PUBLIC

HUTT VALLEY DHB / Capital & Coast District Health Board ŪPOKO KI TE URU HAUORA	**AGENDA** Held on Wednesday 4 November Location Lower Hutt Event Centre, 30c Laings Road, Lower Hutt Zoom link: **973 0468 9420** Time: 9am
	MEETING

	Item	Action	Presenter	Min	Time	Pg
1	**PROCEDURAL BUSINESS**					
1.1	Karakia		All members	15	9:00am	
1.2	Apologies	**ACCEPT**	Chair			
1.3	Public Participation -	**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 and Correspondence	**NOTE**	Chair			
1.8	Chief Executive's Report	**NOTE**	Chief Executive			
1.9	Board Work Plan	**NOTE**	Chair			
2	**DHB Performance and Accountability**					
2.1	HVDHB August 2020 Financial and Operational Performance Report 2.1.1 Report	**NOTE**	Chief Financial Officer Director Provider Services	10	9.15am	
2.2	CCDHB August 2020 Financial and Operational Performance Report 2.2.1 Report	**NOTE**	Chief Financial Officer Director Provider Services			
3	**Updates**					
3.1	Major Capital Projects Advisory Committee Update	**NOTE**	MCPAC Chair	15	9.25am	
4	**OTHER**					
4.1	General Business	**NOTE**	Chair	5	9.40am	
4.2	Resolution to Exclude the Public	**ACCEPT**	Chair			
9:45 am - MORNING TEA – 15 min						

DATE OF NEXT FULL BOARD MEETING:

3 December, Zoom: 889 4061 3779, Location: Boulcott Farm, 33 Military Road, Lower Hutt

Karakia

Kia hora te marino

Kia whakapapa pounamu te moana

Hei huarahi mā tātou i te rangi nei

Aroha atu, aroha mai

Tātou i a tātou katoa

Hui e! Tāiki e!

Translation

May peace be wide spread

May the sea be like greenstone

A pathway for us all this day

Let us show respect for each other

For one another

Bind us all together!

CAPITAL & COAST AND HUTT VALLEY DISTRICT HEALTH BOARDS

Interest Register

27 July 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*	• Labour Party List Candidate for 2020 General Election • 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	• Contracted Vaccinator, Kokiri Marae Hauora Clinic, Lower Hutt • 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	• Board Member, Transpower New Zealand Ltd • 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
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	• Father, Director of Office for Disabilities • Brother, employee at Pathways, NGO Project Lead Greater Wellington Collaborative • Shareholder, Rolleston Land Developments Ltd
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	• Board Member, Health Quality and Safety Commission • 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 • National Executive Chair, 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	• 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
John Ryall	• Member, Social Security Appeal Authority • 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 • Member, Kapiti Health Advisory Group
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

18 SEPTEMBER 2020

Fionnagh Dougan *Chief Executive Officer*	• Board, New Zealand Child & Youth Cancer Network • Trustee, Wellington Hospital Foundation • Adjunct Professor University of Queensland
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 Provider Services*	• None
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 • 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

Wednesday, 28 October 2020

Christine King *2DHB Chief Allied Health Professions Officer*	• Brother works for Medical Assurance Society (MAS) • Sister is a Nurse for Southern Cross
Helen Mexted *2DHB Director, Communications and Engagement*	• Director, Wellington Regional Council Holdings, Greater Wellington Rail • Board member, Walking Access Commission • Partner owns Mexted Motors (supplies/services vehicles for the CCDBH)
Rosalie Percival *2DHB Chief Financial Officer*	• None
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*	• Pacific Member, Board of Compass Health • Director, Pacific Peoples, Wairarapa DHB • Husband is an employee of Hutt Valley DHB
John Tait *CCDHB Chief Medical Officer*	• Vice President RANZCOG • Ex-offico member, National Maternity Monitoring Group • Member, ACC taskforce neonatal encephalopathy • Trustee, 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
Kiri Waldegrave *HVDHB Acting Director of Māori Health*	• TBC
Declan Walsh *2DHB Director People, Culture and Capability*	• None
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
Chris Kerr *Director of Nursing*	• Member and secretary of Nurse Executives New Zealand (NENZ) • Relative is HVDHB Human resources team leader • Relative is a senior registered nurse in SCBU • Relative is HVDHB Bowel Screening Programme Manager • Adjunct Teaching Fellow, School of Nursing, Midwifery and • Health Practice, Victoria University of Wellington • Auditor for Health Care with the DAA Group Ltd

BOARD MEETING **PUBLIC**

HUTT VALLEY DHB / Capital & Coast District Health Board ŪPOKO KI TE URU HAUORA	**MINUTES** Held on Wednesday 30 September, 9am Level 11 Boardroom, Grace Neill Block, Wellington Via Zoom
BOARD MEETING	**PUBLIC**

IN ATTENDANCE

David Smol	Chair, Hutt Valley and Capital & Coast DHBs		
Dr Kathryn Adams	Board Member	Wayne Guppy	Deputy Chair, HVDHB
Dr Tristram Ingham	Board Member	Yvette Grace	Board Member
Dr Chris Kalderimis	Board Member	Ken Laban	Board Member
Sue Kedgley	Board Member	John Ryall	Board Member
Vanessa Simpson	Board Member	Naomi Shaw	Board Member
Hamiora Bowkett	Board Member	Dr Richard Stein	Board Member
Roger Blakeley	Board Member	Keri Brown	Board Member

Hutt Valley and Capital & Coast DHB

Fionnagh Dougan	Chief Executive
Rachel Haggerty	Director Strategy, Planning and Performance
Joy Farley	Director Provider Services
Rosalie Percival	Chief Financial Officer
Nigel Fairley	GM Mental Health, Addictions and Intellectual Disability Services
Declan Walsh	Director People, Culture and Capability
Tracy Voice	Chief Digital Officer
Helen Mexted	Director of Communications
Amber Igasia	Board Liaison Officer

CCDHB

John Tait	Chief Medical Officer
Sandy Blake	Executive Director Quality Improvement and Patient Safety
Arawhetu Gray	Director Maori Health Services

HVDHB

Debbie Gell	GM Quality Service Improvement and Innovation

APOLOGIES

Josh Briggs (HVDHB), Prue Lamason (HVDHB), 'Ana Coffey (CCDHB) and Ayesha Verrall standing down due to the election period.

BOARD MEETING **PUBLIC**

1 PROCEDURAL BUSINESS

1.1 KARAKIA

The Board opened the meeting together with a karakia following which the Chair welcomed everyone to the meeting.

1.2 APOLOGIES

As noted above.

1.3 PUBLIC PARTICIPATION

NIL.

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.
Richard Stein noted his work with medication and he would advise when/if it is a conflict for meeting items.

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 MINUTES OF PREVIOUS CONCURRENT MEETING

The Combined Board **approved** the minutes of the previous Combined Public Board Meeting held on 3 September 2020.

	Moved	**Seconded**
HVDHB	Keri	Naomi
CCDHB	Roger	Chris

1.6 MATTERS ARISING FROM PREVIOUS CONCURRENT MEETINGS

20-P0005 – Complete

20-P0007 - Complete

It was noted the Mental Health, Addictions and Intellectual Disability Services reporting goes to the Disability Support Advisory Committee (DSAC) as MHAIDS is a three DHB service and DSAC is a three DHB committee.

1.7 CHAIR'S REPORT AND CORRESPONDENCE

The Chair thanked the teams across both DHBs for their continued work.

1.8 CHIEF EXECUTIVE'S REPORT

The Chief Executive provided an update on the following:

- COVID-19: A campaign was launched in our Pacific communities to encourage people to come forward for testing. Samoan churches were the first places to launch and there has been an increase in people being tested following this. The Board and DHBs acknowledge those churches that supported the launch. It was also noted that the Community Based Assessment Clinic (CBAC) is now on Taranaki Street and Incident Management Team has been stood down.
- The Board noted the social media presence of staff spotlights at Hutt Valley DHB is very good and they like seeing the frontline people focused on.

1.9 BOARD WORK PLAN 2020

The work plan was received and feedback is to be sent to the Board Liaison Officer.

2 DHB PERFORMANCE AND ACCOUNTABILITY

2.1 HVDHB JULY 2020 FINANCIAL AND OPERATIONAL PERFORMANCE REPORTS

This report was taken as **READ.**

	Moved	**Seconded**
HVDHB	John	Naomi

2.2 CCDHB JULY 2020 FINANCIAL AND OPERATIONAL PERFORMANCE REPORTS

This report was taken as **READ.**

	Moved	**Seconded**
CCDHB	Roger	Sue

3 UPDATES

3.1 2DHB MAJOR CAPITAL PROJECTS ADVISORY COMMITTEE (MCPAC) UPDATE

This report was taken as **READ.**
The Boards noted:

(a) The first MCPAC meeting was held on 4 September 2020.
(b) The MCPAC Terms of Reference were approved by the Boards in May 2020.
(c) The five projects within the scope of MCPAC including the New Children's Hospital.
(d) Future updates on the New Children's Hospital will be part of the MCPAC Update.
(e) High level MCPAC public updates will be provided where possible.

It was noted there will be site visits and the Board requested membership be considered in terms of gender balance and Māori representation. It was expressed the Committee is important for discussion about concerns and key issues with experts.

3.2 HEALTH SYSTEM COMMITTEE UPDATE

The Boards note:

(a) There were no items requiring Board approval in this meeting.

(b) A presentation was given on the two health strategies, CCDHB Health System Plan 2030 and HVDHB Vision for change. (Follow up in November ACTION)

(c) Comprehensive updates were provided on the 2DHB Maternal, Child and Youth Commissioning and 2DHB Health of Older People work programmes.

3.3 DISABILITY SUPPORT ADVISORY COMMITTEE UPDATE

The Board approve, the following decisions endorsed by DSAC:

(a) The signing of the Accessibility Charter as presented in the paper following.

The Boards note:

(d) Three comprehensive presentations were made on the following:

- The Living Life Well Strategy
- Acute Care Continuum
- MHAIDS High Demand

(a) DSAC endorsed the approach of the Sub-Regional Disability Advisory Group (SRDAG) to provide feedback on the Health System Review.

It was noted to the Board that the Accessibility Charter aligns with business as usual functions to provide disability services. It is an agreement in principle and there is a 5 year pathway. The Charter has been long awaited and is commended to the Board for approval. It was also noted the two DHBs are continually learning and working to ensure our approach to all aspects of our services are Accessible to all.

	Moved	**Seconded**
HVDHB	Keri	John
CCDHB	Tristram	Sue

4 OTHER

4.1 GENERAL BUSINESS

Nil.

4.2 RESOLUTION TO EXCLUDE THE PUBLIC

	Moved	**Seconded**
HVDHB	Keri	John
CCDHB	Chris	Vanessa

5 NEXT MEETING

Wednesday, 4 November 2020. Lower Hutt Event Centre, Lower Hutt.

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

DATED this day of 2020

David Smol
BOARD CHAIR

MATTERS ARISING LOG

Action Number	Date of meeting	Due Date	Assigned	Status	Date Completed	Public or PE	Agenda Item #	Agenda Item title	Description of Action to be taken	How Action to be completed
20-P0009	30-Sep-20	4-Nov-20	Directors of Māori Health	Complete	30-Oct-20	Public	3.1	2DHB MCPAC Update	Māori representative on the MCPAC	To be discussed in Dec MCPAC Meeting

Chief Executive's Report

Prepared by: Fionnagh Dougan, Chief Executive

1 Introduction

This report covers the period from 23 September 2020 to 22 October 2020.

2 COVID-19 Update

2.1 Current Cases

Number of cases: 0
Number of days without cases, HVDHB: 126
Number of days without cases, CCDHB: 6

2.2 Managed Isolation Facilities

Number of COVID-19 cases: 0
Number of guests: 147 (as of 21/10)

2.3 Testing Statistics (to 19 Oct)

	2DHB	HVDHB	CCDHB
Tests performed to date	73,811	20,264	53,547
People tested to date	69,981	17,660	45,321
Testing coverage	13.21%	11.68%	13.91%
Tests performed last week (previous 7 days 13/10 – 19/10)	1,652	402	1,250
Test performed since 11 August (Auckland cluster)	32,279 32,725	7,858	24,421

2.4 Testing Statistics by Ethnicity (to 19 Oct)

	2DHB		HVDHB		CCDHB	
	Maori	Pacific	Maori	Pacific	Maori	Pacific
Tests performed to date	8,898	6,097	3,243	1,862	5,655	4,235
People tested to date	7,583	5,220	2,833	1,596	4,750	3,624
Testing coverage	15.4%	16.15%	14.04%	14.39%	16.35%	17.06%
Tests performed last week	203	148	75	54	128	94
Test performed since 11 August (Auckland cluster)	3,572	2,885	1,230	927	2,342	1,958

3 Communications and Engagement

3.1 External Engagement with Key Partners and Stakeholders

During the month, I presented on our Health System strategy and sustainability plans to the Mayoral Forum (Mayors, Chair and Chief Executives for greater Wellington, Hutt and Wairarapa regions). There was good collective discussion on the health challenges we face in the region, particularly around equity and mental health, and aligning these with our collective work to address the social determinants of health. There was interest in community health networks, and locality based commissioning including the Porirua prototype.

HVDHB supported the Hutt Valley Sports Awards (HVSA) held on 8 October and presented swimmer Chelsey Edwards with the Young Sportswoman of the Year award. Chelsey is New Zealand's fastest 50m and 100m freestyler and is part of the women's 4x200m freestyle team that has qualified for next year's Olympic Games. The event was a signification celebration of community and sporting achievement, and we would like to recognise the organisers including HVSA Chairperson Ken Laban.

Following presentation to the Board last month, we have also progressed engagement with key partners on the branding and naming for the new integrated Child Health Service, ahead of its formal naming launch in November.

Planning is underway for an event in early December to mark the establishment of the Kāpiti Community Health Network. This will welcome those who will partner with us to form the Network, outline the formative work to date, and the benefits that can be delivered for our local population such as those provided by the frail elderly co-response services.

3.2 External Communications and Engagement

Key activity for the period has included an active social media presence, ongoing website information services and response to Official Information Act requests and media inquiries.

3.3 Social Media and News Stories

We continue to engage with our community on the stories and the work our people do in our hospitals and our communities. A sample of the key messages and performance of our channels is outlined below. Our social media channels, particularly Facebook continue to see strong engagement.

HVDHB impressions	CCDHB impressions
• Facebook: 269,116 • Hutt Maternity Facebook: 14,054 • CE Facebook: 15,641 • Twitter: 25,965 • Instagram: 13,443 • LinkedIn: 17,637	• Facebook: 109,888 • CE Facebook: 15,641 • Twitter: 3,971 • LinkedIn: 12,582

Top four social media posts

Capital & Coast District Health Board (CCDHB)
13 October at 14:35 ·

Welcome to the world Kahurangi Heni Marie O'Hare Quirk 💙

She was born at Wellington Regional Hospital weighing at 9lb 2oz at 3.46 pm. 🟡

Her mum says she feels so thankful for all the kindness, love and support they have received.

110 4 comments 2 shares

Hutt Valley District Health Board
18 October at 14:35 ·

Jason Gunn Burton was on his way up to the Maternity Unit to be with his partner who was going to be giving birth.

On the way up to the unit he quickly snapped these amazing shots of a couple of tui who were outside Hutt Hospital.

354 40 comments 27 shares

Hutt Valley District Health Board
12 October at 22:39 ·

A big thank you to Annette Wilkinson, St John's FED coordinator, for donating a beautiful tea set for the Dignity Trolley.

What is the Dignity Trolley?

The Dignity Trolley is for patients, who are at the end of their life—and for their families—who are by their bedside.
The trolley is laden with fine china, speciality tea and coffee, and homemade baking.

303 51 comments 10 shares

Capital & Coast District Health Board (CCDHB)
8 October at 13:19 ·

"An informed community is a well community. Equal access to the right information is very important when it comes to our Pacific communities," says Tofa Suafole Gush, acting Director of Pacific People's Health at CCDHB.

This year Tofa and her team found themselves having to develop a Pacific COVID-19 response to get information to Pacific communities in the Wellington region, through Pacific radio broadcasts and dropping off information packages to churches and communities.

The team also partnered with providers and local churches in Porirua and Hutt Valley to increase the uptake of COVID-19 testing by Pacific people as part of the 'Swab-Tember' Pasifika campaign.

54 3 comments 6 shares

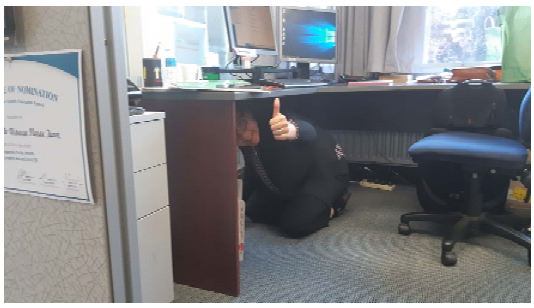
3.3.1 Community and Regional Public Health Communications

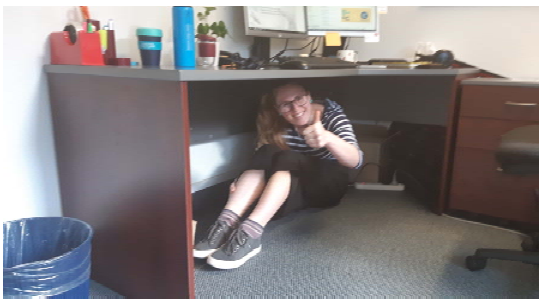
Rheumatic Fever

In late September, while Wellington was still under alert level 2, there was high interest in the Wellington Rugby League Club finals. Due to crowd restrictions at alert level 2, crowds weren't able to attend the Wellington club finals. Atiawa FM along with Wellington Rugby League decided to video live stream two club finals games. We took the opportunity to promote rheumatic fever awareness and free sore throat clinics during the event. Our animated video played five times during ad breaks across the two games and was an excellent opportunity for us to reach our targeted demographics for this important messaging. The finals video has had over 14,000 views. Check out the final here - we won't give away the results.

Shakeout

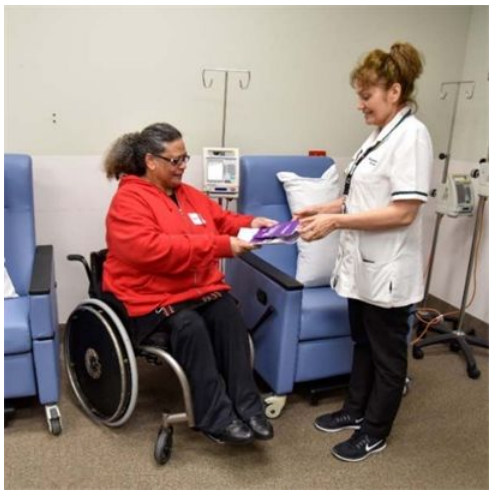
We ran community media coverage for New Zealand ShakeOut on 15 October for the 'drop, cover and hold' earthquake drill, promoting the need to check your household emergency supplies or work out what supplies you need, update and review your household emergency plan, and quake-safe





your home. Get your household ready for an emergency here: https://getready.govt.nz/household/ Visit the Earthquake Commission - EQC website to find out how to quake-safe your home here: https://www.eqc.govt.nz/be-prepared

My Health Passport



My Health Passport, the second generation Health Passport, has arrived. It includes an Easy Read version and an Express version to ensure it is appropriate for each person who wants one.

This is one of the key tools for ensuring people with disabilities who are accessing our services receive effective healthcare. It informs clinicians, nurses and others involved in the delivery of healthcare services how best to accommodate someone's needs.

Disabled people can choose to share as much or as little of the information as they wish. It is a mechanism to enable both the disabled person and their support person to communicate the assistance they may require, and is especially useful where a person is unable to describe what they need in times of urgency.

My Health Passport is not a medical record, nor a diagnostic or health management tool. It is a paper to write down anything health providers need to know so there's no explaining over and over.

My Health Passports are free. To get copies go to https://www.hdc.org.nz/disability/my-health-passport/ email disability@ccdhb.org.nz phone 0800 Disability (3472245489) or text 021 578 307

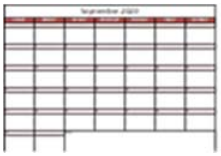
Managed Isolation and Quarantine

CCDHB is leading the Managed Isolation & Quaranting (MIQ) health response in collaboration with Regional Public Health in our two managed isolation facilities (MIFs) at Bay Plaza and Grand Mercure. This is a true inter-agency operation with NZ Defence, Police, and security alongside hotel management and staff. While there are often negative media stories around the facilities, there are many heartwarming human stories of life in managed isolation.

The teams at the MIFs go out of their way to ensure milestones are celebrated for the young and the old. Birthday parties are celebrated in style for these boys, one having his first birthday and first ever taste of cake, while the other celebrated his 8th birthday with his family.

Easy Read

Easy Read is for people who have difficulty reading and understanding written information so it is different from plain English and plain language but uses the same principles and builds on them. It is written information and supported by pictures. It is also a specialised skill which we are building in house to support our commitment to equity.



Our Disability Strategy Team has had a busy time.

The people had a lot of workshops.

In one workshop Alexia Black came.

Alexia taught the people how to do Easy Read.

The people need to practice and practice.

We want health information to be clear (accessible) to people with learning and intellectual disabilities.

3.4 Website page views and stories

CCDHB	HVDHB	MHAIDS
141,711 page views	34,659 page views	13,040 page views

Our website banners (featured below) as well as feature stories continue to be a strong source of information to the public, with the main homepages commonly visited, as per the analysis below.

