128)**	**Total Expenditure**	**562,434**	**566,380**	**524,814**	**3,946**	**(37,619)**
2,054	**2,767**	**2,304**	**(713)**	**(250)**	**Net Result**	**(4,577)**	**(5,097)**	**4,078**	**520**	**(8,655)**

Funder Financials – Revenue

Revenue

- Additional other MoH revenue is favourable YTD $1.6m. Related to additional costs.
- CCDM expected funding for 2019/20 not received. YTD unfavourable ($828k). Additional funds received for MECA increase $207k YTD.
- IDF inflows ($3.7m) unfavourable YTD due to lower than expected patient CWD volumes from other DHBs mainly Hutt and Midcentral.
- Aged Care pay Equity funding to be paid to Hutt to support joint HCSS contract managed by Hutt ($735k).

SIP Funder Revenue Variances	Month $000's	YTD $000's
IDF Inflow Revenue held back	132	(3,693)
IDF Additional Inflows PHOs	8	270
PHO funding change for u14/CSC	117	758
CCDM 18/19 - over budgeted for 19/20	(138)	(828)
Add funds re MERAS and PSA MECA	60	297
Mental Health Additional funding	136	191
Aged Care Pay Equity re HCSS	(199)	(735)
Child & Youth additional funds	24	314
Year to Date Revenue Variances	140	(3,426)

Funder Financials – Provider Payments

Internal Provider Payments

- Governance and Administration is on budget.
- Provider Arm payments are unfavourable ($336k) for the month and favourable $2.7m YTD mainly due to lower than budgeted IDF inflow volumes from other DHBs

External Provider Payments:

- Pharmaceutical costs are unfavourable ($528k) YTD, mainly due to efficiency target. Actual costs are in line with seasonal patterns.
- Capitation expenses are ($872k) unfavourable YTD. Additional costs due to volumes are offset by changes to revenue.
- Aged residential care and HOP other costs are $1.2m YTD favourable. Awaiting charge from Hutt for HCSS pay equity costs related to joint contracts. .
- Mental Health costs are unfavourable ($392k) YTD. New contract issued for new funding received from MOH.
- Child and Youth costs are unfavourable.($105k) YTD. New contract issued for new funding received from MOH.
- IDF Outflows are favourable $2m YTD, driven by lower patient volumes sent to other DHBs, mainly Hutt and Canterbury DHBs.

Inter District Flows (IDF)

DHB of Domicile	YTD Dec estimated Inpatient inflow washup
Hutt Valley	-$2,095,994
MidCentral	-$1,353,658
Hawkes Bay	-$855,769
Taranaki	-$757,831
Other under-delivered (8 DHBs)	-$942,966
Other over-delivered (6 DHBs)	$491,886
Whanganui	$1,146,502
Total undelivered inpatient IDF	-$4,367,831

DHB of Service	YTD Dec estimated inpatient outflow washup
Hutt Valley	-$864,267
Canterbury	-$403,147
Other under-serviced (14 DHBs)	-$903,452
Other over-serviced (2 DHBs)	$11,784
Waikato	$140,349
Total unserviced inpatient IDF	-$2,018,732

IDF Inflow (revenue):

Overall IDF inflows are below budget by ($3.4m), however this includes additional funding for PCT drugs for IDF patients of $989k. The funding offsets the DHB increase in pharmaceutical expenditure. The majority of the lower IDF inflows is caused by inpatient caseweight activity split between ($1.8m) acute (largely neonatal), ($2.6m) elective (largely Cardiothoracic).

IDF Outflow (expense):

Overall IDF outflows are below budget by $2m. 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 December ED performance has continued to be lower than what was achieved the previous year. As forecast the Planned Care performance reduced in December due to staff leave and key vacancies.
- 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%. CCDHB did not meet the Ministry of Health target for urgent, non-urgent and surveillance colonoscopies achieving 60%, 42% and 41% respectively within 12 weeks against a target of 90% for urgent and 70% for all remaining colonoscopies.
- However 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.
- 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.
- Reconciliation is underway to identify increases in FTEs that are driven by compliance as separate from productivity changes. This will allow better evaluation of lost productivity opportunities.

HHS Operational Performance Scorecard – period Dec 18 to Dec 19

Domain	Indicator	2019/20 Target	2018 Dec	2019 Jan	2019 Feb	2019 Mar	2019 Apr	2019 May	2019 Jun	2019 Jul	2019 Aug	2019 Sep	2019 Oct	2019 Nov	2019 Dec
Care	Serious Safety Events	Zero SSEs	3	5	5	3	3	10	8	3	3	2	3	3	4
	Total Reportable Events	TBD	848	853	874	1,020	866	1,176	1,169	1,251	1,178	1,090	1,150	1,053	991
Patient and Family Centred	Complaints Resolved within 35 calendar days	TBD	78.8%	75.0%	80.3%	64.7%	74.1%	81.4%	85.7%	83.1%	83.8%	97.7%	93.4%	94.5%	90.7%
	% Discharges with an Electronic Discharge summary	TBD													
Access	Emergency Presentations		5,358	5,254	5,029	5,983	5,264	5,523	5,480	5,749	5,757	5,430	5,336	5,377	5,389
	Emergency Presentations Per Day		173	169	180	193	175	178	183	185	186	181	172	179	174
	Emergency Length of Stay (ELOS) % within 6hrs	≥95%	86.3%	89.1%	83.9%	82.5%	83.0%	83.9%	78.7%	79.8%	76.5%	76.6%	78.7%	77.1%	76.3%
	ELOS % within 6hrs - non admitted	TBD	91.7%	94.4%	88.7%	88.2%	88.9%	89.3%	84.2%	86.6%	83.6%	82.2%	85.0%	82.7%	84.6%
	ELOS % within 6hrs - admitted	TBD	69.7%	72.3%	68.1%	62.6%	65.0%	66.9%	59.4%	58.5%	55.9%	58.4%	60.0%	59.6%	61.1%
	Total Elective Surgery Long Waits	Zero Long Waits	63	137	146	146	151	116	107	68	59	64	96	126	131
	Additions to Elective Surgery Wait List		1,126	1,158	1,330	1,316	1,257	1,436	1,332	1,470	1,420	1,399	1,308	1,374	1,070
	% Elective Surgery treated in time	TBD	94.8%	91.4%	86.5%	87.2%	87.6%	89.7%	90.7%	88.6%	91.2%	92.7%	92.7%	92.1%	92.2%
	No. surgeries rescheduled due to specialty bed availability	TBD	4	0	1	7	5	2	8	13	23	10	5	19	3
	Total Elective and Emergency Operations in Main Theatres	TBD	948	971	1,113	1,269	1,048	1,185	1,105	1,195	1,239	1,201	1,179	1,199	997
	Faster Cancer Treatment 31 Day - Decision to Treat to Treat		88.0%	88.0%	95.0%	96.0%	94.0%	93.0%	91.0%	92.0%	91.0%	93.0%	91.0%	87.0%	90.0%
	Faster Cancer Treatment 62 Day - Referral to Treatment	90%	89.0%	80.0%	87.0%	96.0%	88.0%	89.0%	89.0%	83.0%	92.0%	94.0%	96.0%	89.0%	86.0%
	Specialist Outpatient Long Waits	Zero Long Waits	40	208	72	151	138	48	49	61	0	13	43	91	197
	% Specialist Outpatients seen in time	Zero Long Waits	94.9%	91.2%	90.3%	89.1%	89.6%	91.2%	90.3%	91.5%	91.5%	91.0%	92.7%	91.9%	94.3%
	Outpatient Failure to Attend %	TBD	6.9%	7.3%	7.4%	7.2%	7.1%	7.3%	7.2%	6.9%	7.0%	7.3%	7.1%	7.0%	7.6%
	Maori Outpatient Failure to Attend %	TBD	14.2%	15.0%	15.0%	15.2%	15.0%	14.7%	15.0%	13.8%	14.3%	14.2%	14.8%	14.2%	15.8%
	Pacific Outpatient Failure to Attend %	TBD	15.5%	18.1%	16.9%	16.9%	16.2%	16.2%	16.1%	16.7%	15.8%	17.0%	16.6%	14.5%	16.2%
	Maori & Pacific DNA rate: other DNA rate (combined FSA/FU)														
Financial Efficiency	Forecast full year surplus (deficit) ($million) - (exc Holidays act / FPIM)		($15.9m)	($15.9m)	($15.9m)	($15.9m)	($22m)	($22m)	($22.8m)	($15.9m)	($15.9m)	($20.9m)	($20.9m)	($26m)	($29.5m)
	Contracted FTE (Internal labour)		4,710	4,729	4,779	4,784	4,808	4,811	4,818	4,812	4,823	4,849	4,862	4,853	4,835
	Paid FTE (Internal labour)		5,177	5,072	5,117	5,104	5,141	5,117	5,196	5,154	5,155	5,187	5,163	5,208	5,253
	% Main Theatre utilisation (Elective Sessions only)	85.0%	79.8%	81.1%	78.5%	80.1%	81.0%	80.4%	79.3%	80.4%	78.2%	78.2%	78.1%	79.0%	82.8%
Discharge and Occupancy	% Patients Discharged Before 11AM	TBD	24.7%	23.0%	24.8%	22.3%	25.0%	25.0%	23.0%	23.8%	24.4%	25.8%	25.6%	22.4%	24.0%
	Adult Long Stay Patients Not Yet Discharged (>14 days) WLG	TBD	23	24	24	35	28	32	31	37	31	22	27	32	29
	Adult Overnight Beds - Average Occupied WLG	TBD	283	291	296	300	307	297	312	315	306	314	308	305	289
	Adult Long Stay Patients Not Yet Discharged (>14 days) KEN	TBD	16	25	27	22	34	24	30	24	29	27	19	27	23
	Adult Overnight Beds - Average Occupied KEN	TBD	64	68	75	78	74	70	77	77	84	83	76	71	66
	Overnight Beds - % Funded Beds Occupied	TBD													
	Child Overnight Beds - Average Occupied	TBD	24	20	25	27	23	27	28	29	32	29	24	24	21
	NICU Beds - ave. beds occupied	36	28	31	30	30	37	36	31	33	31	36	37	36	33
Care	Rate of Presentations to ED within 48 hours of discharge	TBD	4.1%	3.5%	3.9%	3.8%	4.0%	3.4%	4.3%	4.0%	3.8%	3.7%	3.7%	4.2%	3.6%
	Presentations to ED within 48 hours of discharge	TBD	220	182	198	230	208	189	234	231	218	200	196	226	193
Staff Experience	Staff Reportable Events	TBD	110	126	117	124	83	114	123	123	120	124	136	127	101
	% sick Leave v standard	TBD	2.3%	1.9%	2.3%	3.1%	2.9%	3.5%	3.4%	3.6%	3.4%	3.5%	3.1%	3.0%	2.4%
	Nursing vacancy	TBD	178.3	158.3	119.8	149.0	113.1	105.6	139.0	177.0	177.6	178.5	169.0	172.0	228.0
	% overtime v standard (medical)	TBD	1.6%	1.8%	2.0%	1.6%	1.6%	1.9%	1.9%	1.8%	1.8%	1.8%	1.6%	1.7%	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	OCT	NOV	DEC
2018-19	88%	88%	85%
2019-20	77%	76%	77%

Breaches	OCT	NOV	DEC
2018-19	597	597	746
2019-20	1152	1200	1137

ED Volumes	OCT	NOV	DEC
2018-19	4,965	4,843	5,059
2019-20	4,973	4,945	5,016

- 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 December 2019 was 93% (optimum occupancy of 92%). High occupancy remains a barrier to acute flow and achieving the SSIED target.
- The additional winter beds have been closed from 25 October, however Ward 3 was opened in early December to accommodate increased surgical admissions over a two week period. Average length of stay for acute services and elective care remain low and relatively stable.
- 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.

CCDHB Access Performance – Planned Care

Inpatient Surgical Discharges/Minor Procedures

- CCDHB has achieved 98.7% of the target planned care intervention volume YTD as at November month end. This is comprised of a 452 under delivery in inpatient discharges, partially offset by a 372 over delivery in minor procedures. This result is confirmed by the Ministry as of 6 January 2020.