Top five webpages CCDHB

- Homepage
- COVID-19 Community based assessment centres (CBACs)
- Careers with CCDHB
- Wellington Regional Hospital
- Health Workforce postgraduate study funding

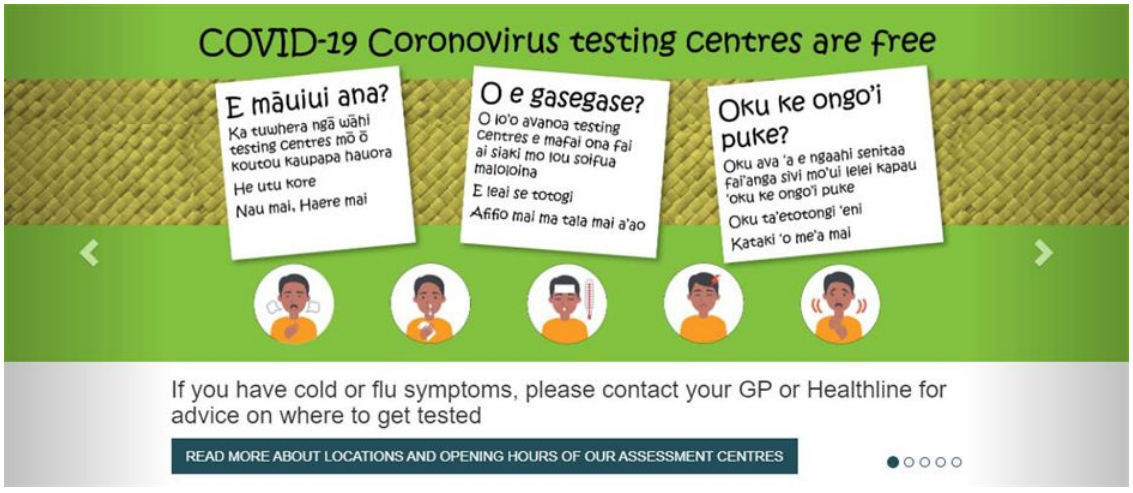
Top five webpages HVDHB

- COVID-19 Community based assessment centres (CBACs)
- Contact us
- Hutt Hospital campus map
- Careers with HVDHB
- COVID-19 information for visitors

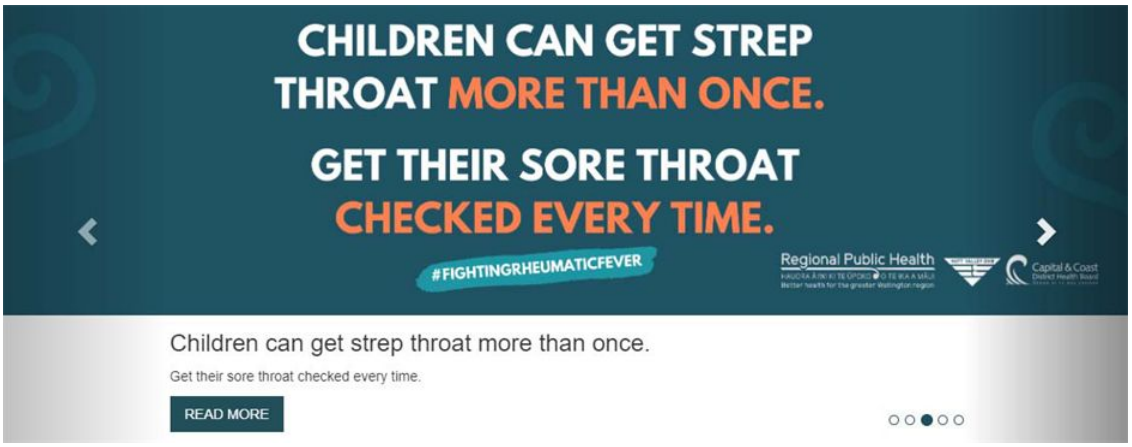
Top five webpages MHAIDS

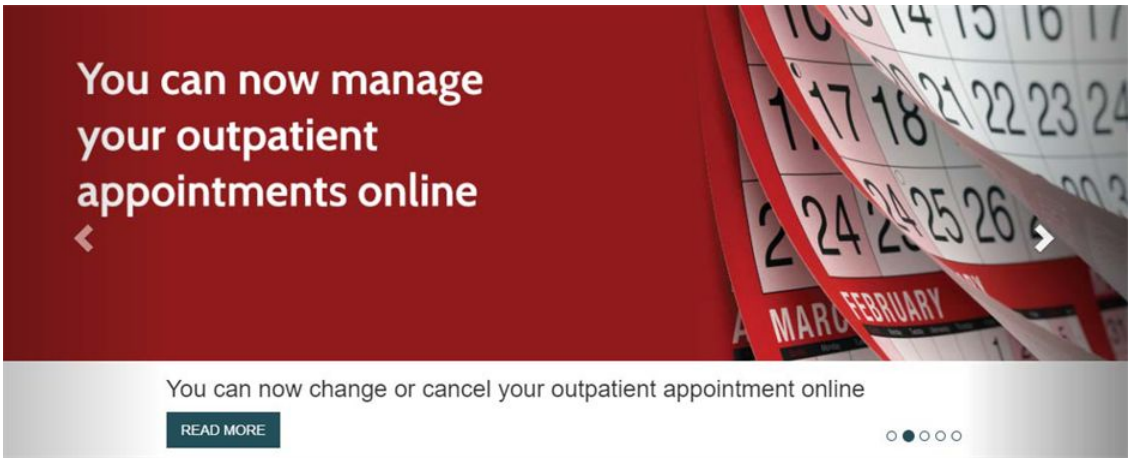
- Homepage
- Child and adolescent mental health services
- Do you or someone you know need help – Contact Te Haika
- Contact us
- Central region eating disorder services

Website Banners




If you work at the port , airport or an isolation facility, and you
DON'T have flu symptoms, you will be tested at work
Please don't go to a Community Based Assessment Centre or your GP unless you have symptoms.
If you have any flu-like symptoms, please call your GP or Healthline 0800 358 5453.
Call Healthline on 0800 358 5453
FIND OUT WHERE COMMUNITY BASED ASSESSMENT CENTRES (CBACS) ARE


CHILDREN CAN GET STREP THROAT MORE THAN ONCE.
GET THEIR SORE THROAT CHECKED EVERY TIME.
#FIGHTINGRHEUMATICFEVER
Regional Public Health
Children can get strep throat more than once.
Get their sore throat checked every time.
READ MORE


You can now manage your outpatient appointments online
You can now change or cancel your outpatient appointment online
READ MORE

Top four website stories

Election 2020 – voting from hospital

Due to COVID-19, Electorate Returning Officers will not be collecting votes from patients in hospital either in the lead up to or on Election Day. Hospitals will also not be used as designated voting places. However, people who cannot get to a voting place because they are in hospital can still vote.

From Saturday 3 October, patients in hospital can use this form to nominate a friend or family member to collect their voting papers. The patient and nominee must both complete the form to allow the nominee to collect the voting papers, bring them into the hospital, and then return the papers to a voting place.

People who know they will be in hospital prior to Election Day (Saturday 17 October) are encouraged to do this, or to take part in early voting, to ensure their vote can be cast. People who are scheduled to be in hospital on Election Day will receive a copy of the form with their appointment letter. Copies of the form will also be available in wards in the lead-up to the election, and on Election Day itself.

Please remember that anyone nominated to collect patients' voting papers will need to abide by the DHB's visitors policy. More information about Election Day and voting is available from the Electoral Commission.

Celebrating New Zealand Sign Language Week

This week marks New Zealand Sign Language (NZSL) Week. It is also International Week of the Deaf, and was the UN International Day of Sign Languages on 23 September. Shannon Morris is NZSL-native and a member of the Disability team for Capital & Coast, Hutt Valley and Wairarapa DHBs.

Our Disability team work hard to ensure our disabled communities receive health information in ways that suit them. Read more about some of the projects the team have been working on to help our staff communicate more effectively with Deaf people.

Accessibility - Shannon has been translating key COVID-19 messages in videos on our website, as well providing other information for the Deaf community.

Interpreters - Team members are encouraging their colleagues to understand the importance of having qualified NZSL interpreters for Deaf people, by having an interpreter booked in person or via New Zealand Video Interpreting Services using iPads based at each hospital.

Resources - Accessing health services can be quite daunting if you are worried about not being able to communicate. The Disability Team has developed these cards for Deaf and hard-of-hearing people to use when accessing health services. These cards support Deaf people to communicate with other people, and make you aware of different ways to communicate with them. They can be downloaded from our website.

Boxes of LEGO sets donated to Hutt Hospital's Children's Ward

Fairy Bricks, a long-standing partner of the LEGO Group, donates more than 40,000 LEGO sets to hospitals and hospices each year.

The Fairy Bricks charity donated boxes full of LEGO to Hutt Hospital's Children's Ward. Fairy Bricks, a long-standing partner of the LEGO Group, donates more than 40,000 LEGO sets to hospitals and hospices each year.

"We are very appreciative of this generous donation," said Tania Pitama, the ward's play specialist.

"LEGO is a wonderful distraction, and provides a normal everyday activity for children in hospital. It is also really easy to maintain and clean, and is great for those who are unable to get out of bed. We can also use the LEGO as gifts for children having birthdays or if a child is having a particularly hard time during their hospital stay."

The Wellington Lego User Group (Well-LUG) delivered the LEGO to the ward last week. Their group has fund-raised over $85,000 for different charities over the past five years.

"We hold many events that help fundraiser for charities," said Jay Horne, president of the Well-LUG group. "However, our fundraising events this year have been postponed due to COVID-19. We saw

this donation as another avenue where we could help. We are all very grateful to Fairy Bricks for helping to make a difference to sick children's lives."

"Fairy Bricks recognises the essential role of play in a child's recovery process. LEGO provides a degree of comfort and distraction for children and their whānau in hospital."

New radiology technology improves outcomes for patients

Phase one of a significant capital project to upgrade and install new digital radiology equipment at Hutt Hospital is now complete. In the last two financial years, a total of $2.5m has been allocated to replace outdated equipment and future proof radiology technology, systems and facilities.

The installation of leading digital x-ray technology has been completed in three rooms in radiology and in the emergency department, leading to better quality imaging and outcomes for patients.

The DHB has also invested in a mini CT facial scanner (conebeam as pictured) and a digital mobile x-ray unit which will provide additional capacity, flexibility and diagnostics during emergency situations.

"Our new digital x-ray technology allows our radiologists and technologists to provide top quality images and significantly improves the storage and retrieval of patient information", says Karen Coleman, Radiology Manager.

"This new technology produces high quality images and is safer for patients—with 50 percent less radiation exposure than the older cassette technology. It also significantly improves infection control practices.

"Through the adoption of new digital technology we have positioned ourselves as a leader in digital imaging and can confidently look forward, knowing we have plans and systems in place to future proof the department."

Phase two of the project is due to commence this month and involves the refurbishment of three other rooms in the main radiology department, the acquisition of three mobile x-ray units and diagnostic quality ultrasound equipment.

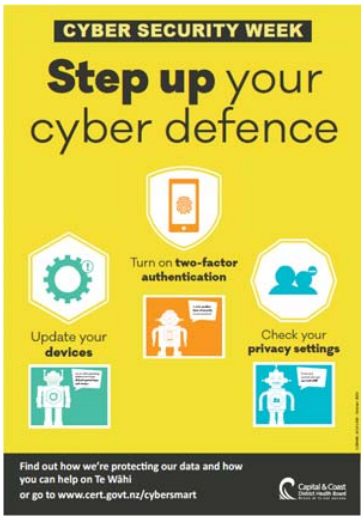
3.5 Internal Engagement and Communications

Ongoing internal communications messages to our people continue including the fortnightly Chief Executive update (featured below), the Daily Dose email, intranet stories on our people and successes, posters, and significant a social media presence which reaches our people as well as our communities.

The nominations process for our annual recognition and awards programme for our people, Celebrating Success, ran during September and October and, with judging now complete, will culminate in an awards evening and a week-long celebration programme for each DHB in early to mid-November. There have been a significant number of entries (over 130 for Hutt Valley and over 150 for Capital & Coast) highlighting the excellent work of individuals and teams.

The Health Matters bi-monthly magazine was published in early October and is run across the HVDHB and CCDHB, using the same base copy and articles of interest to each DHB. These articles are also featured in our social media, intranet and in our newsletters. Key articles for the month included features on the managed isolation services and the health support we are providing, our Allied Health strategy, and Pacific Health and MHAIDS updates.

Staff lift posters



CEO update *25 September 2020*

Kia ora koutou

I am delighted that we are at alert level 1, and thinking of our Auckland colleagues as they work to eliminate the remaining community cases of COVID-19.

All visiting restrictions have now been lifted across our campuses. However the most recent cases announced this week show that we need to remain prepared should there be further community transmission outside of Auckland. You can stay up to date with best practice guidance on our COVID-19 intranet portal.

We are fortunate to have avoided a second wave regionally, but the extra work and changes caused by the increase in alert levels can still be a source of stress for people. Mental Health Awareness Week (MHAW) has reminded me to reflect on the importance of our personal mental health and wellbeing.

What wellbeing means for each of us
I hope that the activities and resources that have been available this week have inspired you to explore what strengthens your mental health and wellbeing.

I would like to thank the people who champion wellbeing for their teams, such as the Kotahi Wellbeing Champions network. The first meet-ups within the network took place at the DHBs this week, and highlighted some great initiatives which are happening. You can find more ways to reimagine your wellbeing on the MHAW website.

CEO update *9 October 2020*

Kia ora koutou

I am sure that all of us with friends, whānau and colleagues in Auckland will relieved to see relaxation of that region's COVID-19 restrictions. I know you will join me in sending best wishes and thanks to all those involved in stopping the spread.

As we take stock and reflect on this extraordinary year, we can begin to think ahead to the Christmas period, with the chance to take some well-earned time off. In the meantime, please continue to support one another and take good care of your wellbeing. You can find a wealth of wellbeing resources on the COVID-19 portal, from meditation apps to sensory activities that help with challenging situations.

Reminder: Election 2020
Election Day 2020 is on Saturday 17 October. We have worked closely with the Electoral Commission to make things run smoothly for you and those who wish to vote while under our care.

Forms enabling inpatients to nominate a friend or family member to bring in, and return, their voting papers are available in all inpatient areas. If your area has run out of forms, please contact the Orderlies at Hutt Valley DHB and the Integrated Operations Centre at Capital & Coast DHB for resupply.

Staff working on Election Day will have reasonable time to visit a nearby voting station. To prevent impact on staffing levels please talk to your manager, Charge Nurse Manager, or Clinical Nurse Manager to arrange an appropriate time to do so. The nearest voting stations to our campuses are listed on the Electoral Commission website.

CEO update *22 October 2020*

Kia ora koutou

He aha te mea nui o te ao. What is the most important thing in the world? *He tangata, he tangata, he tangata.* It is people, it is people, it is people.

Our 2DHBs are truly fortunate to have such caring, professional and talented people coming to work every day. In a year dominated by news headlines around COVID, it is fantastic to be able to reflect on your achievements.

This week I had the opportunity to review some of the nominations for the CCDHB Celebrating our Success awards, and I look forward to seeing the HVDHB entries soon. It is such a privilege to work alongside such talented, innovative people. Finalists have now been chosen and will be available to view later today on Te Wāhi.

For the first time, the awards include recognition of those that live our values. It is wonderful to see examples of this across our DHBs every day, including people taking a stand against bullying and those who bring our Māori Health Strategy to life by making our workplace more accessible and inclusive.

COVID-19 review
As you will have read in Daily Dose this week, work is underway to revisit and review our COVID-19 response so we can find out what you think went well and what we could have done better.

The review covers our response to the entire COVID-19 experience so far – from level 4 lockdown and the subsequent alert levels, to the move back into alert level 2 and back to level 1.

Top six intranet stories

HVDHB

- Orderlies' Grand Round
- Tino pai to our latest Kia Ora Hauora interns
- Pink Shirt Day
- Celebrating 50 years of nursing
- October Health Matters out now
- Boxes of LEGO sets donated to Hutt Hospital's Children's Ward

CCDHB

- Elections 2020: what you need to know
- What wellbeing means for each of us
- Te Pae Tiaki: New name for ED
- Celebrating our Success - thank you for your nominations
- October Health Matters out now
- Shakeout is coming

Tino pai to our latest Kia Ora Hauora interns

Imajyn and Tyla-Jade both recently completed Kia Ora Hauora internships during their school holidays. Hutt Valley teens Imajyn Kamoto, 18, and Tyla-Jade Robb, 16, both recently completed Kia Ora Hauora internships during their school holidays.

Kia Ora Hauora is a Māori Health workforce development programme aimed at promoting health careers as a great career choice for Māori. The pair learned about all sorts of medical services they might one day want to make into a career here at the DHB.

Imajyn, who is in her final year at Naenae College, particularly learning about dentistry in the community, the hospital's audiology department, and the role of theatre nurses. Midwifery was also of interest: "I didn't realise they do as much as they do - it's a lot more than just helping to deliver a baby".

Tyla-Jade Robb, who is in Year 12 at Te Ara Whanui in Alicetown, said she was initially in pharmacy but found she more enjoyed learning about the role of an anaesthetic technician after getting to watch a surgical operation. For more information please see https://www.kiaorahauora.co.nz/

Congratulations to this year's LifeKeepers Award winners

The 2020 LifeKeepers Awards honoured 12 people from around our country who each made an outstanding contribution to the work against suicide.

In the Hutt Valley, staff nominated award-winner Director of Pacific People's Health for Wairarapa and Hutt Valley DHBs, and Interim Executive Director for CCDHB, Tofa Suafole Gush. Tofa leads the Ta'iala Mo le Ola Manuia Mental Health Project, which launched last year.

The three-year project is a partnership with the Samoan Ministers Fellowship Hutt Valley Regional Incorporated (Mafutaga) on behalf of 17 multi-denominational churches. Ministers had indicated they know how to talk to people about theological concerns, but they also need a sound understanding of mental health in order to provide a more holistic service.

The project uses a combination of cultural, pastoral, spiritual and clinical knowledge to equip church leaders with the right tools to be the first responders to their congregations in regard to mental health issues and suicide prevention.

At CCDHB, staff nominated award-winner Porirua College principal Ragne Maxwell on behalf of the Porirua community. Ragne, along with other college representatives and groups, led an effective local response to a cluster of suspected youth suicides in 2018.

A huge amount of collaboration took place as the DHB funded additional counselling while a wide range of organisations rallied together to work on postvention supports and prevention activities. Ragne supported other principals with suicide pre- and postvention, co-designed community initiatives, and helped implement other training.

In the Wairarapa, staff nominated award-winner East Coast Rural Support Trust wellbeing coordinator Sarah Donaldson. Sarah is an experienced clinical psychologist, and runs Tea Health & Wellbeing Consultants Ltd.

Sarah lives on a sheep and beef farm in South Wairarapa with her three children and is passionate about supporting the rural community and in particular the health needs of farmers and their families.

Sarah supports individuals and families living rurally, providing mental health support that is a good fit for them and that takes into account farming culture, operations and pressure.

Te Pae Tiaki

Wellington Regional Hospital's Emergency Department has a new name – Te Pae Tiaki**.**

The new name translates as Te Pae (the area) and Tiaki (to protect, look after, care, guard, or nurse) and replaces the previous Māori name. It has been developed through collaboration between the Māori Health Development Group and the ED Māori Advisory Group.

An unveiling ceremony was held this week to celebrate this important step for the department. The ceremony was opened with a whaikōrero and karakia from CCDHB Kaihautū Peter Jackson, and was attended by staff from across the organisation, including Executive Leadership Team members John Tait and Arawhetu Gray, and Chief Executive Fionnagh Dougan.

A name from Te Ao Māori is an acknowledgement of the department's commitment and accountability to being a pro-equity, anti-racist service that meets its obligations under Te Tiriti o Waitangi. "The new name represents the experience we want to deliver and the place we want to be – a place where patients and whānau feel safe, welcome and valued," said ED CNS Jodie Pilkinton-Ching.

"Language is important," said Cat Tauri, ED registrar and chair of the ED Māori Advisory Group. "Māori are still made to feel unwelcome in many spaces in our own country. This signage says Māori are important and te Reo Māori is important - and that Māori are welcome here."

"This may seem like a small change – but it's a step towards equity," said Gabrielle Lummis, a clinical nurse specialist based in the Acute Health of Older People service, and Advisory Group member. "This is the beginning of so much more – we want to do the whole hospital!"

What wellbeing means for each of us

For Mental Health Awareness Week (MHAW) we'll be offering a range of ideas and activities to help you feel good and stay well.

MHAW presents us all with opportunities to rediscover what wellbeing means for us. This year, many of us have had to reconsider the experiences, actions and surroundings that make us feel good, stay well and uplift our wellbeing. You can find more ways to reimagine your wellbeing on the MHAW website.

Check out this calendar of activities taking place across our campuses, from the chance to Practice your Pepeha, to wellbeing webinars and a Rainbow breakfast, as well as walking loops, Pacific Grooves exercise classes and karakia sessions. This year several classes are also taking place on Zoom, so you can choose from even more activities no matter where you are.

View the calendar here.

More activities will be added throughout the week, so keep an eye on Te Wāhi and Daily Dose for more information. If you have something to add, please contact ItsAboutOurPlace@ccdhb.org.nz.

The daily themes of MHAW this year are inspired by Māori health model, Te Whare Tapa Whā, designed by leading Māori health advocate and Mental Health Foundation patron Sir Mason Durie. Each day you'll discover practical ideas for how you can reimagine your wellbeing so you, your whānau and Aotearoa can thrive.

- RĀHINA / MONDAY: #Whanau - *Recharge with others: Whiria te muka tangata*
- RĀTŪ / TUESDAY : #Wairua - *Rediscover everyday wonder – Whāia ngā mīharotanga o ia rā*
- RĀAPA / WEDNESDAY: #Whenua - *Return to nature – Hono ki te taiao*
- RĀPARE / THURSDAY: #Tinana - *Refuel your body – Whakamarohi i tō tinana*
- RĀMERE / FRIDAY: #Hinengaro - *Refresh your mind – Whāngaia tō hinengaro*

Labyrinths for meditation

2020 has taken us on a different journey than we expected. We have had unexpected changes in our personal and professional lives. Some of these changes have been welcomed and others have challenged and tested us. Our chaplains have developed these labyrinths to help you meditate and reflect on the year:

- Classical labyrinth
- Ancient Southern Arizona labyrinth

Work Plan

Year	2020	2021	2021	2021	2021	2021	2021	2021	2021	2021	2021	2021	2021
Month	December	January	February	March	April	May	June	July	August	September	October	November	December
Board Only Time - DATE	3-Dec	27-Jan	No Meeting	3-Mar	7-Apr	5-May	2-Jun	7-Jul	4-Aug	1-Sep	6-Oct	3-Nov	1-Dec
Hutt Valley Board		WORKSHOP		Hutt Valley Board		Hutt Valley Board		Hutt Valley Board		Hutt Valley Board		Hutt Valley Board	
Capital and Coast Board	Capital and Coast Board only time				Capital and Coast Board		Capital and Coast Board		Capital and Coast Board		Capital and Coast Board		Capital and Coast Board
Regular Reporting	3-Dec	27-Jan	No Meeting	3-Mar	7-Apr	5-May	2-Jun	7-Jul	4-Aug	1-Sep	6-Oct	3-Nov	1-Dec
Workplace Health and Safety Report	Workplace Health and Safety Report	WORKSHOP			Workplace Health and Safety Report		Workplace Health and Safety Report		Workplace Health and Safety Report		Workplace Health and Safety Report		Workplace Health and Safety Report
People, Capability and Culture Report	People, Capability and Culture Report			People, Capability and Culture Report		People, Capability and Culture Report		People, Capability and Culture Report		People, Capability and Culture Report		People, Capability and Culture Report	
Facilities and Infrastructure Report inc. Enviro Sustainability		WORKSHOP		Facilities and Infrastructure Report			Facilities and Infrastructure Report			Facilities and Infrastructure Report			Facilities and Infrastructure Report
Digital Report	Digital Report				Digital Report			Digital Report			Digital Report		
Children's Hospital													
Pacific Health Report	Pacific Health Report	WORKSHOP				Pacific Health Report			Pacific Health Report			Pacific Health Report	
Engagement	3-Dec	27-Jan	No Meeting	3-Mar	7-Apr	5-May	2-Jun	7-Jul	4-Aug	1-Sep	6-Oct	3-Nov	1-Dec
Māori Partnership Board (CCDHB)	Māori Partnership Board (CCDHB) HOLD				Māori Partnership Board (CCDHB)		Māori Partnership Board (CCDHB)		Māori Partnership Board (CCDHB)		Māori Partnership Board (CCDHB)		Māori Partnership Board (CCDHB)
Iwi Relationship Board (HVDHB)		WORKSHOP											
Clinical Council													
Citizen's Health Council													
Sub-Regional Pacific Health Strategy Group	Sub-Regional Pacific Health Strategy Group	WORKSHOP		Sub-Regional Pacific Health Strategy Group		Sub-Regional Pacific Health Strategy Group			Sub-Regional Pacific Health Strategy Group			Sub-Regional Pacific Health Strategy Group	
Wellington Hospital Foundation	Wellington Hospital Foundation			Wellington Hospital Foundation			Wellington Hospital Foundation			Wellington Hospital Foundation			Wellington Hospital Foundation
Intermittent Items	3-Dec	27-Jan	No Meeting	3-Mar	7-Apr	5-May	2-Jun	7-Jul	4-Aug	1-Sep	6-Oct	3-Nov	1-Dec
Budgets				Budgets			Budgets				Budgets		
Annual Plan		WORKSHOP		Annual Plan			Annual Plan				Annual Plan		
Annual Reports													
Planned Care Plan													

Internal Audit Plan		WORKSHOP											
Maternity Plan													
Master Site Plan													
Regular Items - every meeting	**3-Dec**	**WORKSHOP**	**No Meeting**	**3-Mar**	**7-Apr**	**5-May**	**2-Jun**	**7-Jul**	**4-Aug**	**1-Sep**	**6-Oct**	**3-Nov**	**1-Dec**
Quality and Safety Report	Quality and Safety Report			Quality and Safety Report	Quality and Safety Report	Quality and Safety Report	Quality and Safety Report	Quality and Safety Report	Quality and Safety Report	Quality and Safety Report	Quality and Safety Report	Quality and Safety Report	Quality and Safety Report
Finance and Operational Performance Report	Finance and Operational Performance Report			Finance and Operational Performance Report	Finance and Operational Performance Report	Finance and Operational Performance Report	Finance and Operational Performance Report	Finance and Operational Performance Report	Finance and Operational Performance Report	Finance and Operational Performance Report	Finance and Operational Performance Report	Finance and Operational Performance Report	Finance and Operational Performance Report
Patient Story	Patient Story	WORKSHOP		Patient Story	Patient Story	Patient Story	Patient Story	Patient Story	Patient Story	Patient Story	Patient Story	Patient Story	Patient Story
Major Capital Projects Advisory Committee Report				Major Capital Projects Advisory Committee Report		Major Capital Projects Advisory Committee Report		Major Capital Projects Advisory Committee Report		Major Capital Projects Advisory Committee Report		Major Capital Projects Advisory Committee Report	
FRAC items for Board Approval				FRAC items for Board Approval		FRAC items for Board Approval		FRAC items for Board Approval		FRAC items for Board Approval		FRAC items for Board Approval	
HSC items for Board Approval including below	HSC items for Board Approval including below	WORKSHOP		HSC items for Board Approval including below	HSC items for Board Approval including below		HSC items for Board Approval including below		HSC items for Board Approval including below		HSC items for Board Approval including below		HSC items for Board Approval including below
Te Pae Amorangi Quarterly Report	Te Pae Amorangi Quarterly Report			Te Pae Amorangi Quarterly Report			Te Pae Amorangi Quarterly Report		Te Pae Amorangi Quarterly Report				Te Pae Amorangi Quarterly Report
Taurite Ora Quarterly Report	Taurite Ora Quarterly Report												
Pacific Health and Wellbeing Strategic Plan Quarterly Report				Pacific Health and Wellbeing Strategic Plan Quarterly Report			Pacific Health and Wellbeing Strategic Plan Quarterly Report			Pacific Health and Wellbeing Strategic Plan Quarterly Report			Pacific Health and Wellbeing Strategic Plan Quarterly Report
DSAC items for Board Approval		WORKSHOP		DSAC items for Board Approval	DSAC items for Board Approval			DSAC items for Board Approval			DSAC items for Board Approval		DSAC items for Board Approval

Board Information

November 2020

Hutt Valley DHB August 2020 Financial and Operational Performance Report	
Action Required **The Board note:** (a) The Financial result for August was a favourable variance to budget of $0.4 million against the annual budget deficit of $10.6 million. (b) The Funder result for August was $1.0m favourable, Governance ($0.1m) unfavourable and Provider ($0.5m) unfavourable to budget. (c) Total Case Weighted Discharge (CWD) Activity was 8.7% ahead of plan.	
Strategic Alignment	Financial Sustainability
Authors	Judith Parkinson, General Manager Finance & Corporate Services Joy Farley, Director of Provider Services Rachel Haggerty, Director Strategy Planning & Performance
Endorsed by	Fionnagh Dougan, Chief Executive
Purpose	To update the Board on the financial performance and delivering against target performance for the DHBs
Contributors	Finance Team, Health Intelligence and Decision Support, 2DHB Hospital Services.

Executive Summary

Activity delivered by the Hutt Valley DHB provider arm - ED attendances and overall discharges, outpatient and community contacts have returned to pre COVID-19 levels and are consistent with previous years for the month of August with the exception of surgical activity which is 9% higher.

The number of patients waiting more than 120 days for treatment has marginally decreased from last month, likewise we have made inroads into the number of people waiting more than 120 days for assessment.

We continue to work on strategies to address the Hospital provider arm performance include improved access to assessment beds to free up ED and provide a more positive patient journey, expand the capacity of the Early Supported Discharge team to improve efficiency of discharge planning and "pull" patients home from ED and wards, and addressing delays in the Care coordination pathway.

Key areas of funder performance include:

- The continued roll out of the Healthcare Home remains important to improving performance in managing avoidable hospital admissions, childhood immunisations and diabetes.
- Support for older people with long-term conditions and disabilities to remain in their homes for longer

The Regional Public Health Unit are supporting Auckland with staff travelling to Auckland as well as remote support for contact tracing. MoH funding levels have not been finalised for ongoing COVID-19 work for 2020/21.

For August, the Hutt Valley DHB has a deficit of $1.5m which is $0.6m favourable to budget. Of this deficit $2.8m is in the provider arm services. Activity is 8.7% ahead of that planned. Total FTE are 62 below budget.

Strategic Considerations

Service	Financial performance and funding is a key to delivering the services for the Hutt Valley population.
People	Staff numbers are 62 below plan with additional costs in outsourced personnel if they are employed by CCDHB
Financial	Planned deficit $10.6 million, with no COVID-19 or Holidays Act provision impacts included.
Governance	The Finance Risk and Audit Committee is accountable for scrutinising the financial and operational performance reports on behalf of the board, and reporting back to the board on issues as identified by the committee.

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

2.1.1 Hutt Valley DHB August 2020 Financial and Operational Performance Report

Monthly Financial and Operational Performance Report

For period ending
31 August 2020

Reported in September 2020

Contents

Section 1

Financial and Performance Overview and Executive Summary

Executive Summary

- Activity delivered by the Hutt Valley DHB provider arm - ED attendances and overall discharges, outpatient and community contacts have returned to pre COVID-19 levels and are consistent with previous years for the month of August with the exception of surgical activity which is 9% higher.
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- Key areas of funder performance include:
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- The Regional Public Health Unit are supporting Auckland with staff travelling to Auckland as well as remote support for contact tracing. MoH funding levels have not been finalised for ongoing COVID-19 work for 2020/21.

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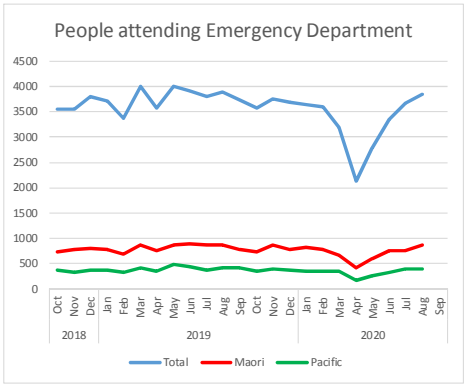
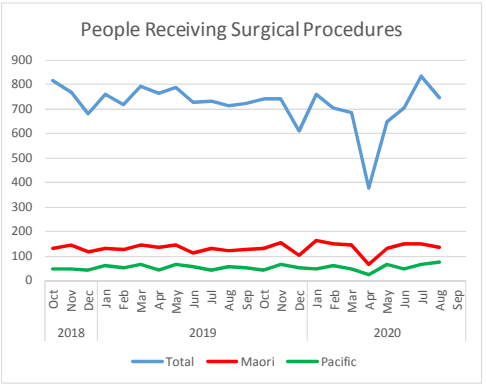
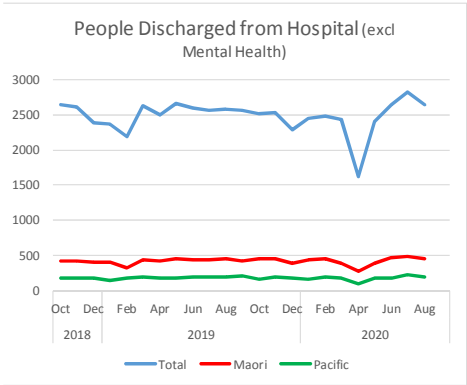
Performance Overview: Activity Context (People Served)

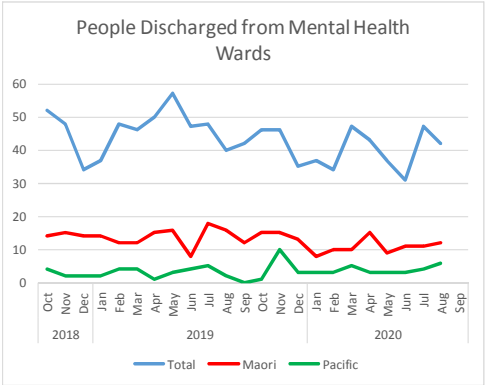
The numbers below count individuals once and are based on Hutt Valley DHB being the DHB of Service. Our services have returned to delivering services to our population without the restrictions due to COVID-19. Services continue to take necessary precautions.

People attending ED	**3,841**	869 Maori, 388 Pacific
People receiving Surgical Procedures	**744**	135 Maori, 75 Pacific
People discharged from Hospital (excl Mental Health)	**2,647**	447 Maori, 191 Pacific
People discharged from Mental Health wards	**42**	12 Maori, 6 Pacific



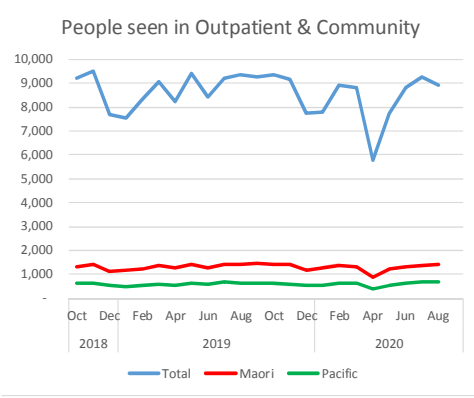


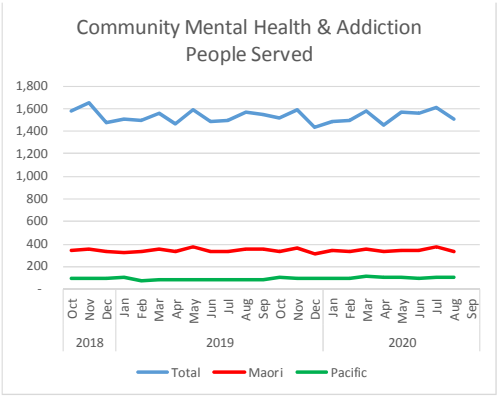


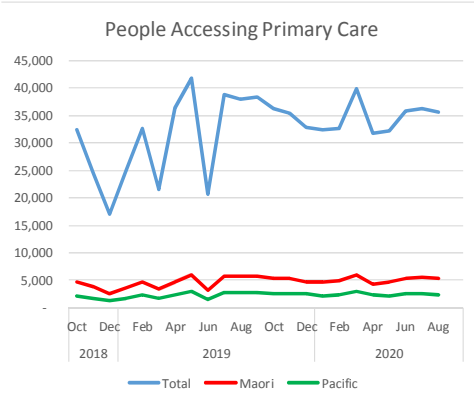


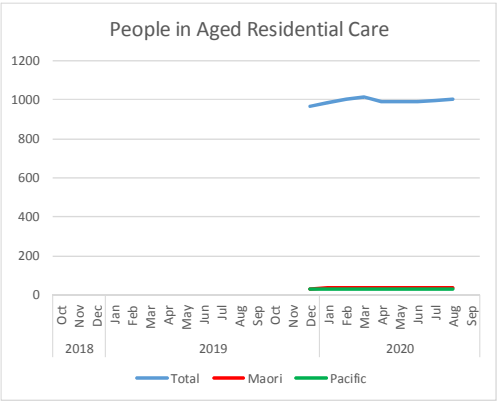
Performance Overview: Activity Context (People Served)

People seen in Outpatient & Community	**8,928**	1,397 Maori, 683 Pacific
Mental Health and Addiction Contacts	**1,506**	331 Maori, 101 Pacific
Primary Care Contacts (shows contacts and the data is 3 months old)	**35,620**	5,215 Maori, 2,379 Pacific
People in Aged Residential Care	**1,000**	37 Maori, 33 Pacific









Financial Overview – August 2020

YTD Operating Position	YTD Provider Position	YTD Funder Position	YTD Capital Exp
$1.5m deficit	$2.8m deficit	$1.3m surplus	$1.8m
Against the budgeted deficit of $2.1m.	Against the budget deficit of $1.9m.	Against the budget deficit of $0.2m.	

YTD Activity vs Plan (CWDs)	YTD Paid FTE	Annual Leave Accrual
8.7% ahead	1,995	$22.3m
249 CWDs ahead PVS plan for August. IDFs were 16 CWD below budget for the month	YTD 62FTE below annual budget of 2,057 FTE.	This is an increase of $0.6m on prior period.

Hospital Performance Overview – August 2020

YTD Shorter stays in ED	People waiting >120 days for treatment (ESPI5)	People waiting >120 days for 1st Specialist Assmt (ESPI2)	Faster Cancer Treatment
87.27%	913	798	100%
8% below the ED target of 95%, 0.5% below August 19.	Against a target of zero long waits a monthly movement of -169.	Against a target of zero long waits a monthly movement -292	We achieved the 62 day target. The 31 day target was also achieved 92.7%

YTD Activity vs Plan (CWD)	YTD Standard FTE	Serious Safety Events
8.7% ahead	1,977	1
249 CWDs ahead PVS plan for August. IDFs were 16 CWD below budget for the month	59 below YTD budget of 2,036 FTE. Month FTE was 59 under budget an upwards movement from July of 3 FTE.	An expectation is for nil SSEs at any point.

Section 2

FUNDER PERFORMANCE

Executive Summary – Funder

- Overall the funder has a positive variance of $1.422m year to date, with revenue being slightly behind and most of the underspend driven by an underspend in pharmaceuticals and mental health.
- The overspend in laboratory and capitation investment is expected to return to budget and is due to normal variation. The IDF underspend is expected to be reversed based on current patients from HVDHB in Wellington Hospital with significant complexity.
- The surveillance of COVID-19 is ongoing. CBACs and primary capacity are operating at full capacity. MOH funding levels have not been finalised for ongoing COVID-19 work in 2020/21 but are behind expected expenditure due to the latest Alert level 2.
- Regional Public Health is supporting the Auckland region providing staff to Auckland and remote contact tracing and follow-up. Funding sustainability for increased contact tracing capacity is still being reviewed by MoH.
- In this report we have also highlighted the below key areas of performance with a focus on our core services and achieving equity.
    - Childhood immunisation rates are below targets but have continued to improve for achievements of rates by milestone age.
    - Ambulatory sensitive hospitalisations remain poor, particularly for Maori and Pacific. The impacts of social determinants cannot be underestimated but the impact of the Healthcare Home roll out across General Practise is critically important to improving primary care access and performance.
    - Fewer people are entering Age Residential Care as people are supported to stay in their home and receive the support they need. Te ongoing increasing in the demand for dementia care remains challenging. Developing a wider range of services for older people is a current priority.
- The implementation of key whole of system change is progressing slowly at Hutt Valley DHB. New energy will be brought to system transformation as Strategy, Planning and Performance is fully formed.

Funder Financial Statement – August 2020

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

Month					$000s	Year to Date					Annual	
Actual	Budget	Variance	Last Year	Variance		Actual	Budget	Variance	Last Year	Variance	Budget	Last Year
					Revenue							
37,970	37,970	0	34,920	3,050	Base Funding	75,939	75,939	0	69,655	6,285	455,637	416,816
2,913	2,341	572	2,501	413	Other MOH Revenue	5,348	4,682	666	5,577	(229)	28,090	38,006
317	36	281	521	(205)	Other Revenue	280	71	209	959	(679)	427	619
9,293	9,229	64	8,583	710	IDF Inflows	18,464	18,457	7	17,094	1,370	110,742	102,280
50,493	**49,575**	**918**	**46,525**	**3,968**	**Total Revenue**	**100,032**	**99,149**	**882**	**93,285**	**6,747**	**594,895**	**557,721**
					Expenditure							
416	416	0	383	(33)	DHB Governance & Administration	831	831	0	766	(65)	4,987	4,597
21,033	21,032	(1)	20,031	(1,001)	DHB Provider Arm	41,893	42,064	171	40,048	(1,845)	252,577	241,131
					External Provider Payments							
3,482	3,357	(125)	3,321	(161)	Pharmaceuticals	6,346	6,642	296	6,943	597	38,866	37,365
4,216	4,369	153	4,232	16	Laboratory	8,853	8,737	(116)	8,464	(389)	52,424	50,903
2,535	2,541	6	2,379	(156)	Capitation	5,239	5,083	(157)	4,911	(329)	30,495	29,563
1,231	1,235	5	1,149	(82)	ARC-Rest Home Level	2,487	2,470	(17)	2,034	(453)	14,543	11,877
1,946	1,920	(26)	1,634	(311)	ARC-Hospital Level	3,811	3,840	29	3,237	(574)	22,604	19,154
2,291	2,688	397	2,119	(172)	Other HoP & Pay Equity	4,965	5,376	410	4,610	(356)	32,354	35,108
968	1,081	113	848	(120)	Mental Health	1,883	2,162	279	1,609	(274)	13,045	9,580
469	482	13	740	270	Palliative Care / Fertility / Comm Radiology	949	964	15	1,483	534	5,782	5,788
2,419	1,406	(1,013)	1,109	(1,310)	Other External Provider Payments	3,762	2,835	(927)	2,527	(1,235)	17,420	19,247
8,637	9,151	513	8,221	(416)	IDF Outflows	17,743	18,301	558	16,637	(1,106)	109,807	101,298
0	0	0	0	0	Provision for IDF Wash-ups	0	0	0	15	15	0	0
49,643	**49,676**	**33**	**46,167**	**(3,476)**	**Total Expenditure**	**98,764**	**99,304**	**540**	**93,285**	**(5,479)**	**594,905**	**565,610**
850	**(102)**	**951**	**358**	**492**	**Net Result**	**1,267**	**(155)**	**1,422**	**0**	**1,267**	**(9)**	**(7,889)**

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 on target for the month.
- Other MOH revenue is favourable $572k for August, driven by additional funding for COVID-19.
- Other revenue is favourable $281k for the month, a result of COVID-19 funding received from Wanganui DHB.
- IDF inflows are $64k favourable for the month, driven by current year wash-ups .

Other MOH Revenue Variance	MTH $000's	YTD $000's
In- Between Travel	(228)	(212)
Capitation Funding	(4)	142
COVID-19 Funding	826	788
Crown funding agreements		
Other CFA contracts	21	52
Year to date Variance $000's	**572**	**666**

Expenditure:

Governance and Administration are on budget. Provider Arm payments are close to budget.

External Provider Payments:

Pharmaceutical costs are unfavourable ($125k) for the month, favourable $296k YTD. This is expected to be close to budget as the year progresses.

Laboratory costs are favourable $153k for the month, unfavourable ($116k) YTD. This is expected to reverse as the year progresses.

Capitation expenses are $6k favourable for the month, offset by changes to revenue.

Aged residential care costs are ($21k) unfavourable for the month.

Other Health of Older People costs are favourable by $397k for the month and $410k YTD.