- Under delivery is a result of strike impact earlier in the year and surgeon vacancies. The latter impacts on our ability to back fill Kenepuru theatre sessions. We had expected to increase theatre utilisation at Kenepuru with the appointment of two orthopaedic surgeons, however one surgeon has recently declined a position due to start next month. We will encourage other specialties to pick up sessions while recruitment continues.

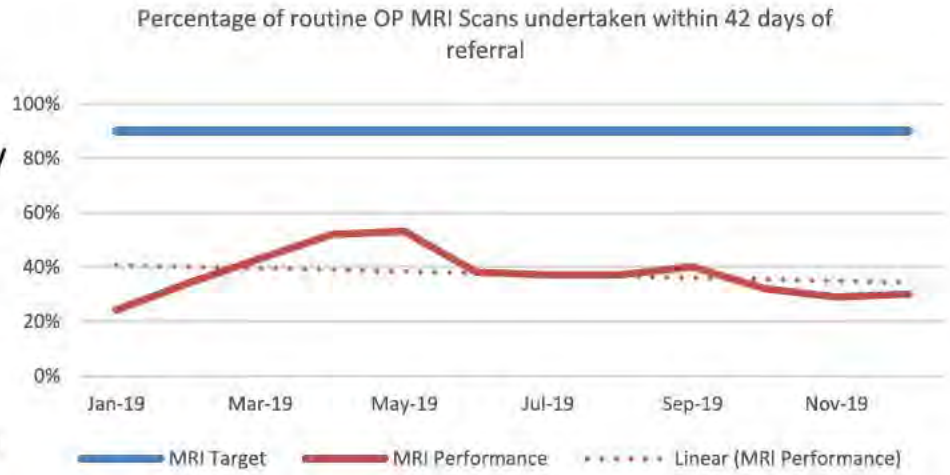
- As per CCDHB reporting we are adverse 385 CWDs YTD or ($2m) YTD at end of December for additional planned care funding made available by the MOH, based on work performed. This adverse variance includes a stretch of approximately $1.5m YTD (there is a $3m per annum stretch in the funding schedule as a result of a drop in CCDHB's average CWD for elective procedures, with no ability to undertake additional discharges to make good the required CWDs). The remaining shortfall is a result of not achieving the required number of surgical discharges described above.

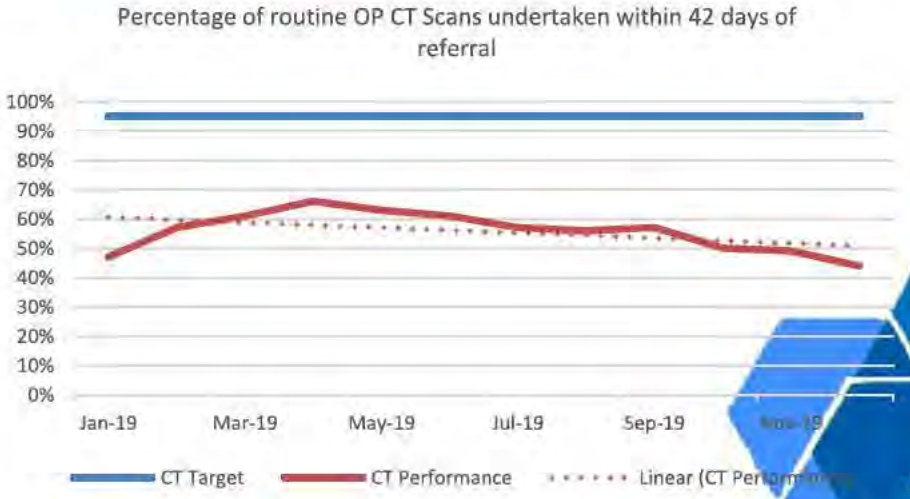
- This ($2m) behind has not been recognised within CCDHB financial accounts to date, we recognise there may be some additional risk in terms of wash-up of different components of this planned care initiative.

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 25 weeks for CT scanning. With current waiting times there is significant 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.
- Communication to all SMO clinicians was sent during December outlining expected waiting times. There has already been some media interest particularly in the CT waiting time.
- There will be little ability to influence the numbers waiting in Q3/Q4 within current service capacity. The service continues to work with ELT to consider how to place further mitigations to minimise the risk of serious patient harm.





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-complaint with the elective angiography target, driven by both demand and capacity (losing sessions to acute demand). MIT Industrial action in October has impacted capacity, as has reduced production over December. There are approx. 8 cases, over the treat-by date. 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 November (most recent data that is available) was 90.9%. As a region we achieved target for November, 73% (100/137)
   - Hawkes Bay, Hutt Valley, Wairarapa and Whanganui did not achieve the target. (48%, 61.1%, 60% and 36.4% 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 November was 100%. As a region we achieved target for November, 99.2%

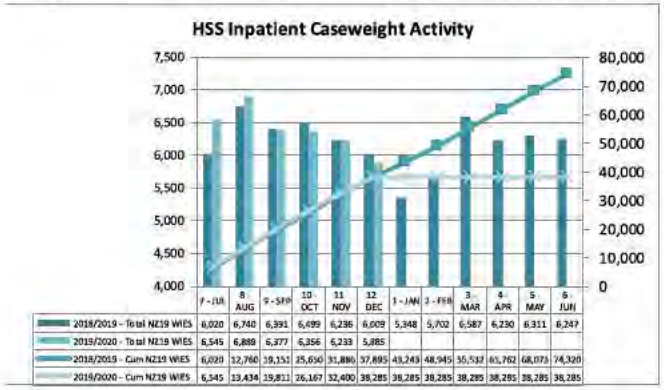
CCDHB Activity Performance

Capital and Coast DHB: December 2019

HSS Inpatient Caseweight Activity

	2018/19	2019/20
YTD Totals	37,895	38,285
Change		390
% Change		1.0%

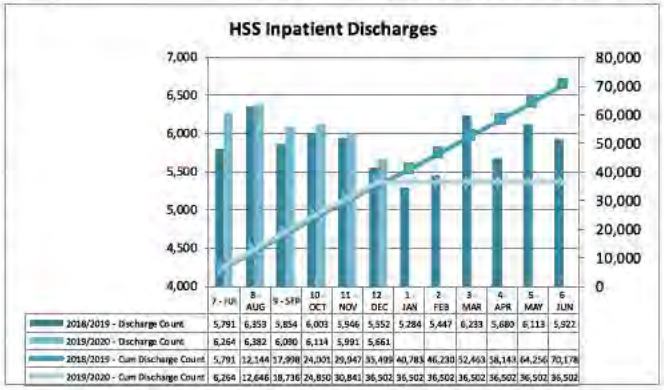
* This includes all Hospital Acitivty including ACC, Non Resident, Non-Casemix but excludes Mental Health