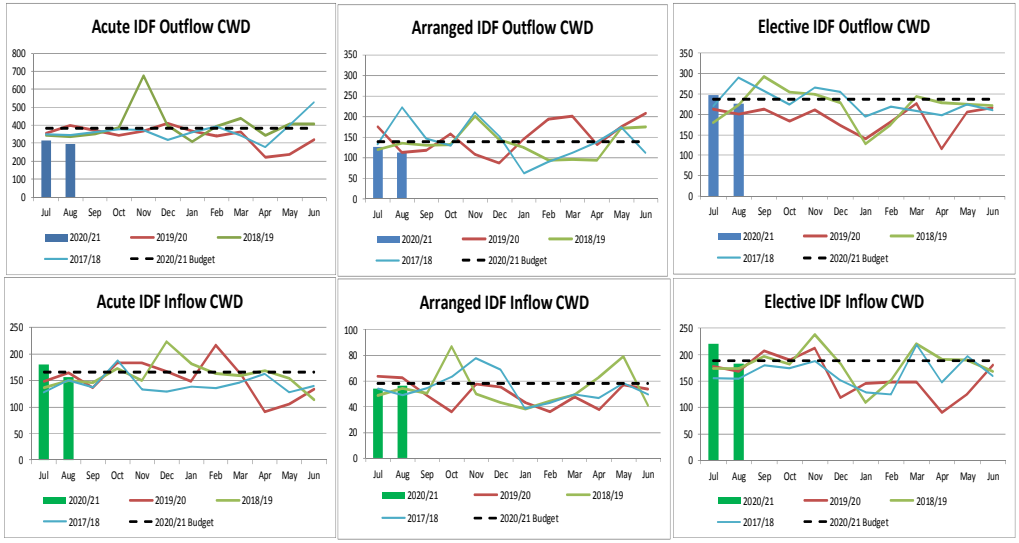
Mental Health costs are favourable $113k for the month, reflecting timing of contracts.

Palliative Care, Fertility and Community Radiology costs are favourable by $13k for the month.

Other external provider costs are unfavourable to budget ($1,013k) for the month, driven by COVID-19 payments.

IDF Outflows are favourable $513k, due to Current Year Wash-up payments.

Inter District Flows (IDF)



IDF Wash-ups and Service Changes Aug 2020		
IDF Outflows $000s	Variance to budget	
	Month	YTD
Base	0	(0)
	-	-
Wash-ups		
2020/21 Outflows	480	480
2019/20 Community Pharmacy	87	132
2019/20 Inpatients	-	0
2019/20 ATR	-	0
2019/20 Non Casemix	(72)	(72)
19/20 PCT	-	-
19/20 PHO	-	-
19/20 FFS	17	17
	-	-
Rounding (timing) differences	-	-
IDF Outflow variance	**513**	**558**

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):

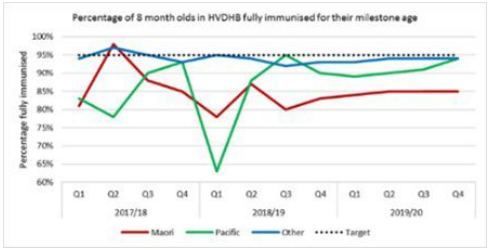
- Based on the data available, overall IDF inflows are above budget YTD by $7k, mainly in Orthopaedics, General Surgery and Gastroenterology. This result is likely to change as data is updated. Services have been implementing recovery plans since June to catch up after COVID-19 restrictions.

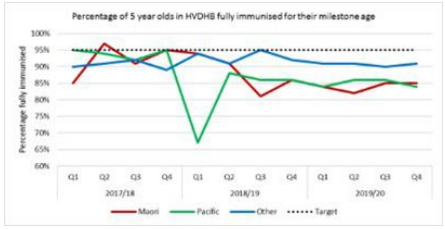
IDF Outflow (expense):

- Based on the data available, overall IDF outflows are under budget by $558k year to date, mainly due to acute and arranged inpatient outflows been under budget by $1,052k. This result is likely to change as data is updated. We have 16 admissions currently in Capital & Coast DHB which are expected to cost at least $1,403k.

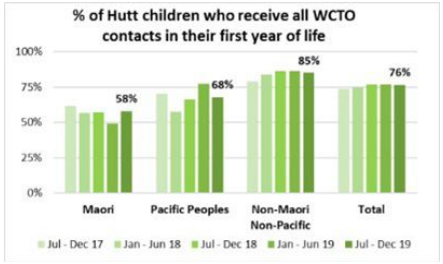
Children 0-4 years – Healthy start

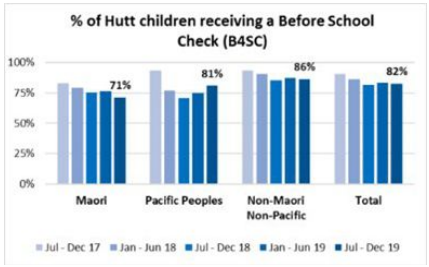
Receive all their scheduled immunisations



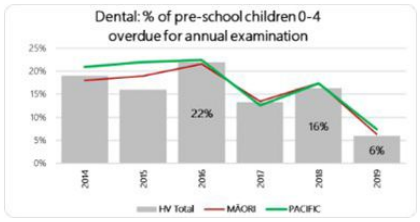


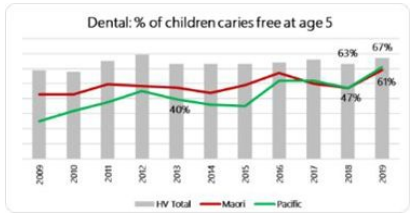
Receive all their Wellchild checks





Have healthy teeth





Healthy start: From birth to starting school, children's health is protected and supported to give them a healthy start to life - 10,160 children aged 0-4: 29% Maori, 18% Asian, 10% Pacific

How are we performing?

- 98% of estimated population is enrolled with a PHO; 91% of Maori, 97% of Pacific; 7% enrolled with PHO outside of Hutt DHB
- **Immunisation – protection:** Babies at 8 months – Pacific & Other just below target at 94% 19/20 Q4; Maori at 85% throughout 19/20
- **WCTO checks – healthy development, screening for potential problems**:
- Had all 5 core checks in first year of life: Maori 58% Pacific 68% Other 85%
- Had B4SC at four years old: Maori 71%; Pacific 81%; Other 86%. All less than National target of ≥90%
- Increase in % of Maori and Pacific children caries free at 5 to 61% is positive

What is driving performance?

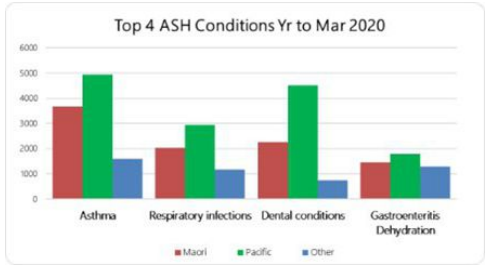
- Immunisation: Accessibility (cost, transport, childcare), media campaigns supporting immunisation, anti-vaccination lobbyists
- Well Child and B4 School Checks: Accessibility (issues include, difficulty paying for transport, or with child care responsibilities may find it difficult to attend checks).
- Child Oral Health: affordability of tooth brushes and tooth paste, and availability of cheaper unhealthy food;

What are we doing?

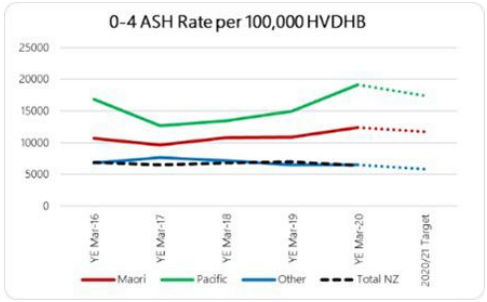
- Immunisation: RPH, general practices and outreach immunisation providers improving accessibility,
- Well Child and B4 School Checks: working with providers to ensure more accessible and appropriate – and proactive follow-up on missed checks.
- Child Oral Health: oral health promotion and interventions e.g. fluoride varnish applications and adoption of healthy food and drink policies in ECE and schools.

Children 0-4 years – Acute care

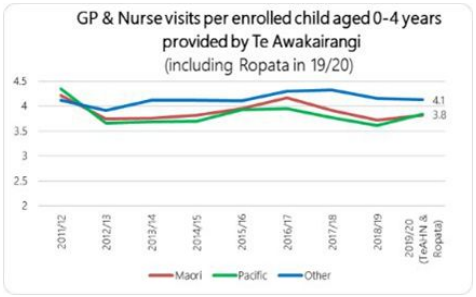
Avoidable hospitalisations



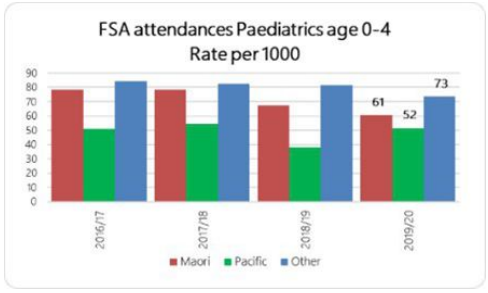
Maori	Pacific	Other
352 ASH events	94 ASH events	410 ASH events
59% Respiratory	52% Respiratory	57% Respiratory
18% Dental	24% Dental	20% Gastroenteritis

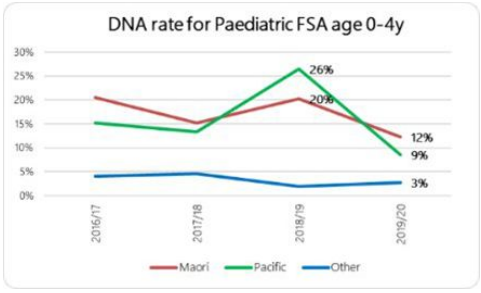


Seen by GP



Seen at Paediatric Outpatients





Healthy start: From birth to starting school, children's health is protected and supported to give them a healthy start to life – receiving acute care when they need it

Outcome measure: ASH rate

How are we performing?

- **ASH rate:** Maori 2x higher than Total NZ and Pacific 3x higher than Total NZ
- **Top 4 ASH conditions:** Maori & Pacific - mostly Asthma & respiratory infections, Dental ; Other – mostly respiratory and gastroenteritis/dehydration
- **Access to GP care:** Maori and Pacific had on average 4 GP & Nurse visits at Te Awakairangi practices – similar to Other ethnicities
- Children aged 0-4 had 37,794 GP & Nurse contacts at their practice and children under 6 had another 7,414 GP visits at After hours services
- During COVID-19 lockdown, there was significant drop in ED visits to Hutt hospital, practice visits and After Hours visits as children stayed at home with family

Paediatric outpatients

- Maori and Pacific – lower rates of FSA and total outpatient attendances than Other
- DNA rates for FSAs have decreased in 2019/20 but higher than Other

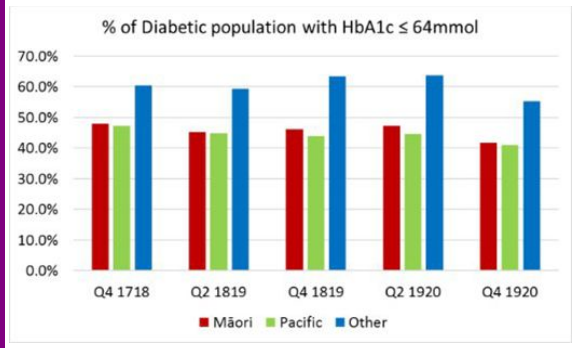
What is driving performance?

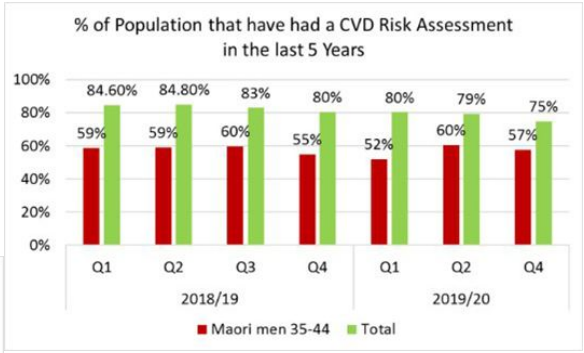
- ASH rates: Accessibility of general practice, and the social determinants of health (e.g. housing conditions, income)
- DNA rates: Barriers include timing, transport, arranging childcare

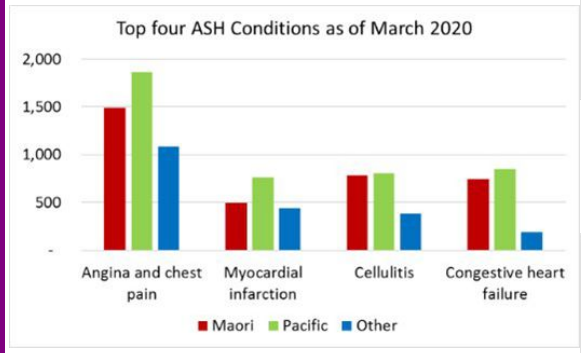
What are we doing?

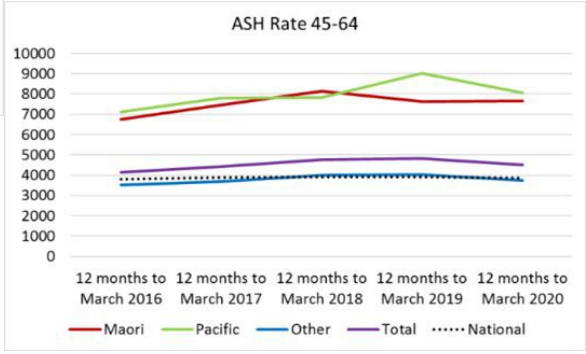
- ASH rates: fast-tracking the roll-out of the Health Care Home model
- Implementing the next phase of the Respiratory Work Programme: specialist support for primary care; consistent respiratory self-management plans
- DNA rates: proactive contact, reminder texts and provide taxi-chits where a patient has DNAd because of transport.

Primary Care: Long Term Conditions









Primary Care: General practices provide first level care for Acute care and diagnosis and management of long term conditions.

How are we performing

Managing diabetes

- The population with well-managed diabetes i.e. HbA1c ≤ 64 mmol has been decreasing over the last three years. However the population with less well-managed diabetes i.e. HbA1c ≥ 64 has been increasing.
- The number of people with no HbA1c result has been increasing, currently there are 1,262 diabetics without a result.

CVD risk assessment

- The number of people who have had a CVD Risk assessment has slightly decreased with a slight increase in Maori Men aged 35-44.

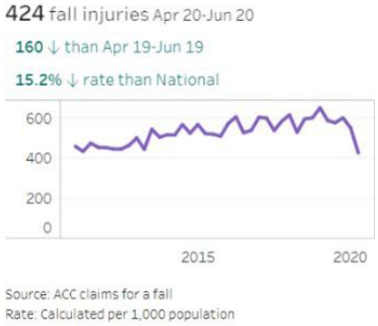
Avoidable hospitalisations (ASH)

- Angina and Chest Pain has decreased for Pacific and Other. It is constant for Maori, but is still the highest condition for the overall population.
- Congestive heart failure has significantly increased from 177 (70 Events) to 301 (119 Events), with Other and Pacific events doubling.

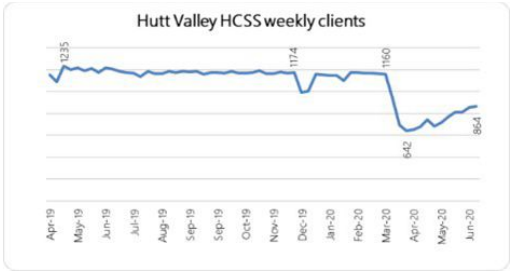
What we are doing

- We are working with our PHO regarding the decline in performance in the Diabetes services..
- TeAHN to move to practices to pro-active planning, working at an individual patient level rather than practice population level.
- Specialist support to primary care is underway, with areas for expansion being considered
- A neighbourhood approach to integration is being trialled in a population with high priority population to support specialist support to primary care, and integration with community health services

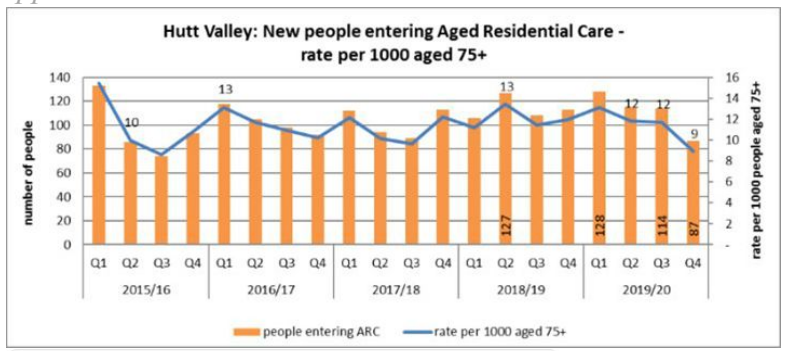
Health of Older & Frail People – community services

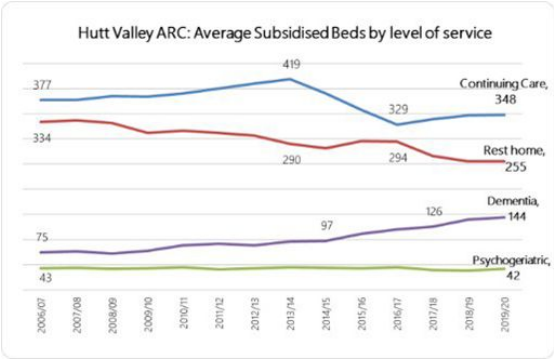


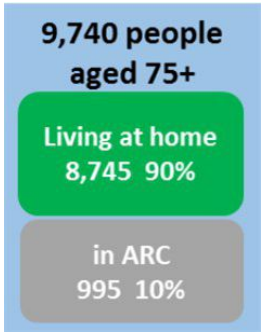
Supported to stay at home safely



Supported in residential care







Healthy Ageing: Older people are supported to maintain their independence at home, staying healthier for longer with a better quality of life and delaying entry to residential care. *Outcome measure: % older people living in own home*

How are we performing?

- 8,745 People aged 75+ years live at home - 90% (population estimate)
- 10% (995 clients) in Aged Residential Care facilities as at July 2020
- **Entering ARC:** The number of people entering ARC remained steady in 2018/19 and 2019/20 until COVID-19 lockdown in Apr-Jun 2020. On average 116 Hutt people entered ARC each quarter or 12 per 1000 people aged 75+ in 2018/19 – 2019/20 Q3. In April 2020 during COVID-19 lockdown, only 13 people entered ARC but returned to usual in May-Jun.
- **Balancing measure**: ACC claims by people aged 75+ for Falls injuries dropped during Apr-Jun 20 due to COVID-19 lockdown
- **HCSS at home:** Prior to lockdown, average 1156 Hutt people had weekly Home support Jan-Mar 2020. This dropped during COVID-19 lockdown as the service prioritised essential services to the most frail. HCSS providers delivered on average 6327 rostered home visits per week during April –May COVID-19 level 4 lockdown
- **Carer support:** 456 people caring for their frail older family member received support through day programmes, carer support and overnight respite.
- **ARC:** DHB subsidised 1,137 ARC clients in 2019/20 using 789 beds
- Rest home level – beddays for subsidised clients have been dropping over the last few years as people stay at home for longer and enter ARC at higher levels of care
- Dementia level – increasing subsidised beds as more beds have become available in new facilities
- Continuing care – highest level of care – dropped significantly in 2016/17 and increasing slightly since then to 348.

Other Commentary

People are staying at home longer and with more complex conditions with support: HCSS, Carer support, Primary Care services, DHB services

Other initiatives: Falls prevention to reduce falls and subsequent hospitalisation helping people to remain healthy at home.

Section 3

Hospital Performance

Executive Summary – Hospital Performance

- Activity delivered by the Hutt Valley DHB provider arm - ED attendances and overall discharges, outpatient and community contacts have returned to pre COVID-19 levels and are consistent with previous years for the month of August with the exception of surgical activity which is 9% higher.
- The number of patients waiting more than 120 days for treatment has marginally decreased from last month, likewise we have made inroads into the number of people waiting more than 120 days for assessment.
- We continue to work on strategies to address the Hospital provider arm performance include improved access to assessment beds to free up ED and provide a more positive patient journey, expand the capacity of the Early Supported Discharge team to improve efficiency of discharge planning and “pull” patients home from ED and wards, and addressing delays in the Care coordination pathway.
- The Hospital provider arm remains unfavourable to budget. This is driven by personnel costs in excess of both Nursing, Allied Health and Support staff and treatment related. The trend for patient activity and acuity and the impact of increasingly older, frailer and more complex patients/increasing one to one care, treatment related costs particularly treatment disposables and implants are high this month taking us well ahead of plan in line with the increased surgery. Increasing accrued annual leave has been highlighted as a variance; leave management plans are in place with a proactive approach being taken by managers and leaders.
- Supporting the impact of more complex patients/increasing one to one care is that patient acuity hours were the highest since July 2018. Staff vacancies, gaps with staff on special leave, a higher rate of unplanned leave, and less than optimal skill mix to meet the acuity leads to roster gaps which have to be filled with overtime, casual and allocation resource. Unplanned leave was higher as a result of winter illnesses with staff (seen across the whole hospital). Nursing Mitigations in place include active recruitment for the required FTE to reduce overtime, casual/allocation use, completion of the CCDM roll put and continual review use of minders/cohort watches to keep the level to a reasonable safe level.

Hospital Throughput

Month					Hutt Valley DHB Hospital Throughput YTD Aug-20	Year to Date					Annual	
Actual	Budget	Variance Actual vs Budget	Last year	Variance Actual vs Last year		Actual	Budget	Variance Actual vs Budget	Last year	Variance Actual vs Last year	Annual Budget	Last year
					Discharges							
1,153	1,172	19	1,020	(133)	Surgical	2,435	2,240	(195)	2,099	(336)	12,950	12,797
1,949	1,820	(129)	1,973	24	Medical	3,831	3,488	(343)	3,913	82	20,240	19,506
454	424	(30)	488	34	Other	967	834	(133)	957	(10)	4,871	5,474
3,556	**3,416**	**(140)**	**3,481**	**(75)**	**Total**	**7,233**	**6,561**	**(672)**	**6,969**	**(264)**	**38,061**	**37,777**
					CWD							
1,263	1,224	(39)	1,211	(52)	Surgical	2,558	2,386	(172)	2,392	(166)	13,889	12,852
996	1,133	137	1,127	131	Medical	1,961	2,208	247	2,219	259	12,225	11,991
521	372	(148)	397	(124)	Other	1,081	735	(346)	851	(230)	4,305	4,698
2,780	**2,729**	**(50)**	**2,735**	**(45)**	**Total**	**5,599**	**5,328**	**(271)**	**5,462**	**(137)**	**30,419**	**29,540**
					Other							
4,281	4,167	(114)	4,348	67	Total ED Attendances	8,320	8,307	(13)	8,598	278	48,696	47,491
1,017	1,036	19	1,053	36	ED Admissions	2,086	2,080	(6)	2,065	(21)	11,386	11,847
791	836	45	752	(39)	Theatre Visits	1,659	1,605	(54)	1,522	(137)	9,370	9,271
144	123	(21)	122	(22)	Non- theatre Proc	304	260	(44)	271	(33)	1,500	1,891
7,866	7,464	(402)	7,814	(52)	Bed Days	15,444	14,499	(945)	15,501	58	82,873	85,515
4.72	4.50	(0.22)	4.37	(0.35)	ALOS Inpatient	4.52	4.50	(0.02)	4.42	(0.10)	4.50	4.29
2.14	2.18	0.04	2.18	0.04	ALOS Total	2.05	2.18	0.13	2.20	0.14	2.18	2.20
7.09%	8.02%	0.92%	8.38%	1.29%	Acute Readmission	7.09%	8.02%	0.92%	8.03%	0.94%	7.31%	7.36%

In August, Medical discharges were above budget but similar to the same time last year. Surgical discharges were slightly below budget but higher than the same time last year. Surgical caseweights are higher than budget so far this year and Medical is below budget but caseweights may increase as the coding process is completed. Other services have had higher discharges and caseweights than budget year to date.

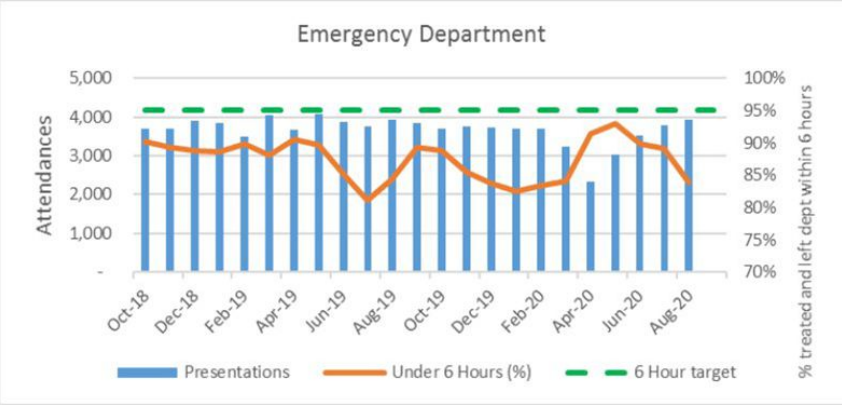
ED volumes for the month were higher than budget but lower than the same time last year. The number of patients who were admitted from ED is close to budget. Theatre visits in August were lower than budget for the month, but year to date, they are 9% higher than the same time last year as services implement recovery plans after COVID-19 restrictions. Non-theatre procedures are also higher than budget for the month and year to date. Bed days were higher than budget in August but similar to the same time last year. Inpatient ALOS in August was higher than budget and the same time last year. The acute readmission rate is lower than budget.

Operational Performance Scorecard – 13 mths

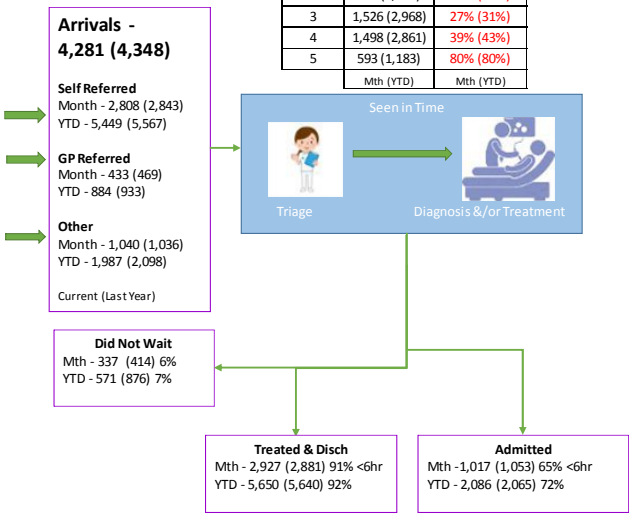
			13 Months Performance Trend													Last Four Weeks			
Domain	Indicator (MoH KPIs highlighted yellow)	2019/20 Target	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	10/08/20	17/08/20	24/08/20	31/08/20
Safe	Serious Safety Events[1]	Zero SSEs	4	1	6	3	0	1	4	1	2	2	2	3	3				
	SABSI Cases [2]	Zero	0	0	0	0	0	1	0	0	0	0	0	0	0				
	C. difficile infected diarrhoea cases	Zero	2	1	2	2	1	2	2	4	0	2	0	2	4				
	Hand Hygiene compliance (quarterly)	≥ 80%	86%			84%			83%			87%			TBC				
	Seclusion Hours- average per event (MH Inpatient ward TWA)[3]		0.0	14.5	81.0	126.8	36.4	21.8	14.0	31.1	39.1	16.3	13.8	27.7	*CCDHB				
Patient and Family Centred	Complaints Resolved within 35 calendar days[4]	≥90%																	
	Patient reported experience measure[5] (quarterly)	≥80%	85.3%			N/a			N/a			N/a							
Timely	Emergency Presentations	49,056	4,348	4,166	4,054	4,239	4,133	4,053	4,028	3,558	2,405	3,104	3,721	4,039	4,281	945	932	960	853
	Shorter Stays in ED (SSiED) % within 6hrs	≥95%	84.4%	89.3%	88.7%	84.6%	83.7%	82.6%	83.5%	83.9%	91.4%	93.0%	89.9%	89.2%	84.0%	81.0%	83.2%	85.4%	87.8%
	SSiED % within 6hrs - non admitted	≥95%	90.4%	94.1%	92.7%	90.1%	90.9%	89.5%	90.1%	90.1%	95.7%	97.0%	94.7%	93.3%	90.7%	87.9%	90.9%	91.4%	91.7%
	SSiED % within 6hrs - admitted	≥95%	67.9%	75.2%	77.7%	71.0%	64.5%	63.1%	64.4%	66.6%	81.1%	82.4%	76.1%	78.6%	64.5%	62.6%	62.6%	67.3%	77.8%
	Total Elective Surgery Long Waits -ESPI 5	Zero Long Waits	275	304	435	535	625	726	719	821	1,012	1,077	1,130	1,082	913	946	910	878	863
	No. Theater surgeries cancelled (OP 1-8)		143	162	169	137	116	134	98	194	50	72	98	140	148	34	41	37	8
	Total Elective & Acute Operations in MainTheatres 1-8[6]		752	744	788	769	664	784	743	704	389	673	733	868	791	178	192	184	40
	Specialist Outpatient Long Waits- ESPI 2	Zero Long Waits	490	564	587	631	891	1,130	1,194	1,265	1,396	1,384	1,240	1,096	798	935	875	814	776
	Outpatient Failure to Attend %	≤6.3%	6.3%	6.6%	6.8%	6.9%	7.6%	7.1%	7.6%	6.9%	6.1%	7.4%	8.3%	6.8%	6.2%	6.7%	4.2%	5.4%	4.5%
	Full Year Forecast surplus / (deficit) $m - Provider (1) (2)	($2.03)	($2.03)	($4.48)	($6.90)	($5.21)	($5.21)	($6.57)	($8.19)	($10.37)	($13.04)	($13.59)	($14.20)	($10.61)	TBC				
	Full Year Forecast surplus / (deficit) $m - DHB (1) (2)	($8.14)	($8.14)	($8.97)	($8.14)	($8.58)	($8.58)	($8.76)	($10.39)	($13.04)	($14.64)	($15.64)	($21.45)	($10.65)	TBC				
	% Theatre utilisation (Elective Sessions only)[7]	≤90%	88.5%	87.9%	87.1%	86.5%	85.5%	87.9%	89.6%	86.4%	74.5%	85.2%	87.6%	85.7%	87.7%				
	Overnight Patients - Average Length of Stay (days)	≤4.3	4.38	4.36	4.82	4.52	4.37	4.34	4.35	5.31	4.90	4.26	4.44	4.39	4.75	4.61	4.43	4.78	4.70
	Long Stay Patients Not Yet Discharged (>14 days)	≤5	14	21	13	10	23	15	16	7	12	15	14	16	21	15	20	18	21
	Overnight Beds (General Occupancy) - Average Occupied	≤130	140	140	135	138	137	131	136	129	105	118	136	141	151	146	152	153	145
	Overnight Beds (General Occupancy) - % Funded Beds Occupied	≤85%	85.9%	86.2%	87.9%	89.5%	89.0%	87.2%	88.2%	79.5%	65.1%	73.1%	84.2%	86.8%	93.1%	90.3%	93.9%	94.5%	89.3%
	All Beds - ave. beds occupied[8]	≤250	253	250	242	244	232	231	244	223	179	207	241	244	254	241	266	267	254
	% sick Leave v standard	≤3.5%	3.9%	3.7%	3.5%	2.9%	2.7%	2.0%	2.5%	3.6%	7.5%	6.9%	3.1%	4.3%	4.2%				
	% Nursing agency v employee	≤1.49%	2.0%	3.8%	2.6%	2.3%	1.7%	3.9%	3.0%	2.6%	2.3%	3.3%	2.0%	1.6%	TBC				
	% overtime v standard (medical)	≤9.22%	9.6%	7.4%	8.7%	11.2%	5.9%	11.6%	9.3%	7.6%	9.2%	9.7%	9.2%	6.7%	TBC				
	% overtime v standard (nursing)	≤5.47%	12.6%	12.8%	12.4%	13.8%	11.5%	17.9%	14.1%	10.6%	13.2%	12.6%	12.3%	10.8%	TBC				

Refer to later pages for more details on HVDHB performance. Highlighted where an identified target in 20/21.

Shorter Stays in Emergency Department (ED)



Category	Volume	% Seen in time
1	20 (48)	100% (100%)
2	644 (1,260)	41% (45%)
3	1,526 (2,968)	27% (31%)
4	1,498 (2,861)	39% (43%)
5	593 (1,183)	80% (80%)
	Mth (YTD)	Mth (YTD)



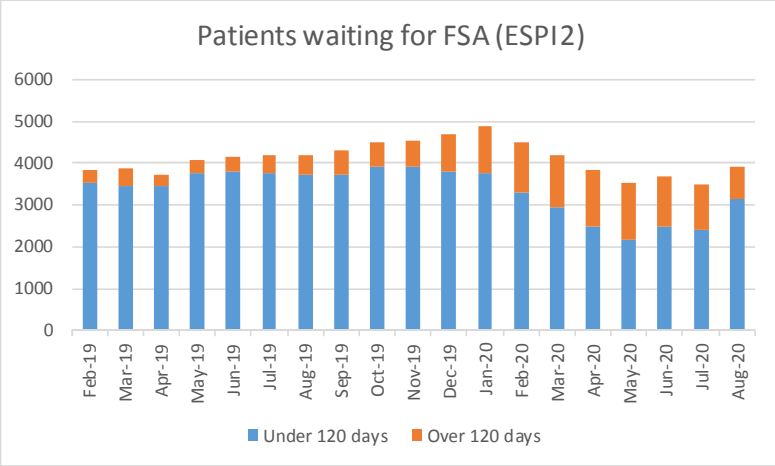
- **What is this Measure**
  - The percentage of patients admitted, discharged and transferred from an Emergency Department within 6 hours.
- **Why is it important**
  - This indicator measures flow through the whole system it is impacted by the number of people arriving at ED, how fast ED treats them, availability of beds in the hospital and community service availability.
- **How are we performing**
  - Performance of the target improved during April with lower numbers through the ED however the performance has fallen since to 84% in August.
- **What is driving Performance**
  - We continue to have increased presentations to ED and high occupancy last month impacting hospital flow which in turn affects length of stay in ED.

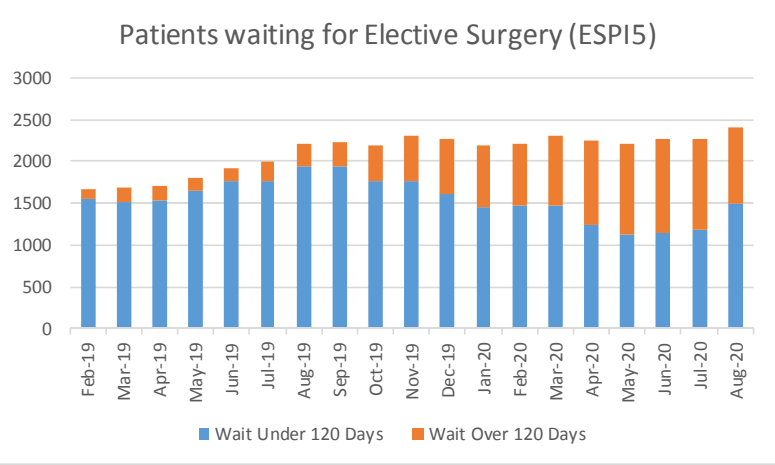
- **Management Comment**

The following work streams are being rolled out:

- CCDHB hospital flow issues have meant transfer of cardiac patients for interventions has been delayed, adversely affecting HVDHB flow.
- MAPU is working well to include General Surgical and Gynaecology patients, however hospital flow issues have increased length of stay in this area.
- The 2DHB Care Coordination pathway and guidelines are developed for imminent release. Joint work with CareCo has identified joint process issues for improvement activities, and integrating NASC processes into discharge planning processes in a more timely way

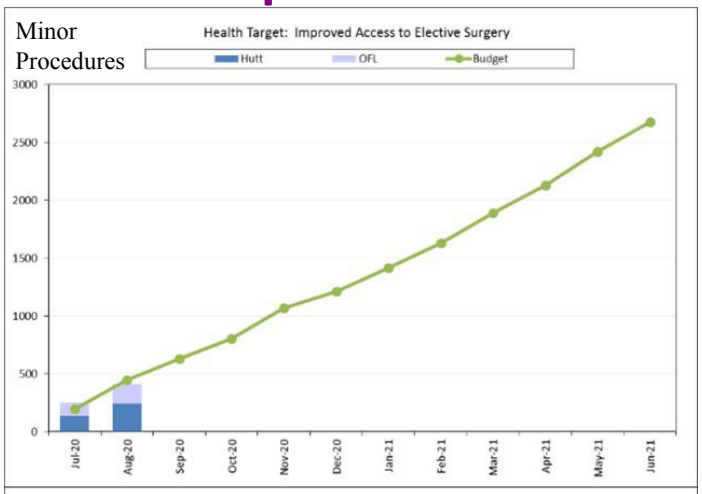
Waiting times - Planned Care

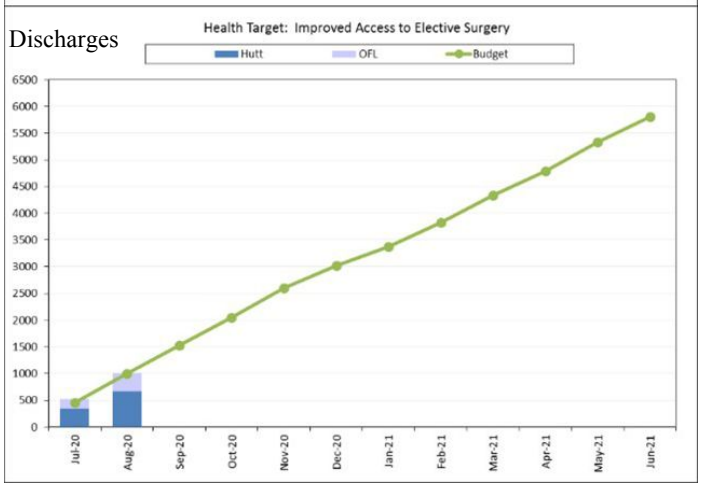




- **What is this measure?**
  - The delivery of Specialist assessments or Treatment within 120 days
- **Why is it important?**
  - It is important to ensure patients receive care at the most appropriate time to support improved health.
- **How are we performing?**
  - The total waiting for an FSA increased by 6% this month however the number waiting over 120 days decreased by 27% (292)
  - The number waiting for elective surgery increased by 136 to 2,406 and the number waiting over 120 days fell by 169 to 913
- **What is driving performance?**
  - Long waiting lists are a challenge with acute demand impacting on available operating theatre space combined with winter bed demand resulting in cancelled surgery. ESPI 5 is at 913.
- **Management Comment**
  - August saw a rise in the number of patients waiting more than 120 days for treatment from last month, and also in the number of people waiting more than 120 days for assessment. Work is underway on an outsourcing plan to support recovery. However this is going to be a long slow recovery.
  - We have worked on bids to MOH for
    - i) initiative funding to address the Orthopaedic FSA waiting list and
    - ii) a capital bid to establish a procedure suite which will assist us to increase capacity in main theatre.

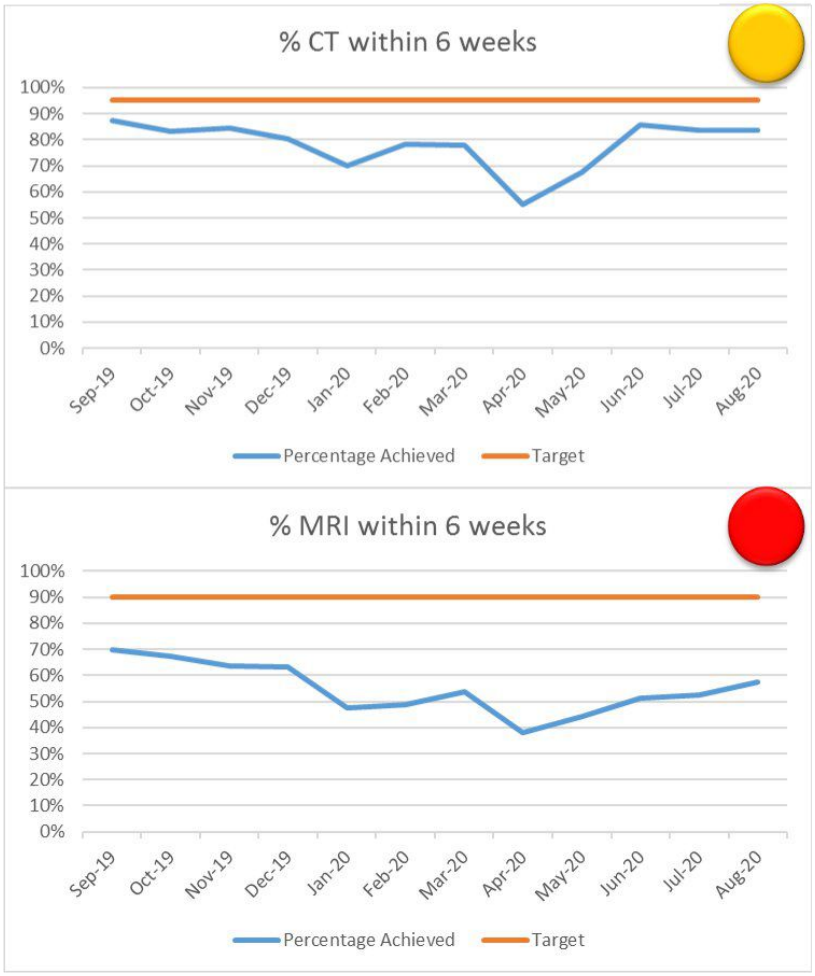
Planned Care – Inpatient discharges and Minor procedures





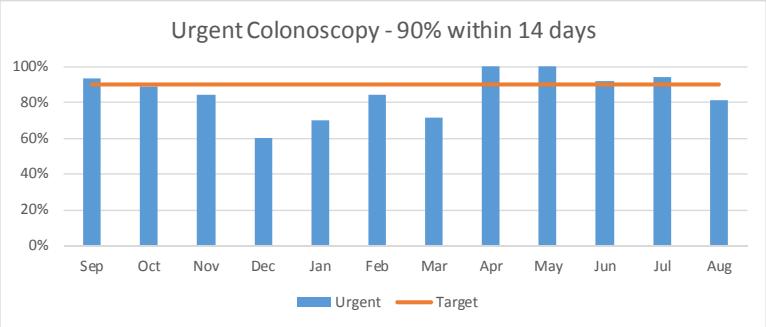
- **What is this measure?**
  - The delivery of an agreed number of inpatient surgical discharges and minor procedures to the Hutt Valley Population
- **Why is it important?**
  - It is important to ensure patients are receiving the planned care procedures required.
- **How are we performing?**
  - Phasing of budgets has been confirmed with the Ministry of Health
  - Both discharges and Minor procedures exceeded target
- **What is driving performance?**
  - A number of staffing issues and the close down during the COVID-19 lock down have resulted in an increase in patients waiting
  - There continued to be a number of minor procedures completed during the lockdown both in the hospital and community
- **Management Comment**
  - The total August planned care target was met.
  - We continue working with our SMO's to schedule surgery and utilising private providers to reduce our surgical waiting list. Based on those with greatest clinical urgency and risk of deterioration.
  - PCI volumes for 2020-2021 have been approved by MoH. There is MOH commitment to $2.261 million in year one additional PCI funding for HVDHB Improvement Action Plan recovery and we are in discussion with the Ministry about this and separate initiative and capex funding bid potential. The funding is significantly less than the finances required to close the waiting list ESPI 2 and ESPI 5 gaps.
  - An opportunity has arisen to submit a Capex proposal to MOH for a 2 stage build of a 5 bed procedure suite. FRAC will receive further information on this at the October meeting. The Suite will cover off i) deliver minor procedures under LA outside of main OT ii) support us to deliver greater volumes of complex elective surgery in main OT in replacement of minor procedures iii) Plastics Service significant clinical risks (as presented in May 2020 to the Board) (iv) maintain our strategy of increasing access for acute surgery to reduce bed block.