HSS Inpatient Discharges

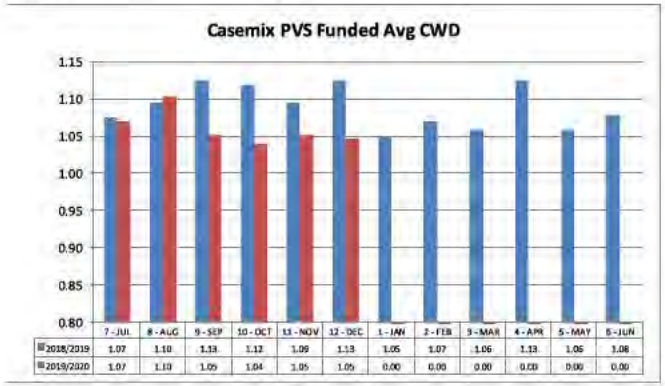
	2018/19	2019/20
YTD Totals	35,499	36,502
Change		1,003
% Change		2.8%

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



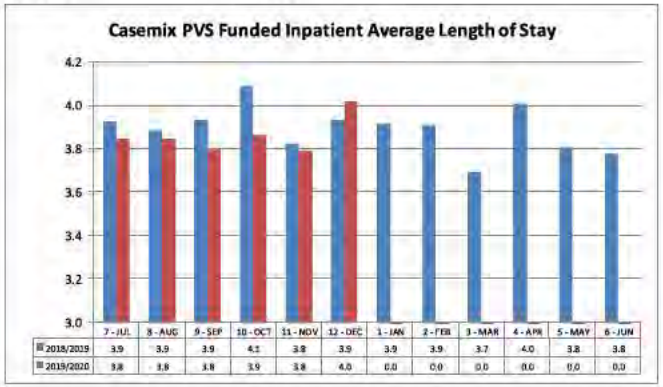
Casemix PVS Funded Avg CWD

	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	3.86
Change		-0.03
% Change		-0.8%



- Local acute CWDs are higher than previous financial year (417 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 (212 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 (85 CWDs) with an increase in discharges a lower ALOS and a slightly 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 (286 CWDs) with more discharges a lower ALOS and a lower average CWD.

CCDHB Activity Performance - Productivity

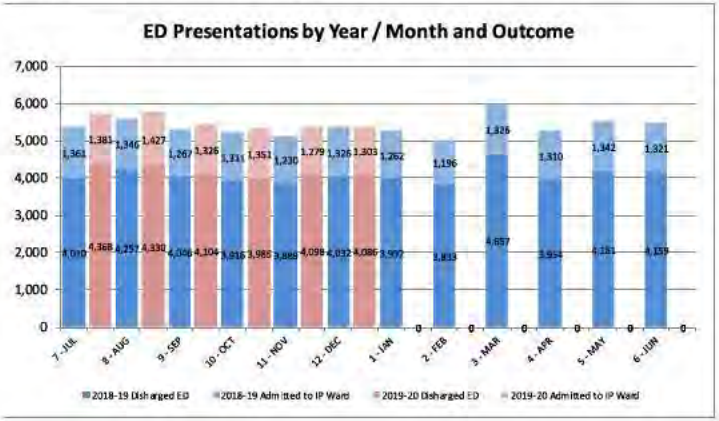
Capital and Coast DHB: December 2019

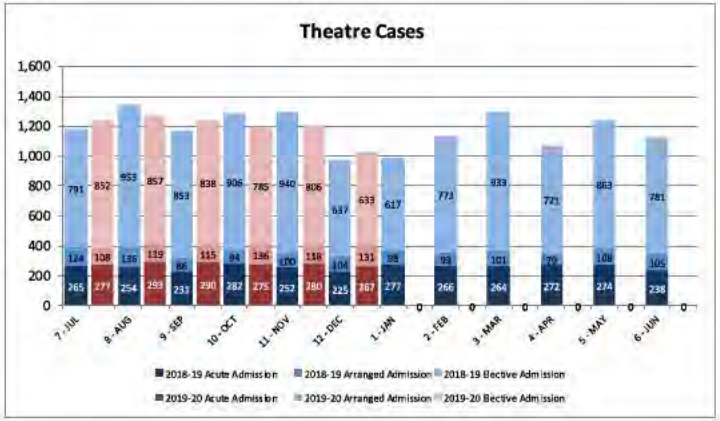
ED Presentations

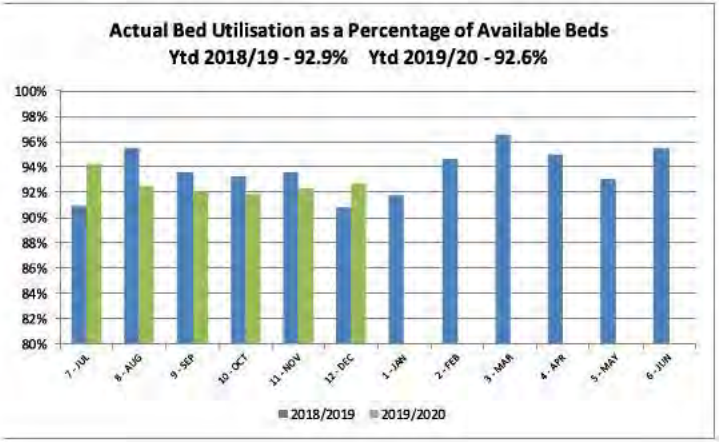
	2018/19	2019/20
YTD Totals	31,991	33,038
Change		1,047
% Change		3%

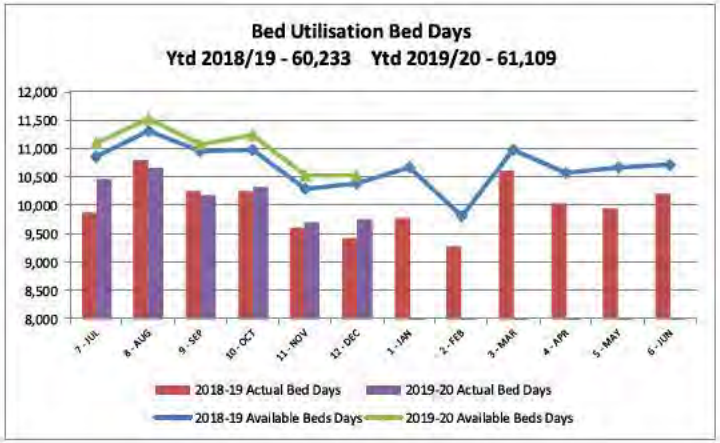
Theatre Cases

	2018/19	2019/20
YTD Totals	7,233	7,180
Change		-53
% Change		-1%









- The number of ED presentations is lower in December 2019 than the number recorded in the same month in the previous financial year. The emergency department in December 2019 has experienced a 0.6% decrease (31) in the number of presentations compared to December 2018, this equated to a reduction of approx. 1.0 presentations per day

- 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 number of available beds in 2019 is higher than in October 2018 with Ward 3 open for more days.

- Elective theatre cases have decreased for the month of December 2019 by 0.6% (4 cases) when compared to December 2018.

Section 3

Financial Performance and Sustainability

Executive Summary Financial Performance and Position

- Personnel costs have an unfavourable variance of ($2.1m) 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 ($3.3m) 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 ($2.25m) 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 overall liquidity should be of concern as the current assets of $77m 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.
- In line with previous forecasts, the DHB cash balance remained positive this month. However, cash will drop sharply into overdraft in late January 2020 due to Capital Charge and three payroll payments falling with that month.
- 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 necessary to reach our deficit target of ($15.9m).
- 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.

CCDHB Operating Position – December 2019

Month - December 2019					Capital & Coast DHB Operating Results - $000s	Year to Date					Annual	
			Variance						Variance			
Actual	Budget	Last year	Actual vs Budget	Actual vs Last year	YTD December 2019	Actual	Budget	Last year	Actual vs Budget	Actual vs Last year	Annual Budget	Last year
73,267	73,273	69,033	(6)	4,234	Devolved MoH Revenue	439,594	439,636	414,076	(42)	25,518	879,272	840,425
3,484	3,461	3,572	22	(88)	Non-Devolved MoH Revenue	20,936	20,678	19,963	258	973	41,265	43,826
3,552	3,254	3,173	298	379	Other Revenue	20,190	19,985	22,295	205	(2,105)	39,404	41,074
20,326	20,186	20,709	140	(382)	IDF Inflow	117,692	121,115	114,225	(3,422)	3,467	242,229	227,680
601	638	659	(37)	(58)	Inter DHB Provider Revenue	4,368	3,859	4,094	509	275	7,627	8,617
101,230	**100,811**	**97,145**	**418**	**4,085**	**Total Revenue**	**602,781**	**605,273**	**574,653**	**(2,492)**	**28,128**	**1,209,799**	**1,161,622**
					Personnel							
14,212	13,351	13,424	(861)	(788)	Medical	85,520	84,823	81,906	(697)	(3,614)	170,050	187,670
18,703	19,124	16,909	421	(1,794)	Nursing	109,194	106,910	99,583	(2,284)	(9,611)	217,221	238,301
4,987	5,296	4,547	310	(439)	Allied Health	30,699	31,100	28,869	401	(1,830)	62,609	63,990
875	803	678	(72)	(197)	Support	5,172	5,050	4,049	(122)	(1,123)	10,138	10,930
5,195	6,565	5,323	1,370	128	Management & Administration	36,435	39,027	33,707	2,591	(2,728)	78,177	72,008
43,972	**45,140**	**40,881**	**1,168**	**(3,091)**	**Total Employee Cost**	**267,020**	**266,910**	**248,115**	**(111)**	**(18,906)**	**538,194**	**572,899**
					Outsourced Personnel							
705	423	393	(281)	(312)	Medical	3,442	2,574	3,091	(868)	(351)	5,108	6,158
24	15	(7)	(9)	(31)	Nursing	136	93	93	(44)	(43)	183	215
133	121	61	(12)	(72)	Allied Health	801	752	867	(49)	66	1,488	1,770
19	4	9	(15)	(10)	Support	187	27	225	(160)	39	52	461
144	56	221	(88)	77	Management & Administration	1,261	352	1,163	(910)	(98)	693	2,660
1,025	**619**	**677**	**(405)**	**(348)**	**Total Outsourced Personnel Cost**	**5,827**	**3,798**	**5,439**	**(2,030)**	**(388)**	**7,524**	**11,265**
10,405	10,016	9,909	(389)	(496)	Treatment related costs - Clinical Supp	64,310	62,251	61,726	(2,058)	(2,584)	122,344	122,929
1,221	1,483	1,553	261	332	Treatment related costs - Outsourced	12,123	10,953	9,580	(1,170)	(2,542)	21,794	20,314
6,435	5,659	4,069	(776)	(2,366)	Non Treatment Related Costs	39,055	35,351	35,929	(3,703)	(3,125)	66,360	77,600
8,603	8,589	8,148	(15)	(455)	IDF Outflow	49,751	51,532	48,781	1,781	(970)	103,064	98,083
25,651	25,145	24,992	(506)	(659)	Other External Provider Costs (SIP)	151,875	151,304	144,420	(571)	(7,455)	304,138	288,682
4,918	5,178	5,030	260	112	Interest Depreciation & Capital Charge	29,715	31,170	30,074	1,456	359	62,281	66,224
57,233	**56,070**	**53,700**	**(1,163)**	**(3,533)**	**Total Other Expenditure**	**346,828**	**342,562**	**330,510**	**(4,265)**	**(16,317)**	**679,981**	**673,831**
102,230	**101,829**	**95,258**	**(400)**	**(6,971)**	**Total Expenditure**	**619,676**	**613,270**	**584,064**	**(6,406)**	**(35,612)**	**1,225,699**	**1,257,996**
(1,000)	**(1,018)**	**1,887**	**18**	**(2,887)**	**Net result**	**(16,894)**	**(7,997)**	**(9,411)**	**(8,897)**	**(7,484)**	**(15,900)**	**(96,374)**
2,054	2,767	2,304	(713)	(250)	Funder	(4,577)	(5,097)	4,078	520	(8,655)	(0)	19,170
133	0	119	132	14	Governance	339	3	535	336	(196)	(1)	524
(3,187)	(3,785)	(536)	599	(2,651)	Provider	(12,656)	(2,903)	(14,023)	(9,753)	1,367	(15,899)	(116,067)
(1,000)	**(1,018)**	**1,887**	**18**	**(2,887)**	**Net result**	**(16,894)**	**(7,997)**	**(9,411)**	**(8,897)**	**(7,484)**	**(15,900)**	**(96,374)**