CT & MRI wait times

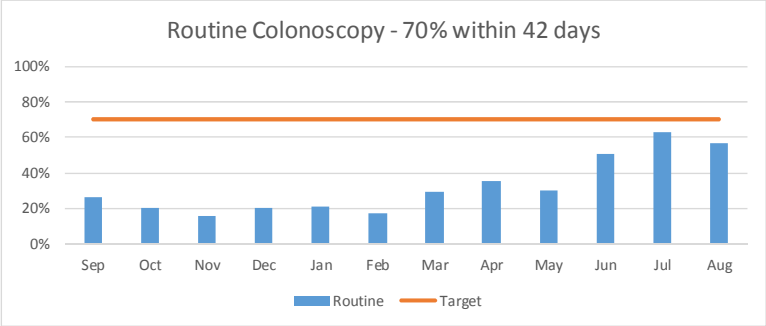


- **What is this measure?**
  - The delivery of computerised tomography (CT) scans and Magnetic Resonance Imaging (MRI) scans in a timely fashion to non-acute patients (within 42 days of referral).
- **Why is it important?**
  - Delayed diagnostic results can negatively affect health outcomes.
- **How are we performing?**
  - The % of patients receiving their MRI within 6 weeks continues to increase.
  - CT wait times remain close to target although performance fell a little in August.
- **What is driving performance?**
  - There is insufficient radiologist capacity to meet reporting demand; resulting in outsourcing and delays. Some level of reduced capacity will continue for the foreseeable future.
  - Discussions with the union around weekend rates are ongoing, we will commence weekend scanning when these are resolved
- **Management comment**
- We are also supporting CCDHB by scanning all Hutt Valley domicile patients even if they are under care at CCDHB.
- Actions currently underway:
  - Working on best outsourcing approach in light of radiologist vacancies.
  - Reviewing intervention lists, due to radiologist vacancies
  - Reviewing Wairarapa radiology contract, as rates have not increased for several years
  - Reviewing current workflow within Radiology to maximise flexibility of bookings and acute imaging response.

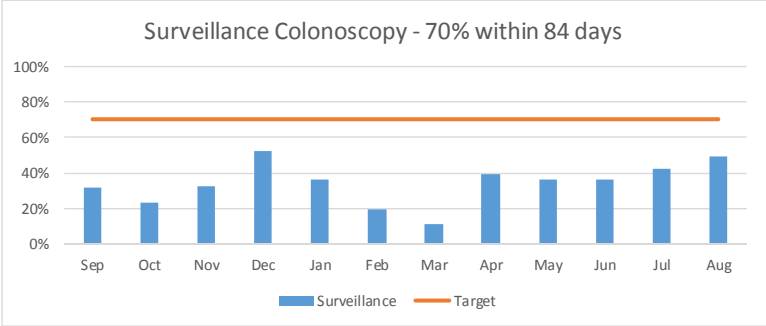
Colonoscopy Wait Times



Urgent
89% YTD



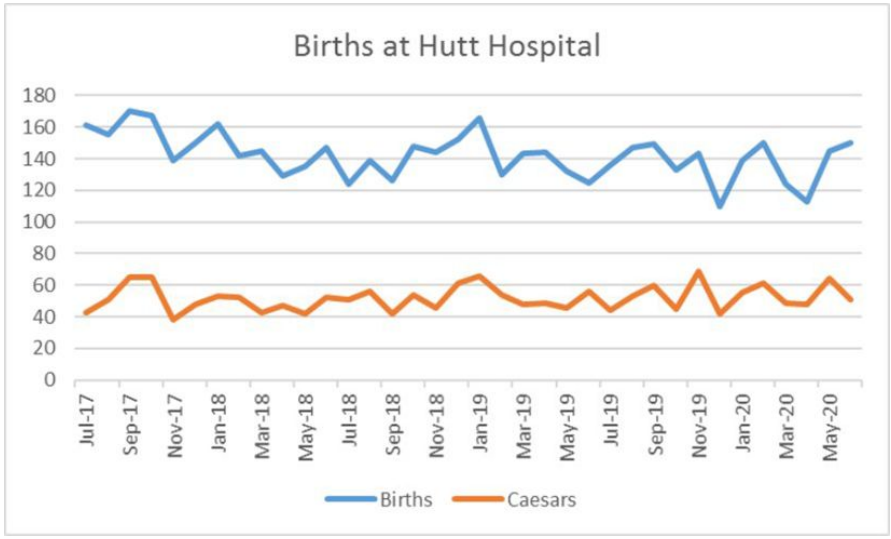
Routine
60% YTD

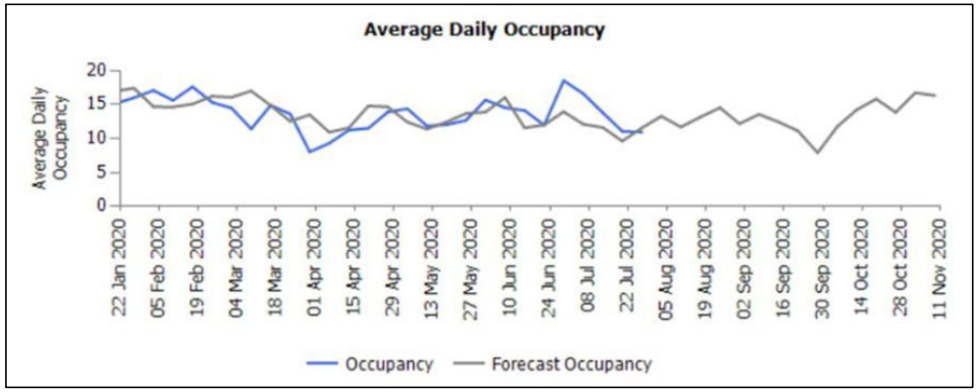


Surveil
46% YTD

- **What is this measure?**
  - The delivery of Colonoscopy, urgent within 14 days, routine 42 days and surveillance within 84 days of being due.
- **Why is it important?**
  - Delayed diagnostic results can negatively affect health outcomes.
- **How are we performing?**
  - We are close to meeting the urgent colonoscopy target however we continue to struggle with both routine and surveillance
- **What is driving performance?**
  - There is insufficient staffing capacity to meet demand. Some level of reduced capacity will continue for the foreseeable future but this is difficult to model with confidence.
- **Management comment**
  - Whilst we had fewer referrals during COVID-19 lockdown, we have seen a large increase in our referrals for June and July, resulting in a decreased ability to meet this timeframe, however, we are tracking at 98% for Routine patients at the 100% timeframe of 90 days
  - We are awaiting sign-off by the CEO to enable recruitment of a Nurse Endoscopist.
  - We continue to increase in our efforts to meet the 100% timeframes and are tracking in line with our Recovery and Production Plans.
  - There were 245 patients waiting more than the maximum waiting times compared with 550 at the time of the report to the board in February; < 8% were Maori or Pacific.

Maternity





- **What is the issue?**
  - In 2019 a number of clinical and community concerns around Hutt hospital's maternity services were identified.
- **Why is it important?**
  - An external review of the service and HDC investigations showed a number of areas where improvements needed to be made.
- **How are we performing?**
  - We are receiving an increase in positive feedback from women using our maternity service
  - The number of births at Hutt hospital remained relatively stable
  - The Caesarian rate for the 12 months to June 2020 was an average of 39% which is an increase on the previous 12 months average of 38%. During alert level 4 and 3 less caesarean sections were done and this change in practice reduced high risk surgical intervention during the pandemic.
  - Bed Occupancy rose in June but fell towards the end of July
- **Management comment**

  We provided the Ministry of Health Single Stage Business Case for endorsement by the Capital Investment Committee.
  - On 28 August we provided MOH with the single stage business case to upgrade maternity and special care baby unit facilities.
  - The Capital and Investment Committee will consider the business on 15 September.
  - Oversight of progress on the maternity review recommendations is in place through the WHS Improvement Governance Group.
  - An intranet site has been refreshed so our staff can stay informed of progress in WHS.

Section 4

Financial Performance & Sustainability

Summary the Financial Performance for August 2020

Month					Hutt Valley DHB Operating Report for the month of August 2020	Year to date					Annual	
Actual	Budget	Variance	Last Year	Variance	$000s	Actual	Budget	Variance	Last Year	Variance	Budget	Last Year
					Revenue							
40,883	40,313	570	37,421	3,462	Devolved MoH Revenue	81,287	80,625	662	75,232	6,056	483,750	454,822
1,789	1,661	128	1,494	295	Non Devolved MoH Revenue	3,787	3,285	502	3,145	642	20,049	19,272
645	642	2	700	(56)	ACC Revenue	1,240	1,217	23	1,320	(80)	7,219	6,457
503	522	(18)	980	(477)	Other Revenue	1,107	1,051	56	1,953	(845)	6,309	6,074
9,293	9,229	64	8,585	708	IDF Inflow	18,464	18,457	7	17,097	1,367	110,742	102,288
778	303	475	142	637	Inter DHB Provider Revenue	1,250	606	644	436	814	3,637	4,507
53,891	**52,669**	**1,222**	**49,322**	**4,568**	**Total Revenue**	**107,137**	**105,242**	**1,895**	**99,182**	**7,954**	**631,707**	**593,420**
					Expenditure							
					Employee Expenses							
5,475	5,019	(455)	4,894	(581)	Medical Employees	10,841	10,517	(324)	10,033	(808)	63,312	60,010
6,089	6,178	90	6,046	(42)	Nursing Employees	13,057	12,937	(119)	12,214	(843)	76,768	75,339
2,594	2,762	168	2,701	108	Allied Health Employees	5,523	5,744	221	5,301	(222)	34,601	32,175
696	666	(30)	662	(34)	Support Employees	1,528	1,395	(134)	1,476	(53)	8,394	8,676
2,259	2,478	219	2,438	179	Management and Admin Employees	4,994	5,189	195	5,121	127	30,812	28,166
17,112	**17,104**	**(8)**	**16,741**	**(371)**	**Total Employee Expenses**	**35,943**	**35,783**	**(160)**	**34,144**	**(1,799)**	**213,888**	**204,366**
					Outsourced Personnel Expenses							
405	247	(158)	313	(92)	Medical Personnel	630	495	(136)	365	(266)	2,965	3,763
66	91	25	121	55	Nursing Personnel	179	182	3	263	84	1,093	2,002
45	87	42	29	(16)	Allied Health Personnel	78	175	97	63	(15)	1,049	583
35	20	(15)	45	10	Support Personnel	109	41	(68)	113	5	244	522
381	119	(262)	90	(291)	Management and Admin Personnel	497	208	(289)	181	(315)	1,765	1,671
933	**565**	**(367)**	**598**	**(334)**	**Total Outsourced Personnel Expenses**	**1,493**	**1,100**	**(392)**	**986**	**(507)**	**7,116**	**8,541**
632	697	64	307	(326)	Outsourced Other Expenses	1,472	1,393	(79)	1,226	(245)	8,363	9,845
2,544	2,353	(192)	2,718	174	Treatment Related Costs	5,333	4,719	(614)	5,187	(146)	28,666	27,169
1,999	1,571	(429)	1,747	(253)	Non Treatment Related Costs	3,838	3,159	(679)	3,370	(468)	18,463	37,215
8,637	9,151	513	8,221	(416)	IDF Outflow	17,743	18,301	558	16,637	(1,106)	109,807	101,298
19,557	19,079	(479)	17,531	(2,026)	Other External Provider Costs	38,296	38,108	(189)	35,834	(2,463)	227,534	218,583
2,318	2,377	59	2,327	8	Interest, Depreciation & Capital Charge	4,530	4,754	225	4,521	(9)	28,517	25,186
53,733	**52,896**	**(838)**	**50,191**	**(3,543)**	**Total Expenditure**	**108,647**	**107,317**	**(1,330)**	**101,904**	**(6,743)**	**642,352**	**632,203**
157	**(227)**	**384**	**(868)**	**1,026**	**Net Result**	**(1,511)**	**(2,075)**	**565**	**(2,722)**	**1,212**	**(10,645)**	**(38,784)**
					Result by Output Class							
850	(102)	951	358	492	Funder	1,267	(155)	1,422	0	1,267	(9)	(7,889)
(81)	(1)	(80)	26	(107)	Governance	29	13	16	61	(31)	(25)	634
(611)	(125)	(486)	(1,252)	641	Provider	(2,807)	(1,934)	(873)	(2,783)	(24)	(10,611)	(31,528)
157	**(227)**	**384**	**(868)**	**1,026**	**Net Result**	**(1,511)**	**(2,075)**	**565**	**(2,722)**	**1,212**	**(10,645)**	**(38,784)**

There may be rounding differences in this report

Executive Summary – Financial Position

Financial performance year to date

- Total Revenue favourable $1,895k
- Personnel and outsourced Personnel unfavourable ($553k)
  - Medical unfavourable ($460k); Nursing unfavourable ($116k); Allied Health favourable $318k, Support Staff unfavourable ($202k); Management and Admin unfavourable ($93k); Annual leave Liability cost has increased by $2,965k since August 2019
- Outsourced other expenses unfavourable ($79k)
- Treatment related Costs unfavourable ($614k)
- Non Treatment Related Costs unfavourable ($679k)
- IDF Outflow favourable $558k
- Other External Provider Costs unfavourable ($189k)
- Interest depreciation and capital charge favourable $225k

Analysis of Operating Position – Revenue

- **Revenue:** Total revenue favourable $1,222k for the month
  - Devolved MOH revenue $570k favourable, driven by COVID-19.
  - Non Devolved revenue $128k favourable driven largely by the recognition of Regional Public Health contract Revenue, originally deferred due to COVID-19.
  - ACC Revenue $2k favourable.
  - Other revenue ($18k) unfavourable for the month reflecting lower than expected co-patient revenue.
  - IDF inflows favourable $64k for the month.
  - Inter DHB Revenue favourable $475k, reflecting the use of shared 2 & 3DHB services.

COVID – 19 Revenue and Costs

YTD Result - August 2020	Funder [1]	Provider (excl. Regional Public Health)	Provider - Regional Public Health (RPH)	Total
$000s	Actual	Actual	Actual	Actual
Revenue				
Devolved MoH Revenue Recognised - COVID19 [2]	1,295	(0)	256	1,550
Expenditure				
Employee Expenses				
Medical Employees		(9)	116	107
Nursing Employees		2	17	19
Allied Health Employees		9	145	155
Support Employees		2	32	35
Management and Admin Employees		5	14	19
Total Employee Expenses	**0**	**9**	**325**	**334**
Expenses				
Outsoruced - Provider	0	0	74	74
External Providers - Funder	1,020			1,020
Clinical Expenses - Provider	0	(1)	1	(0)
Non-clinical Expenses- Provider	0	100	0	100
Total Non Employee Expenses	**1,020**	**99**	**75**	**1,194**
Total Expenditure	**1,020**	**109**	**399**	**1,528**
Net Impact	**275**	**(109)**	**(144)**	**22**

(1) Net of RPH tagged funding
(2) Includes funding via Whanganui DHB

- The August year to date financial position includes $1.5m additional costs in relation to COVID-19.
- Revenue of $1.6m has been received to fund additional costs for community providers and Regional Public Health.
- The net impact year to date is $0.0m additional costs currently unfunded.

Analysis of Operating Position – Personnel

- **Total Personnel** including outsourced unfavourable ($375k) for the month
  - Medical personnel incl. outsourced unfavourable ($613k). Outsourced costs are ($158k) unfavourable Medical Staff Internal are ($455k) unfavourable including registrar increased annual leave balance and additional duties.
  - Nursing incl. outsourced $115k favourable. Employee costs are $90k favourable, driven by Senior Nurses $64k, Registered Nurses $179k and registered Midwives $93k, partly offset by Internal Bureau Nurses and Health Care Assistants ($396k). This reflects the partial implementation of the Care Capacity Demand Management (CCDM) process.
  - Allied Health incl. outsourced $210k favourable, with outsourced favourable $42k, internal employees favourable $168k mostly in Regional Public Health.
  - Support incl. outsourced unfavourable ($45k), with Outsourced ($15k) unfavourable, and employee costs ($30k) unfavourable, driven by Tradesmen and Maintenance Supervisors cover ($20k) and Sterile Supply Assistants ($22k).
  - Management & Admin incl. outsourced unfavourable ($43k); internal staff favourable $219k, Outsourced unfavourable ($262k). This reflects the transition of Hutt Valley ICT staff to CCDHB payroll mid-month.
  - Sick leave for August was 4.2%, which is higher than the same time last year, which was 3.1%.

FTE Analysis

Month					FTE Report	Year To Date					Annual	
Actual	Budget	Variance	Last Year	Variance	Aug-20	Actual	Budget	Variance	Last Year	Variance	Budget	Last Year
					FTE							
287	285	(2)	269	(18)	Medical	285	285	(0)	288	3	287	294
822	831	9	795	(27)	Nursing	823	831	8	792	(31)	829	818
395	416	21	404	9	Allied Health	397	416	20	394	(2)	417	402
143	137	(6)	137	(6)	Support	143	137	(6)	138	(6)	137	143
346	388	42	374	28	Management & Administration	347	388	41	375	28	388	365
1,993	**2,057**	**64**	**1,979**	**(14)**	**Total FTE**	**1,995**	**2,057**	**62**	**1,987**	**(8)**	**2,058**	**2,023**
					$ per FTE							
19,075	17,620	(1,455)	18,200	(875)	Medical	37,999	36,919	(1,079)	34,831	(3,168)	221,581	215,103
7,406	7,434	28	7,608	202	Nursing	15,864	15,567	(297)	15,423	(441)	92,734	93,880
6,568	6,634	66	6,683	114	Allied Health	13,929	13,799	(130)	13,444	(486)	82,437	86,026
4,861	4,855	(6)	4,838	(23)	Support	10,681	10,167	(513)	10,729	48	62,162	58,552
6,528	6,390	(137)	6,511	(16)	Management & Administration	14,383	13,381	(1,001)	13,649	(734)	78,944	84,348
8,585	**8,314**	**(271)**	**8,459**	**(126)**	**Average Cost per FTE all Staff**	**18,015**	**17,394**	**(621)**	**17,184**	**(831)**	**103,989**	**105,731**

Medical over budget for the month by (2). SMOs under budget by 8 FTE, MOSS under budget by 1 FTE, offset by RMO's & House Officers combined.

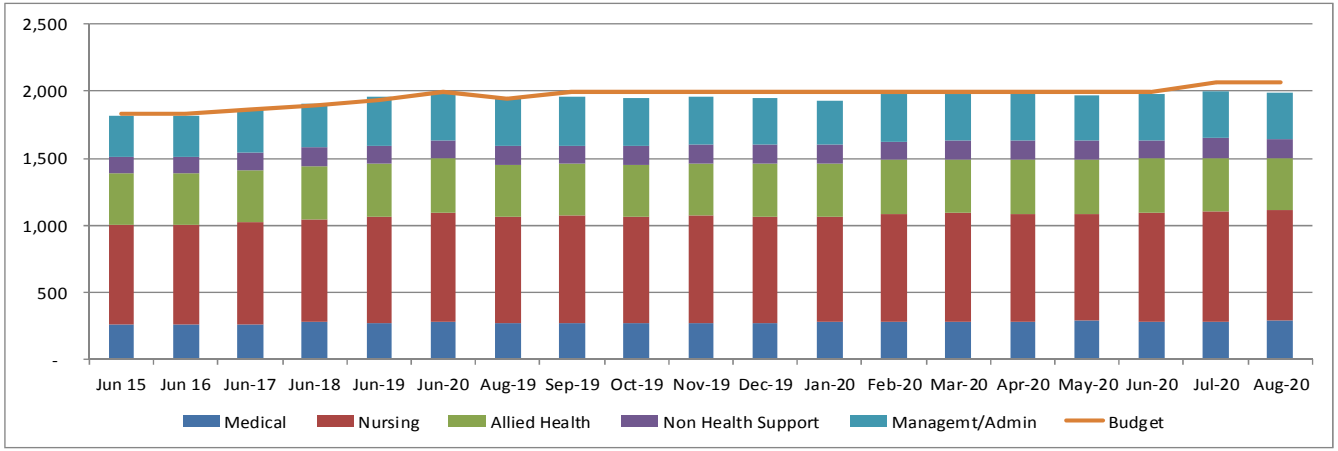
Nursing under by 9 FTE for the month. Internal Bureau Nurses and HCA's are over budget (26) FTE mostly driven by General Medical (10) FTE and other variances. This is offset by Registered Nurses and Health Care Assistants under budget 19 FTE and Registered Midwives 15 FTE, offset by other minor variances. This reflects the transition of changes made under both CCDM recommendations and the Maternity Review.

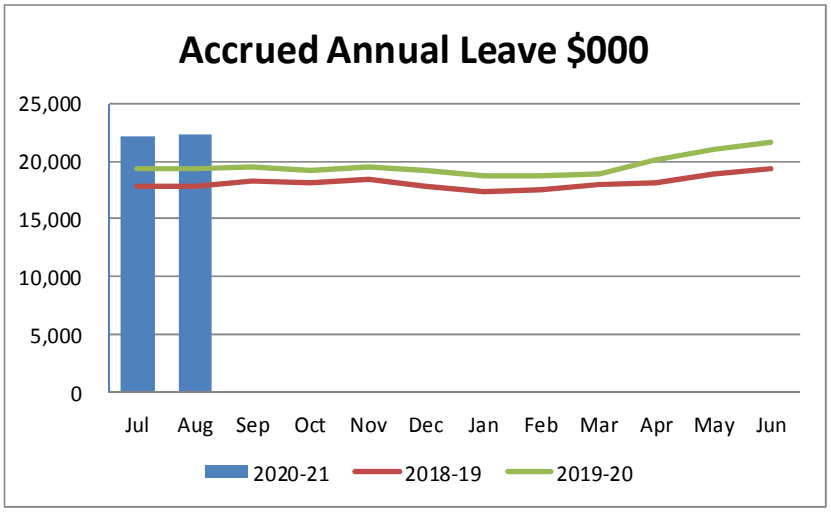
Allied FTEs are under by 21 FTEs for the month due in the main to, favourable variances in Health promotion officers 5 FTE, Other Allied Health 3 FTE, Pharmacists 2 FTE, and Mental Health services charged to outsourced.