Executive Summary – Financial Variances

The overall DHB result for December 2019 is $17k favourable to budget and ($8.9m) unfavourable YTD. The DHB deficit year to date is ($16.9m).

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

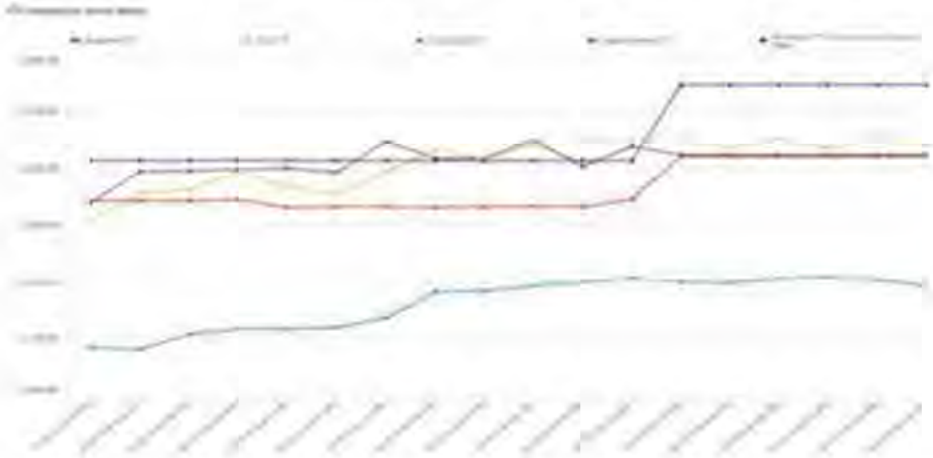
- Revenue is unfavourable by ($2.5m). The largest variance is IDF inpatient revenue ($4.4m) which has been impacted by the industrial action YTD and provision for surgical revenue in reserves (IDF Inpatient CWD). ACC related revenue is also down ($647k) due to a change in clinical practice to reduce length of stay for rehab patients. This revenue was offset by increased special fund revenue, cost recovery of PCT drugs for IDF patients $989k, other recoveries revenue and CCDM related revenue (shortfall borne by the funder arm) all with corresponding costs. The funder arm has additional revenue of $1.5m offsetting additional external provider payments.
- Personnel costs ($2.1m) this largely relates to unallocated savings targets held in reserves ($3.9m). The remaining internal labour costs are favourable $3.8m. 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 ($2m). Currently there are 500 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 ($1.2m), this is due to the number of surgeries and procedures outsourced to meet targets, largely in Orthopaedics currently. It is expected to be a timing variance against the full budget plan.
- Non treatment related costs ($2.2m), a combination of savings targets yet to be realised ($2.4m), 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, $2m lower IDF outflow expenditure, and $1.5m saving in capital charge/depreciation.

Analysis of the Operating Position

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

Revenue	• Revenue is unfavourable by ($2.5m). The largest variance is IDF inpatient revenue ($3.4m) which has been impacted by the industrial action YTD and provision for surgical revenue in reserves (IDF Inpatient CWD). • ACC related revenue is down ($647k) 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. 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 $989k, other recoveries revenue and CCDM related revenue (shortfall borne by the funder arm) all with corresponding costs. The funder arm has $1.5m additional revenue from the Ministry (offsetting additional external provider payments).
Labour (including outsourced)	**Medical Personnel:** Medical Personnel labour month position is unfavourable to budget by ($1.1m) and YTD ($1.6m). • 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 ($1.95m) • We note excluding reserves targets the DHB is $386k favourable on medical personnel despite an ($868k) 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 will be expected to reduce as roles are 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 would be expected to come back into line throughout the following six months.

Analysis of the Operating Position

Labour (including outsourced)	**Nursing Personnel** Nursing Personnel labour month position is $411k favourable to budget and ($2.3m) YTD • The favourable month position is driven by MHAIDS with a $723k favourable variance • YTD ($1.1m) is due to unallocated reserve targets, with an additional ~($500k) 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 $188k per week equating to $10m annualised (Dec 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 in line with our main new graduate intake 

Analysis of the Operating Position

Labour (including outsourced)	**Allied Personnel** Allied Personnel labour month position is $298k favourable to budget and $352k YTD. • The favourable movement is partially due to an increase in vacancies combined with leave taken within over the holiday period. • This has been mostly recognised within this month, YTD we have noted 0.5 annualised additional annual leave days taken per FTE compared to last year. This is far short of a savings target of an additional 2 days taken. **Support Personnel** Support Personnel labour month position is ($86k) unfavourable to budget and ($281k) YTD. • 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 **Management/Admin Personnel** This personnel category is favourable in the month by $1.3m, and $1.7m YTD. • 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 120 FTE at the end of the year, offset by some external contractor costs. This is offsetting budgeted savings targets such as YTD leave taken which is lower than the prior year.

Analysis of the Operating Position

Non-Labour	• Outsourced surgeries ($1.2m) largely in Orthopaedics which is ahead of the budget plan due to the slow down over the holiday period. • Higher clinical supply costs ($2.1m) largely in Medicine & Cancer (note $989k PCT IDF revenue offset). However is overspent in a number of medical departments largely due to blood products, catheters and stretch targets. • 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	• The Governance arm is favourable due to a number of vacancies within this service $336k • 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 $2m as an under-spend on these costs.

Section 4

Appendices Financial Position

Cash Management – December 2019

Month : December 2019						Capital & Coast DHB Statement of Cashflows	Year to Date				
			Variance							Variance	
Actual	Budget	Last year	Actual vs Budget	Actual vs Last year	Notes	YTD December 2019	Actual	Budget	Last year	Actual vs Budget	Actual vs Last year
						Operating Activities					
111,519	**104,969**	**105,870**	**6,550**	**5,649**		**Receipts**	**644,642**	**629,812**	**608,052**	**14,830**	**36,589**
						Payments					
54,407	45,480	52,305	(8,927)	(2,102)		Payments to employees	275,829	272,879	257,729	(2,950)	(18,100)
57,323	55,246	51,432	(2,077)	(5,891)		Payments to suppliers	357,457	331,481	330,506	(25,976)	(26,951)
0	2,484	0	2,484	0		Capital Charge paid	0	14,903	0	14,903	0
(7,277)	187	(7,131)	7,464	146		GST (net)	(6,126)	1,122	(6,423)	7,248	(298)
104,453	**103,397**	**96,605**	**(1,056)**	**(7,847)**		**Payments - total**	**627,160**	**620,385**	**581,812**	**(6,775)**	**(45,348)**
7,066	**1,572**	**9,265**	**5,495**	**(2,198)**	**6**	**Net cash flow from operating Activities**	**17,481**	**9,427**	**26,240**	**8,055**	**(8,759)**
						Investing Activities					
38	104	80	66	42		Receipts - Interest	**466**	**624**	**757**	**158**	**291**
0	0	0	0	0		Receipts - Other	500	0	0	(500)	(500)
38	**104**	**80**	**66**	**42**		**Receipts - total**	**966**	**624**	**757**	**(342)**	**(209)**
						Payments					
0	0	194	0	194		Investment in associates	0	0	901	0	901
2,101	3,917	2,732	1,815	631		Purchase of fixed assets	20,009	23,500	24,359	3,491	4,350
2,101	**3,917**	**2,926**	**1,815**	**825**		**Payments - total**	**20,009**	**23,500**	**25,260**	**3,491**	**5,251**
(2,063)	**(3,813)**	**(2,847)**	**1,881**	**867**	**7**	**Net cash flow from investing Activities**	**(19,043)**	**(22,876)**	**(24,502)**	**3,149**	**5,042**
						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**
5,003	**(2,241)**	**6,418**	**7,376**	**(1,331)**		**Net inflow/(outflow) of CCDHB funds**	**9,033**	**(13,449)**	**1,601**	**21,798**	**7,015**
12,113	(3,126)	22,479	(15,239)	10,366		**Opening cash**	8,083	8,083	27,296	(0)	19,213
111,557	105,073	105,950	6,617	5,691		Net inflow funds	656,258	630,436	608,673	25,138	47,167
106,554	107,314	99,532	759	(7,022)		Net (outflow) funds	647,225	643,885	607,072	(3,340)	(40,153)
5,003	**(2,241)**	**6,418**	**7,376**	**(1,331)**		**Net inflow/(outflow) of CCDHB funds**	**9,033**	**(13,449)**	**1,601**	**21,798**	**7,015**
17,116	**(5,367)**	**28,897**	**22,483**	**(11,781)**		**Closing cash**	**17,117**	**(5,367)**	**28,898**	**22,483**	**(11,781)**

Capital and Coast DHB
RECONCILIATION OF CASH FLOW TO OPERATING BALANCE

	Notes	YTD December 2019 Actual $000	Budget $000	Variance $000
Net Cashflow from Operating		**17,481**	**9,427**	8,055
Non operating financial asset items		**(400)**	-	(400)
Non operating non financial asset items		**(1,582)**	**(1,347)**	(235)
Non cash PPE movements				
Depreciation & Impairment on PPE		(16,139)	(16,862)	723
Gain/Loss on sale of PPE		0	-	0
Total Non cash PPE movements		**(16,139)**	**(16,862)**	**723**
Interest Expense		-	-	**0**
Working Capital Movement				
Inventory		756	211	545
Receipts and Prepayments		(3,844)	574	(4,418)
Payables and Accruals		(13,167)	-	(13,167)
Total Working Capital movement		**(16,255)**	**785**	**(17,040)**
Operating balance		**(16,895)**	**(7,997)**	(8,897)

Current Ratio – This ratio determines the DHB's ability to pay back its short term liabilities.
DHB's current ratio is 0.32 (Nov 19: 0.33);

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 (Nov 19 37:63).

Debt Management / Cash Forecast – December 2019

Accounts Receivable
31-Dec-19

Aged Debtors report ($'000)	Total	Current	1-30	31 - 60	61 - 90	91+	Previous Period
Ministry of Health	6,414	3,494	1,261	-	-	1,659	9,341
Other DHB's	6,092	1,030	173	1,420	518	2,951	8,331
Kenepuru A&M	238	33	30	28	147	-	239
ACC	- 200	384	- 631	- 6	1	52	258
Misc Other	5,742	3,139	442	184	37	1,940	4,759
Total Debtors	18,286	8,080	1,275	1,626	703	6,602	22,928
less : Provision for Doubtful Debts	(1,510)						(1,562)
Net Debtors	16,776						21,366

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 $2.9m
- **Kenepuru A&M:** Includes significant number of low value patient transactions. Provision of the overdue debts is $127k
- **Misc Other:** Includes non-resident debt of approx. $2.2m. About 75% 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 December 2019