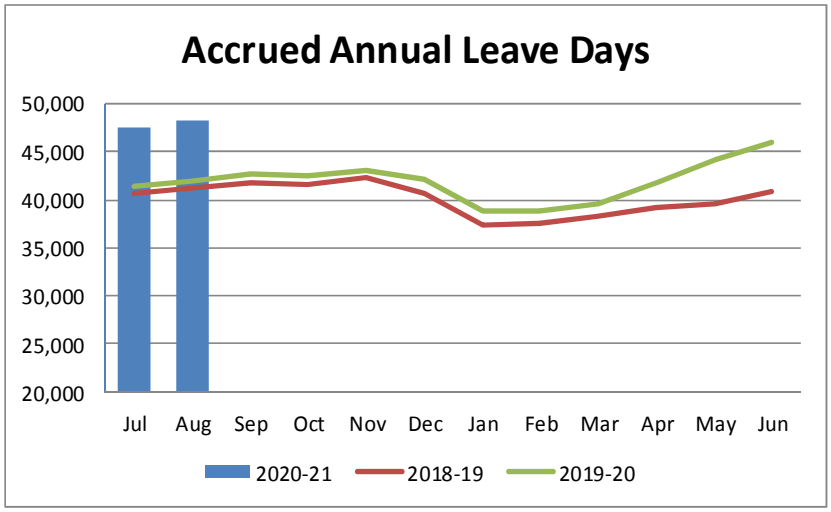
Support FTEs are (6) FTEs over budget driven by Food services (3) FTE and Orderlies (1) FTE, and other minor variances.

Management & Admin are under budget by 42 FTEs. Driven by the shift of IT staff mid-month from Hutt to Capital and Coast payroll as part of the 3DHB single employer change 9 FTE. Other variances include; Project Management 3FTE, SPO FT2E, Quality 2 FTE, Breast Screening Programme 5 FTE, Mental Health and other executive staff charged via outsourcing. other variances.

FTE Analysis







Analysis of Operating Position – Other Expenses

- **Other Operating Costs**
  - Outsourced other favourable $64k for the month, driven by Outsource Clinical Services $140k.
  - Treatment related costs ($192k) unfavourable, Pharmaceuticals ($28k), Patient Appliances ($28k) and implants and prosthesis ($98k).
  - Non Treatment Related costs unfavourable ($429k) driven by the provision for Holidays Act Settlement ($227k), which is not budgeted for as advised by the Ministry of Health, ICT expenses ($89k), Rent ($35k) mainly related to COVID-19, Security ($49k) related mainly to COVID-19 and Outsourced Maintenance ($10k).
  - IDF Outflows $513k favourable for the month.
  - Other External Provider costs unfavourable ($479k), driven by Public Health ($1,002k) predominantly related to COVID-19, partially offset by Disability Support providers $376k and other minor variances.
  - Interest, Depreciation & Capital Charge favourable $59k, driven by depreciation $56k.

Section 5

Additional Financial Information & Updates

Financial Position as at 31 August 2020

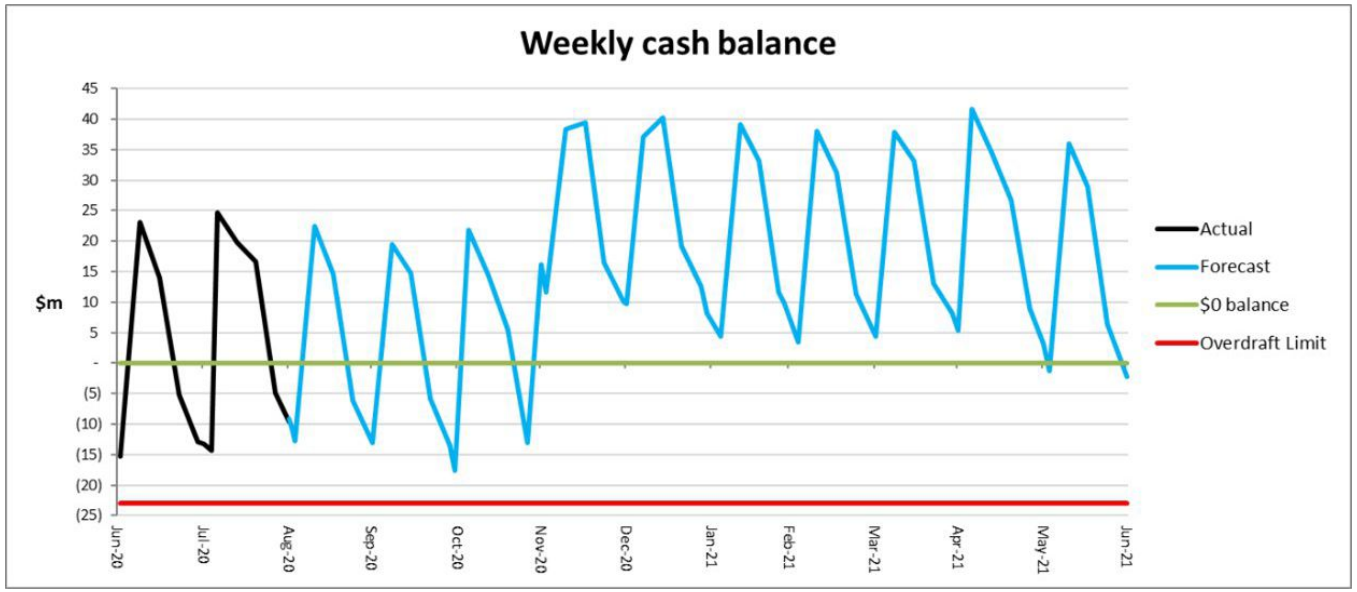
$000s	Actual	Budget	Variance	Jun 20	Variance	Explanation of Variances Between Actual and Budget
Assets						
Current Assets						
Bank - Non DHB Funds *	2,591	4,927	(2,336)	4,927	(2,336)	Payments from NHMG to DHB's paid earlier than budgeted
Accounts Receivable & Accrued Revenue	26,799	27,577	(778)	27,577	(778)	
Stock	2,296	2,200	96	2,199	97	
Prepayments	1,592	815	776	815	776	
Total Current Assets	**33,278**	**35,519**	**(2,241)**	**35,518**	**(2,240)**	
Fixed Assets						
Fixed Assets	227,460	230,664	(3,204)	229,790	(2,330)	
Work in Progress	16,201	14,001	2,200	14,001	2,200	
Total Fixed Assets	**243,662**	**244,665**	**(1,003)**	**243,791**	**(130)**	
Investments						
Investments in Associates	1,150	1,150	0	1,150	0	Allied Laundry
Trust Funds Invested	1,191	1,347	(156)	1,347	(156)	Restricted Trusts
Total Investments	**2,341**	**2,497**	**(156)**	**2,497**	**(156)**	
Total Assets	**279,281**	**282,681**	**(3,400)**	**281,806**	**(2,526)**	
Liabilities						
Current Liabilities						
Bank	9,613	22,506	12,893	10,986	1,373	Average bank balance in Aug-20 was $8.4m
Accounts Payable and Accruals	73,202	48,004	(25,197)	73,615	413	Includes Holidays Act Provision of $27.9m
Crown Loans and Other Loans	35	42	7	42	7	
Capital Charge Payable	2,071	0	(2,071)	0	(2,071)	
Current Employee Provisions	27,676	26,018	(1,658)	26,518	(1,158)	
Total Current Liabilities	**112,596**	**96,569**	**(16,026)**	**111,161**	**(1,435)**	
Non Current Liabilities						
Other Loans	178	180	2	178	0	
Long Term Employee Provisions	8,972	8,972	0	8,972	0	
Non DHB Liabilities	2,591	4,927	2,336	4,927	2,336	Payments from NHMG to DHB's paid earlier than budgeted
Trust Funds	1,233	1,347	114	1,347	114	
Total Non Current Liabilities	**12,973**	**15,426**	**2,452**	**15,424**	**2,450**	
Total Liabilities	**125,569**	**111,995**	**(13,574)**	**126,584**	**1,015**	
Net Assets	**153,711**	**170,686**	**(16,975)**	**155,222**	**(1,511)**	
Equity						
Crown Equity	123,916	124,123	(207)	123,916	0	
Revaluation Reserve	146,289	146,289	0	146,289	0	
Opening Retained Earnings	(114,982)	(97,650)	(17,332)	(76,199)	(38,784)	
Net Surplus / (Deficit)	(1,511)	(2,075)	565	(38,784)	37,273	
Total Equity	**153,711**	**170,686**	**(16,975)**	**155,222**	**(1,511)**	

* NHMG - National Haemophilia Management Group

Statement of Cash Flows to 31 August 2020

$000s	Jul Actual	Aug Actual	Sep Forecast	Oct Forecast	Nov Forecast	Dec Forecast	Jan Forecast	Feb Forecast	Mar Forecast	Apr Forecast	May Forecast	Jun Forecast
Operating Activities												
Government & Crown Agency Revenue	41,434	42,012	42,072	41,955	41,966	41,981	41,882	41,900	42,091	41,991	41,998	42,054
Receipts from Other DHBs (Including IDF)	9,112	10,490	9,532	9,532	9,532	9,530	9,532	9,532	9,532	9,532	9,532	9,532
Receipts from Other Government Sources	721	778	767	753	834	710	683	750	638	677	638	750
Other Revenue	1,833	1,581	379	383	380	380	388	380	380	383	380	380
Total Receipts	**53,100**	**54,861**	**52,751**	**52,622**	**52,712**	**52,600**	**52,484**	**52,561**	**52,640**	**52,583**	**52,547**	**52,715**
Payments for Personnel	(21,092)	(16,745)	(18,488)	(18,634)	(17,820)	(19,473)	(17,826)	(17,043)	(19,524)	(18,709)	(17,889)	(18,714)
Payments for Supplies (Excluding Capital Expenditure)	(4,686)	(5,368)	(5,021)	(5,321)	(5,227)	(3,258)	(5,239)	(7,409)	(5,107)	(4,699)	(4,669)	(4,689)
Capital Charge Paid	0	0	(0)	(0)	(0)	(6,210)	(0)	(0)	(0)	(0)	(0)	(6,210)
GST Movement	(710)	75	350	350	350	350	350	(2,000)	(2,000)	(1,000)	(2,500)	3,350
Payments to Other DHBs (Including IDF)	(9,106)	(8,637)	(9,151)	(9,151)	(9,151)	(9,151)	(9,151)	(9,151)	(9,151)	(9,151)	(9,151)	(9,151)
Payments to Providers	(18,833)	(19,317)	(18,820)	(19,026)	(18,978)	(19,148)	(18,907)	(18,092)	(18,814)	(19,187)	(19,366)	(19,088)
Total Payments	**(54,427)**	**(49,991)**	**(51,130)**	**(51,782)**	**(50,825)**	**(56,891)**	**(50,773)**	**(53,695)**	**(54,596)**	**(52,747)**	**(53,575)**	**(54,502)**
Net Cashflow from Operating Activities	**(1,327)**	**4,871**	**1,621**	**841**	**1,887**	**(4,291)**	**1,711**	**(1,134)**	**(1,956)**	**(163)**	**(1,028)**	**(1,787)**
Investing Activities												
Interest Receipts	0	0	21	21	21	21	21	21	21	21	21	21
Dividends	0	0	4	4	4	4	4	4	4	4	4	4
Total Receipts	**0**	**0**	**25**	**25**	**25**	**25**	**25**	**25**	**25**	**25**	**25**	**25**
Capital Expenditure	(913)	(1,399)	(5,772)	(1,272)	(8,772)	(1,772)	(1,272)	(1,772)	(5,772)	(14,772)	(1,472)	(1,773)
Increase in Investments and Restricted & Trust Funds Assets	99	57	0	0	0	0	0	0	0	0	0	0
Total Payments	**(814)**	**(1,343)**	**(5,772)**	**(1,272)**	**(8,772)**	**(1,772)**	**(1,272)**	**(1,772)**	**(5,772)**	**(14,772)**	**(1,472)**	**(1,773)**
Net Cashflow from Investing Activities	**(814)**	**(1,343)**	**(5,747)**	**(1,247)**	**(8,747)**	**(1,747)**	**(1,247)**	**(1,747)**	**(5,747)**	**(14,747)**	**(1,447)**	**(1,748)**
Financing Activities												
Equity Injections - Capital	0	0	4,000	1,000	0	0	0	0	4,000	13,000	0	0
Equity Injections - Deficit Support	0	0	0	0	35,000	0	0	0	0	0	0	0
Total Receipts	**0**	**0**	**4,000**	**1,000**	**35,000**	**0**	**0**	**0**	**4,000**	**13,000**	**0**	**0**
Interest Paid on Finance Leases	(9)	(5)	(7)	(6)	(6)	(6)	(6)	(6)	(6)	(5)	(5)	(5)
Total Payments	**(9)**	**(5)**	**(7)**	**(6)**	**(6)**	**(6)**	**(6)**	**(6)**	**(6)**	**(5)**	**(5)**	**(5)**
Net Cashflow from Financing Activities	**(9)**	**(5)**	**3,993**	**994**	**34,994**	**(6)**	**(6)**	**(6)**	**3,994**	**12,995**	**(5)**	**(5)**
Total Cash In	53,100	54,861	56,776	53,647	87,737	52,625	52,509	52,586	56,665	65,608	52,572	52,740
Total Cash Out	(55,250)	(51,338)	(56,909)	(53,060)	(59,603)	(58,669)	(52,051)	(55,472)	(60,374)	(67,524)	(55,053)	(56,280)
Net Cashflow												
Opening Cash	(10,986)	(13,136)	(9,613)	(9,746)	(9,158)	18,975	12,932	13,390	10,503	6,794	4,879	2,398
Net Cash Movements	(2,150)	3,523	(133)	587	28,134	(6,044)	458	(2,887)	(3,709)	(1,916)	(2,481)	(3,540)
Closing Cash	**(13,136)**	**(9,613)**	**(9,746)**	**(9,158)**	**18,975**	**12,932**	**13,390**	**10,503**	**6,794**	**4,879**	**2,398**	**(1,142)**

Weekly Cash Flow – Actual to 31 July 2020



Note

- the overdraft facility shown in red is set at $23 million as at August 2020
- the lowest bank balance for the month of August was $14.3m overdrawn
- the cash forecast assumes an equity injection of $35m in early December.

Summary of Leases – as at 31 August 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
			2,145	**25,740**				
Motor Vehicle Leases								
Motor Vehicle Lease plus Management Fees (115 Vehicles)			35,967	431,610		Ongoing	Ongoing	Operating
			35,967	**431,610**				
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
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		1,758	21,099	105,495	28/08/2017	28/07/2022	Operating
CT Scanner (Equigroup)	Toshiba Medical Systems		25,187	302,244	1,511,220	28/05/2017	28/05/2022	Operating
Philips Digital Diagnost C90	De Lage Landen (paid monthly in arrears)		7,265	87,186	435,930	31/01/2020	31/01/2025	Operating
Philips Digital Diagnost C90	De Lage Landen (paid monthly in arrears)		6,184	74,214	371,070	31/01/2020	31/01/2025	Operating
Philips Diagnost R2	De Lage Landen (paid monthly in arrears)		3,932	47,186	235,930	1/06/2020	1/06/2025	Operating
		293,188	**96,394**	**1,156,764**	**5,916,636**			
Total Leases			**185,192**	**2,222,328**				

Treasury as at 31 August 2020

1) Short term funds / investment ($000)

NZHP banking activities for the month	Current month ($000)	Last month ($000)
Average balance for the month	$8,420	$7,488
Lowest balance for the month	($14,346)	($15,294)
Average interest rate	(0.55%)	(0.97%)
Net interest earned/(charged) for the month	($4)	($6)

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	4
Total value of transactions	$17,932 NZD
Largest transaction	$8,665 NZD

	No. of transactions	Equivalent NZD
AUD	3	$9,267
GBP		
SGD		
USD	1	$8,665
Total	**4**	$17,932

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	$2,879	$427	$56	$153	$26	$29	$240	$1,948
Ministry of Health	$2,060	$968	$517	$125	$2	$0	$0	$448
Wairarapa District Health Board	$1,033	$56	$83	$92	$290	$0	$28	$483
Accident Compensation Corporation	$690	$574	($297)	$85	($63)	$14	$53	$325
ESR Limited	$156	$154	$2	$0	$0	$0	$0	$0
Auckland District Health Board	$77	$3	$67	$0	$0	$0	$7	$0
Wellington Southern Community Laboratories	$76	$3	$3	$2	$2	$3	$62	$0
Non Resident	$55	$0	$3	$0	$0	$0	$0	$53
Oranga Tamariki - Ministry for Children	$42	$0	$0	$0	$0	$0	$0	$42
Te Awakairangi Health Network Trust	$32	$32	$0	$0	$0	$0	$0	$0
Total Top 10 Debtors	**$7,100**	**$2,215**	**$436**	**$457**	**$258**	**$46**	**$390**	**$3,298**

BOARD Information

November 2020

Capital & Coast DHB August 2020 Financial and Operational Performance Report	
Action Required **The Capital & Coast DHB Board note:** (a) Excluding the COVID-19 net expenses and Holidays Act [2003] provision the DHB's result for the two month's to 31 August 2020 is $1m deficit, versus a budget deficit of $6.2m. (b) Additional net COVID related expenditure year to date is $5.6m. The monthly provision for increasing Holidays Act liability is $756k and year to date the impact on the result if $1.386m. These above expenses and provisions are outside the performance monitoring by Ministry of Health.	
Strategic Alignment	Financial Sustainability
Authors	Rosalie Percival, Chief Financial Officer Joy Farley, Director of Provider Services Rachel Haggerty, Director Strategy Planning & Performance
Endorsed by	Fionnagh Dougan, Chief Executive
Purpose	To update the Board and FRAC on the financial performance and delivering against target performance for the DHB
Contributors	Finance Team, Mental Health and 2DHB Hospital Services, GM MHAIDS, Director Strategy Planning & Performance

Executive Summary

There is ongoing significant cost due to the COVID response into the 20/21 fiscal year. Uncertainty remains around how much of the DHB COVID response costs will be funded in 20/21. The Ministry have asked DHBs is to separately report unfunded net COVID impacts for 20/21, these being considered outside our responsible deficit and budgets. They have also advised that ongoing provisions for the liability due to Holidays Act remediation are to be reported separately to the base budget.

Excluding the COVID-19 net expenses and Holidays Act [2003] provision the DHB's result for the two month's to 31 August 2020 is $1m deficit, versus a budget deficit of $6.2m. Additional net COVID related expenditure year to date is $5.6m. The monthly provision for increasing Holidays Act liability is $756k and year to date the impact on the result if $1.386m.

For the two months to 31 August 2020 the overall DHB year to date result, including COVID and Holidays Act costs is $8m deficit. The DHB has submitted an Annual baseline budget of $39.8 million deficit. The DHB is working with the Ministry to have the budget and Annual Plan signed off.

Capital Expenditure was $8.3 million year to date, while below plan, the capital spend rate is increasing.

We had a negative cash Balance at month-end of $19.3 million offset by positive "Special Funds" of $12.7 million (net $6.6 million overdraft). It should be noted that there is a significant amount of the COVID response that has not been funded by the crown at this time and this has a negative cash impact on the DHB.

The DHB continues to have a target to pay commercial creditors within 10 days of the invoice being received in the payments office.

Activity delivered by the CCDHB provider arm - ED attendances and surgical and medical caseweights are slightly lower compared with the same time last year pleasingly we have made progress in addressing the number of long waiting patients (>120 days) for outpatients and surgery. This is consistent with our recovery plan is noting at least a year will be required to address the backlog.

The utilisation of available of adult beds in core wards in August 2020 is 93.1% which is higher than this time last year and exacerbated by the reduction in available beds due to impact of COVID readiness. This is concerning especially in the context of our ED wait times and that General Medical volumes are below that expected for this time of year.

The decline in ED wait times is related to the on-going processes in place related to COVID-19 screening, maintaining a COVID readiness and restrictions on the use of spaces previously used to support our bed capacity. This has all greatly exacerbated flow given the mismatch between inpatient activity and the existing bed base.

The number of work streams taking an all of system approach continue to be rolled out within the Acute Demand and Bed Capacity Programme. Notable highlights are the expansion of the Advancing Wellness at Home Initiative (AWHI) project to a wider catchment and other inpatient wards, increasing the opening hours of the Children's Assessment Unit which has been relocated to the "Pink Zone" in ED, establishment of a Project group to review patients who have been in hospital more than 10 days, to identify barriers to patients being discharged and a working group established to identify space to create additional acute assessment beds.

Outside two extraordinary items (additional costs during COVID-19 and Holidays Act Provisions) not included within the budget the Hospital provider arm has made a cautious start to the new financial year; targeted efficiency measures are in place however the pressure of clinical service demands and FTE management especially around annual leave is going to be a major challenge. Leave hours taken as a percentage of FTE was less than the same time last year but annual leave balances are increasing – leave management plans are in place with a proactive approach being taken by managers and leaders.

Strategic Considerations

Service	Financial performance and funding is a key to delivering the services for the Wellington population and Tertiary services for the region.
People	Staff numbers are 107 FTE below our annual budget.
Financial	Against a budgeted YTD deficit of $6.2m. Month result was ($2.7m) unfavourable. YTD $5.2m favourable BAU variance.
Governance	The Board has a responsibility to scrutinise the financial reports alongside FRAC, and report back issues as identified.

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	Financial outturn	Michael McCarthy, Chief Financial Officer	Currently on track but will be impacted by current events	Major (but no payment impacts)	Major (no operational impacts)

Attachment/s

2.2.1 Capital & Coast DHB August 2020 Financial and Operational Performance Report

Capital & Coast District Health Board

Monthly Financial and Operational Performance Report

For the period ending 31 August 2020

Presented in September 2020

Capital & Coast District Health Board

Contents

Section 1

Performance Overview and Executive Summary

Executive Summary

- There is ongoing significant cost due to the COVID response into the 20/21 fiscal year. Uncertainty remains around how much of the DHB COVID response costs will be funded in 20/21. The Ministry have asked DHBs is to separately report unfunded net COVID impacts for 20/21, these being considered outside our responsible deficit and budgets. They have also advised that ongoing provisions for the liability due to Holidays Act remediation are to be reported separately to the base budget.