Nov-19	Month : December 2019				Variance			Capital & Coast DHB Balance Sheet
Actual	Actual	Budget	December 2018	At June 2019	Actual vs Budget	Actual vs December 2018	Notes	YTD December 2019
32	32	33	30	33	(0)	3	1	Bank
808	5,296	0	18,161	0	5,296	(12,866)	1	Bank NZHP
11,274	11,788	10,754	10,706	10,754	1,034	1,082	1	Trust funds
48,950	42,623	51,217	39,242	51,866	(8,594)	3,381	2	Accounts receivable
9,725	9,802	9,046	9,890	9,046	756	(88)		Inventory/Stock
7,948	7,542	4,197	4,059	4,197	3,345	3,483		Prepayments
78,736	**77,083**	**75,247**	**82,088**	**75,896**	**1,836**	**(5,005)**		**Total current assets**
529,734	528,721	557,639	546,822	540,558	(28,918)	(18,101)		Fixed assets
14,042	14,366	14,366	9,859	11,626	0	4,506		Work In Progress - CRISP
42,452	42,747	25,779	35,321	30,490	16,968	7,426		Work in progress
586,228	**585,833**	**597,784**	**592,002**	**582,673**	**(11,951)**	**(6,169)**	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**	**7,276**	**1,150**	**0**	**(6,127)**		**Total investments**
666,115	**664,066**	**674,181**	**681,366**	**659,719**	**(10,115)**	**(17,300)**		**Total Assets**
0	0	16,154	0	2,704	16,154	0		Bank overdraft HBL
67,884	75,688	66,315	74,280	64,760	(9,373)	(1,409)	4	Accounts payable, Accruals and provisions
0	0	55	110	55	55	110	7	Loans - Current portion
9,995	12,044	0	12,346	0	(12,044)	301	6	Capital Charge payable
593	593	593	593	593	0	0		Insurance liability
87,620	85,943	56,248	10,753	18,577	(29,695)	(75,190)	5	Current Employee Provisions
53,519	51,470	53,276	49,132	120,437	1,806	(2,338)	5	Accrued Employee Leave
19,419	12,245	23,794	21,552	21,041	11,549	9,307	5	Accrued Employee salary & Wages
239,030	**237,984**	**216,436**	**168,766**	**228,167**	**(21,548)**	**(69,218)**		**Total current liabilities**
0	0	0	55	0	0	55		Crown loans
81	79	80	10,775	72	1	10,696		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
6,983	**6,981**	**7,037**	**17,077**	**7,029**	**57**	**10,096**		**Total non-current liabilities**
246,013	**244,965**	**223,474**	**185,842**	**235,196**	**(21,491)**	**(59,122)**		**Total Liabilities**
420,102	**419,101**	**450,707**	**495,524**	**424,523**	**(31,606)**	**(76,423)**		**Net Assets**
796,014	797,172	785,356	764,287	778,200	11,816	32,885		Crown Equity
0	0	0	0	(3,484)	0	0		Capital repaid
1,158	0	0	0	0	0	0		Capital Injection
130,944	130,944	136,711	136,477	142,009	(5,767)	(5,532)		Reserves
(508,015)	(509,015)	(471,360)	(405,240)	(492,203)	(37,656)	(103,775)		Retained earnings
420,101	**419,101**	**450,708**	**495,523**	**424,522**	**(31,607)**	**(76,422)**		**Total Equity**

The DHB's overall liquidity should be of concern as the current assets of $77m 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.

In line with previous forecasts, the DHB cash balance remained positive this month despite lower quarterly planned care funding payments. However, cash will drop sharply into overdraft in late January 2020 due to Capital Charge and three payrolls falling due next month.

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.

Capital Expenditure and Projects Summary December 2019

		Total		Current Year Actuals	Forecast as per budget	
Funding Category	Project Name	Total Bus Case Budget	Total Spend 30 June 19	YTD Spent 2019/20	Forecast- Yet to spend 2019-20	Total Forecast spend 2019-20
2019-20	6 x Anaesthetic Machines & Monitors	667,000		658,045	8,955	667,000
	Angiography Lab & Suite replacement	6,509,229		140,991	6,368,238	6,509,229
	LINAC & Aria Upgrade	5,720,000		13,163	5,706,838	5,720,000
	Neonatal Monitor Replacement	1,613,267		11,760	1,601,507	1,613,267
	Siemens Symbia Intevo Bold SPECT/CT	1,836,000		246,420	1,589,580	1,836,000
	Synapse Echocardiography Implementation	560,165		23,165	537,000	560,165
	Getinge Batch Washer	885,776		-	885,776	885,776
	Neurosurgery Microscope	619,547		-	619,547	619,547
	Bowel Sceering - Endoscopy Equipment	1,101,489		-	1,101,489	1,101,489
	Campus Passive Fire Remediation	1,000,000		-	1,000,000	1,000,000
	Heavyweight Ceiling Tile Replacement	1,702,096		-	1,702,096	1,702,096
	Capex Under $500k	6,320,328		2,195,307	4,125,021	6,320,328
2019-20 Total		**28,534,897**		**3,288,851**	**25,246,046**	**28,534,897**
Prior year						
	Epharm to replace Windose System	512,018	486,108	7,425	18,485	25,910
	Integrated Operating Systems	1,260,000	435,189	580,715	244,095	824,811
	Pulmonary Diagnostic	543,320	501,684	20	41,616	41,636
	Purehurehu - Adult Forensic	7,200,000	6,101,782	619,342	478,876	1,098,218
	Water Storage	785,910	350,137	438,291	-2,519	435,773
	MHAIDS Security Management System Upgrade	3,543,000	187,442	406,192	2,949,366	3,355,558
	Upg Cath Lab Information Management System	806,865	213,643	302,806	290,416	593,222
	Main store relocation	2,000,000	1,201,828	793,918	4,254	798,172
	Capex Under $500k	52,498,047		6,241,548	4,695,301	10,936,849
Prior year Total		**69,149,160**		**9,390,258**	**8,719,890**	**18,110,148**
Grand Total		**97,684,057**		**12,679,109**	**33,965,936**	**46,645,045**

The overall Capital funding for 2019-20 is $57.4m. Key highlights to December 2019 are:

- More than $28.5m in projects have been approved and are progressing. 80% will be completed by June 2020. A further $20m in projects will be submitted for approval by quarter 3
- Of the approved projects, 65% pertain to clinical equipment, 30% 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. For instance, procurement can take up to 4-5 weeks and high value clinical equipment items can take up to 12 weeks delivery
- $18.1m in unfinished projects was carried forward from the previous year. Most will be completed by 30 June 2020. In the six months to December 2019, cash spend to date $12.7m ($9.4m for prior year projects and $3.3m for projects from the 2019/20 Capital Plan)