- Excluding the COVID-19 net expenses and Holidays Act [2003] provision the DHB's result for the two month's to 31 August 2020 is $1m deficit, versus a budget deficit of $6.2m.

- Additional net COVID related expenditure year to date is $5.6m.

- The monthly provision for increasing Holidays Act liability is $756k and year to date the impact on the result if $1.386m

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- The DHB has submitted an Annual baseline budget of $39.8 million deficit. The DHB is working with the Ministry to have the budget and Annual Plan signed off.

- Capital Expenditure was $8.3 million year to date, while below plan, the capital spend rate is increasing.

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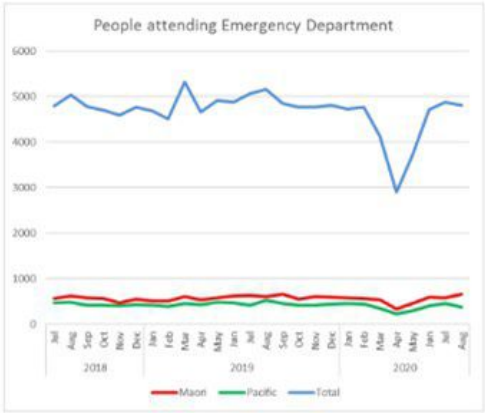
Executive Summary continued

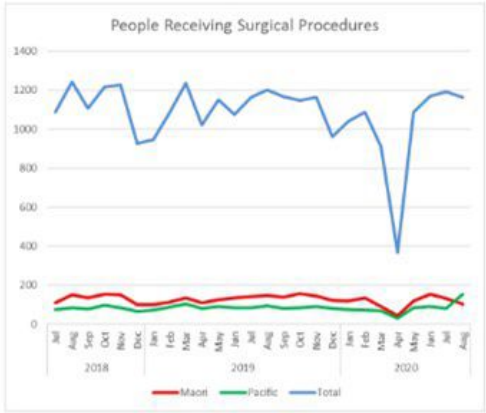
- The DHB continues to have a target to pay commercial creditors within 10 days of the invoice being received in the payments office.
- Activity delivered by the CCDHB provider arm - ED attendances and surgical and medical caseweights are slightly lower compared with the same time last year pleasingly we have made progress in addressing the number of long waiting patients (>120 days) for outpatients and surgery. This is consistent with our recovery plan is noting at least a year will be required to address the backlog.
- The utilisation of available of adult beds in core wards in August 2020 is 93.1% which is higher than this time last year and exacerbated by the reduction in available beds due to impact of COVID readiness. This is concerning especially in the context of our ED wait times and that General Medical volumes are below that expected for this time of year.
- The decline in ED wait times is related to the on-going processes in place related to COVID-19 screening, maintaining a COVID readiness and restrictions on the use of spaces previously used to support our bed capacity. This has all greatly exacerbated flow given the mismatch between inpatient activity and the existing bed base.
- The number of work streams taking an all of system approach continue to be rolled out within the Acute Demand and Bed Capacity Programme. Notable highlights are the expansion of the Advancing Wellness at Home Initiative (AWHI) project to a wider catchment and other inpatient wards, increasing the opening hours of the Children's Assessment Unit which has been relocated to the "Pink Zone" in ED, establishment of a Project group to review patients who have been in hospital more than 10 days, to identify barriers to patients being discharged and a working group established to identify space to create additional acute assessment beds.
- Outside two extraordinary items (additional costs during COVID-19 and Holidays Act Provisions) not included within the budget the Hospital provider arm has made a cautious start to the new financial year; targeted efficiency measures are in place however the pressure of clinical service demands and FTE management especially around annual leave is going to be a major challenge. Leave hours taken as a percentage of FTE was less than the same time last year but annual leave balances are increasing –leave management plans are in place with a proactive approach being taken by managers and leaders.

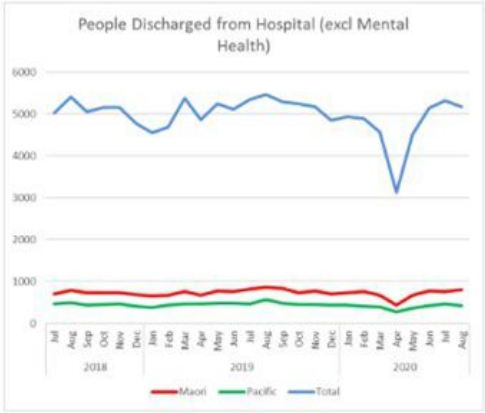
Performance Overview: Activity Context (People Served)

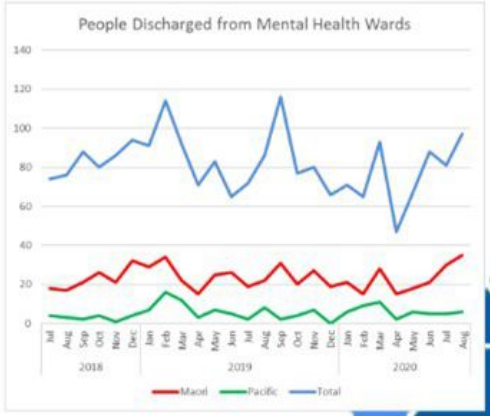
CCDHB funds services that touch thousands of people in our community every month. Unless otherwise indicated, the numbers below count individuals once and are based on CCDHB being the DHB of Service. Our services have returned to delivering services to our population without the restrictions due to COVID-19. Services continue to take necessary precautions.

People attending ED	**4,809**	653 Maori, 379 Pacific
People receiving Surgical Procedures (in main theatres)	**1,163**	103 Maori, 154 Pacific
People discharged from Kenepuru Community Hospital or Wellington Regional Hospital (excl Mental Health)	**5,169**	808 Maori, 420 Pacific
People discharged from Mental Health Wards	**97**	35 Maori, 6 Pacific



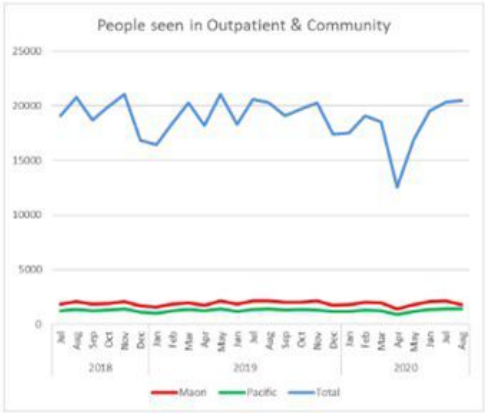


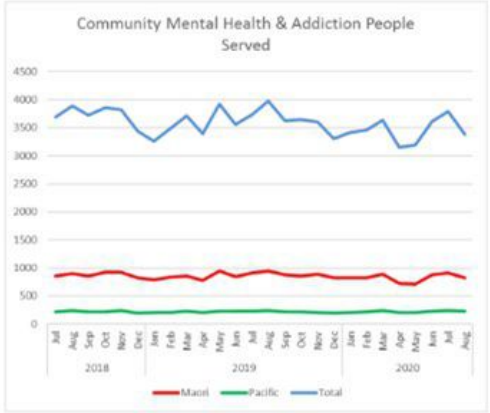


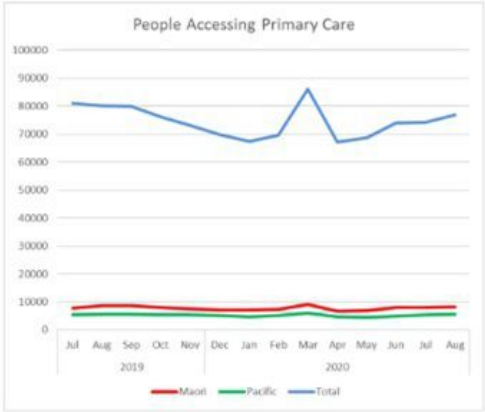


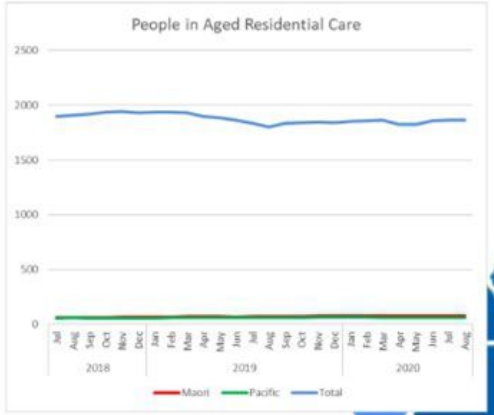
Performance Overview: Activity Context (People Served)

People seen in Outpatient & Community	**20,512**	1,797 Maori, 1,402 Pacific
Community Mental Health & Addiction People Served	**3,386**	826 Maori, 234 Pacific
People accessing primary care	**76,785**	8,338 Maori, 5,551 Pacific
People in Aged Residential Care	**1,866**	75 Maori, 62 Pacific









Financial Overview – August 2020

YTD Operating Position	YTD Provider Position	YTD Funder Position	YTD Capital Exp
$8m deficit Incl. $5.6m COVID-19 costs Incl. $1.4m Holidays Act	$3.4m deficit Incl. $3.7m COVID-19 costs Incl. $1.4m Holidays Act	$4.7m deficit Incl. $1.9m COVID-19 costs	$8.3m spend
Against a budgeted YTD deficit of $6.2m. Month result was ($2.7m) unfavourable. YTD $5.2m favourable BAU variance.	Against a budgeted deficit of $2m. Month result was $2m unfavourable result. YTD $3.7m favourable BAU variance.	Against a budgeted deficit of $4.2m. Month result was ($777k) unfavourable result. YTD $1.3m favourable BAU variance.	Against a KPI of a budgeted spend of $11m. This includes funded projects – Children's Hospital

YTD Activity vs Plan (CWDs)	YTD Paid FTE	Annual Leave Taken
3.86% behind[1]	5,342[3]	($16.9m) annualised[4]
475 CWDs below PVS plan (195 IDF CWDs behind, of which 160 Hutt). Month result -278 CWDs excluding work in progress.	YTD 107 below annual budget of 5,449 FTE excluding outsourced roles. This is 449 FTE vacancies at end August excluding lead DHB transfers in progress.	Underlying YTD annual leave taken is under by 7.4 days per FTE and Lieu leave taken for public holidays is short by 2 days.

[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 cannot yet be compared to target, however a total of 564 cwd outsourced (245 events) ~$3.1m dollars at WEIS price. This is largely Cardiothoracic sent to Wakefield and Orthopaedics sent to Southern Cross.

[3] Paid FTE ignores leave balance movement which is YTD 63 FTE worse than budgeted growth, Outsourced staff are also not counted in this metric which is currently $1.1m adverse to budget.

CWD – Case weights (also known as WEIS for a year) WEIS – Weighted Inlier Equivalent Separations
4 – Only annual leave & Lieu excludes long service, LILO & other types, note that public holidays build up the Lieu leave in the second half of the financial year. This assumes the YTD continues for 12 months

Hospital Performance Overview – August 2020

*Surgery, Hospital flow, Cancer, Specialist Medicine & community

ED (SSIED) 6 Hour rule	ESPI 5 Long Waits	Specialist Outpatient Long Waits	Serious Safety Events[2]
68.5%	125	585	3
26.5% below the ED target of 95% Monthly -4.1% significantly impacted by COVID	Against a target of zero long waits a monthly improved movement of -136	Against a target of zero long waits a monthly improved movement of -491	An expectation is for nil SSEs at any point.

YTD Activity vs Plan (CWDs)	YTD Paid FTE	YTD Cost per WEIS
3.86% behind[1]	3,605[3]	$5,935*
475 CWDs below PVS plan (195 IDF CWDs behind, of which 160 Hutt). Month result -278 CWDs excluding work in progress.	YTD 59 below annual budget of 3,664 FTE. 177 FTE vacancies at month end.	Against a national case-weight price per WEIS of $5,216 (13.8% above). YTD Dec $5,758 (In Jan pre-COVID-19). *to May20

[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 cannot yet be compared to target, however a total of 564 cwd outsourced (245 events) ~$3.1m dollars at WEIS price. This is largely Cardiothoracic sent to Wakefield and Orthopaedics sent to Southern Cross.
[2] An SSE is classified as SAC1 or SAC2 serious adverse events per HQSC
[3] Paid FTE ignores leave balance movement which is YTD 25 FTE worse than budgeted, Outsourced staff are also not counted in this metric which is currently $135k 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 Separations

Section 2.1

Funder Performance

Executive Summary – Funder Performance

- Overall the funder has a positive variance of $552k. Revenue was $1,137k ahead of budget entirely due to COVID 19 revenue.
- Achievement of volumes by the hospital provider arm, and under delivery of acute inter-district flows account for the most significant variations being a $1.565m variance which offsets the revenue and the cost to the funder.
- Funding for community services are $200k favourable with age residential care reflecting the impact of stronger homecare support services and models of care for older people. Primary care demand driven services such as vaccination, urgent dental and other services are also underspent reflecting the impact of COVID.
- CCDHB has additional COVID revenue of $1.9m and the costs are $3.4m. This is the subject of negotiations with MoH. The ongoing demand for managed isolation facilities, and community surveillance will continue throughout Alert Level 1.
- In this report we have also highlighted key areas of performance with a focus on our core services and achieving equity. It is recognised that these highlight significant need for improved service delivery and a pro-equity commissioning approach:
  - Bee Healthy has completed a one year strategy which has a focus on providing more equitable outcomes and considers a range of activities that may improve engagement and access for Māori and Pacific. This is critical for our children. CCDHB will re-commission CDA providers for adolescents to improve coverage and access.
  - CCDHB is currently investing in breastfeeding services in the community with a view to increase breast-feeding rates at 3 months. These services include education for whānau and community health workers as well as training Māori and Pacific Lactation Consultants. This is part of our focus in reducing the SUDI rates in our communities.
  - Activities in the Diabetes Clinical Network have been paused during COVID-19. Efforts are being made to reconvene this network and continue to embed the diabetes model of care in CCDHB.
  - Tū Ora Compass Health, Te Awakairangi Health Network and Ora Toa PHOs are planning to meet to discuss a sub-regional approach on how to raise awareness in young men about the need for CVRA checks and earlier management of diabetes and prediabetes.

Funder Financial Statement of Performance

Month			Variance		Capital & Coast DHB Funder Result - $000 Aug 2020	Year to Date			Variance	
Actual	Budget	Last year	Actual vs Budget	Actual vs Last year		Actual	Budget	Last year	Actual vs Budget	Actual vs Last year
72,885	72,885	68,138	0	4,747	Base Funding	145,770	145,770	136,276	0	9,494
4,826	4,665	5,102	161	(276)	Other MOH Revenue - Funder	9,436	9,330	10,455	106	(1,019)
1,677	0	0	1,677	1,677	COVID Revenue from MOH	1,902	0	0	1,902	1,902
329	45	137	283	192	Other Revenue	428	91	228	338	201
2,974	2,936	2,713	39	261	IDF Inflows PHOs	6,227	5,872	5,457	356	771
16,952	18,517	18,205	(1,565)	(1,253)	IDF Inflows 19/20 Wash-up Prov	35,468	37,033	35,643	(1,565)	(174)
99,643	**99,048**	**94,295**	**595**	**5,348**	**Total Revenue**	**199,232**	**198,095**	**188,058**	**1,137**	**11,174**
					Internal Provider Payments					
824	824	1,029	0	205	DHB Governance & Administration	1,647	1,647	2,058	0	410
52,433	53,998	49,972	1,565	(2,461)	DHB Provider Arm Internal Costs - HHS	108,712	110,277	100,055	1,565	(8,657)
7,752	7,752	8,807	0	1,055	DHB Provider Arm Internal Costs - MH	15,503	15,503	17,638	0	2,135
1,940	1,940	456	0	(1,484)	DHB Provider Arm Internal costs - Corp	3,880	3,880	1,420	0	(2,460)
62,948	**64,513**	**60,264**	**1,565**	**(2,684)**	**Total Internal Provider**	**129,743**	**131,307**	**121,170**	**1,565**	**(8,572)**
					External Provider Payments:					
5,862	5,703	5,841	(160)	(22)	- Pharmaceuticals	11,565	11,406	11,446	(160)	(119)
6,733	6,645	6,358	(88)	(376)	- Capitation	13,460	13,290	12,710	(169)	(750)
7,027	7,354	7,318	327	290	- Aged Care and Health of Older Persons	14,067	14,709	14,201	641	134
2,769	2,862	2,524	93	(245)	- Mental Health	5,765	5,724	4,871	(41)	(895)
793	807	967	14	174	- Child, Youth, Families	1,575	1,614	1,313	39	(262)
644	770	669	126	24	- Demand driven Primary Services	1,279	1,575	1,392	296	113
2,414	2,356	2,031	(58)	(384)	- Other services	4,771	4,713	4,634	(59)	(138)
3,725	3,725	3,676	0	(49)	- IDF Outflows Patients to other DHBs	7,451	7,451	7,321	0	(130)
5,467	5,240	4,789	(227)	(678)	- IDF Outflows Other	10,801	10,480	9,880	(321)	(921)
35,436	**35,463**	**34,171**	**27**	**(1,265)**	**Total External Providers**	**70,734**	**70,961**	**67,768**	**227**	**(2,966)**
2,964	**0**	**0**	(2,964)	(2,964)	- COVID in Community PHO, Pharms, ARC	**3,480**	**0**	**0**	(3,480)	(3,480)
101,348	**99,976**	**94,435**	**(1,372)**	**(3,949)**	**Total Expenditure**	**203,957**	**202,269**	**188,938**	**(1,689)**	**(15,019)**
(1,705)	**(928)**	**(140)**	**(777)**	**(1,565)**	**Net Result**	**(4,725)**	**(4,174)**	**(880)**	**(552)**	**(3,845)**

Funder Financials – Variance Explanations

Revenue

- Revenue has a positive variance YTD Aug of $1.1m.
- COVID-19 community funding of $1.9m received from Ministry. This is for PHO GP Assessments and CBACS plus Aged Care and Maori COVID-19 response funding. There are cost offsets. The funding does not offset all the costs. We are awaiting feedback from MoH about additional funding.
- PHO funding wash-ups and volume funding of $512k. There are outflow costs of ($102k) offsetting this revenue.

SIP Funder Revenue Variances	Month $000's	YTD $000's
COVID-19 community funding	1,677	1,902
PHOs wash-up & add funding	112	512
Other revenue (with equivalent costs)	371	288
CWD IDF 2020/21 washup funding	(1,565)	(1,565)
Year to Date Revenue Variances	**595**	**1,137**

Internal Provider Payments:

- An amount of $1.5m was not paid to the Provider Arm due to under achievement of the IDF targets at YTD Aug 2020.

External Provider Payments:

- PHO Capitation expenses are ($169k) unfavourable. Additional costs due to volumes are offset by additional. Effect is expected to be neutral at year end.
- Aged Residential Care and Health of Older People costs are $641k favourable. Volumes are being maintained.
- Mental Health costs are unfavourable ($41k) due to timing of new contracts and are offset by additional revenue from the Ministry.
- Demand driven and other services are favourable $276k. Lower costs due to the effect of COVID-19 lockdown on activity such as vaccination and other services.
- IDF Outflows additional costs ($321k) relates to wash-up in the HCSS contract managed by Hutt DHB.
- COVID-19 costs ($3.5m) mainly due to ongoing GP assessment and CBAC claims in support of the COVID-19 response as directed by the Ministry.
- The DHB has received some extra funding for CBACS until September 2020, however this does not fully cover the GP assessments as well. This is under negotiation with MoH.

Inter District Flows (IDF)

DHB of Domicile	YTD August estimated inpatient inflow wash-up (caseweight inpatient IDF)
Hutt Valley DHB	-$886,921
Hawke's Bay DHB	-$282,688
Taranaki DHB	-$243,349
Other under-delivered (9 DHBs)	-$472,560
Other over-delivered (4 DHBs)	$122,724
Waikato DHB	$128,281
Nelson Marlborough DHB	$151,309
Wairarapa DHB	$403,680
Total undelivered inpatient IDF CWD (negative is CCDHB not delivering services to other DHBs therefore unfavourable from both a patient treatment and P&L perspective)	-$1,079,524

DHB of Service	YTD August estimated inpatient outflow wash-up (IDF caseweight)
Total unserviced inpatient IDF CWD (negative is our population being over-serviced by other DHBs therefore unfavourable from a P&L perspective but favourable from a patient treatment perspective)	-$321,000

Changed Recognition:

- The DHB is back to standard recognition of IDFs from the start of the financial year rather than the COVID-19 approach taken last year.
- We have recognised externally ($1.5m) behind

IDF Inflow (revenue):

- Overall IDF inflows are unfavourable by ($1.2m) which is driven by lower acute IDF flows.
- The majority of the lower IDF inflows (actuals) are caused by acute inpatient lower volumes:
  - Acute: ($1.9m): Cardiology ($656k), followed by NICU and Gen Med. Offset by Cardiothoracic $795k
  - Elective: $807k; Vascular $393k, Cardiology $208k, offset by Gen Sug ($237k)

IDF Outflow (expense):

- Overall IDF outflows are unfavourable by ($321k). This largely relates to higher numbers of CCDHB patients treated at other DHBs as indicated on the table to the left.
- This information is being collated to provide the breakdown by DHB of Service.

COVID-19 update

What is this measure?

- We are now in a new stage in our COVID-19 response: maintaining the elimination of disease. This necessitates a strong surveillance focus to contain infection at the border; and robust investigation of any identified cases within the community. Symptomatic testing across the population and asymptomatic testing of high-risk groups operates to ensure strong local and national responses.
- New Zealand's COVID-19 Surveillance Plan sets out that surveillance testing as one of the core elements in the overall strategy. Surveillance is also crucial for monitoring the equity of access and outcomes related to COVID-19.

Why is this important?

- Given the inequities historically observed for Māori and Pacific people due to infectious diseases, active protection of these groups is an integral part of the New Zealand COVID-19 response. DHBs are responsible for the organisation and delivery of health services in response to COVID-19. Availability of testing facilities is important for access to testing, supporting surveillance and contact tracing.

How are we performing?

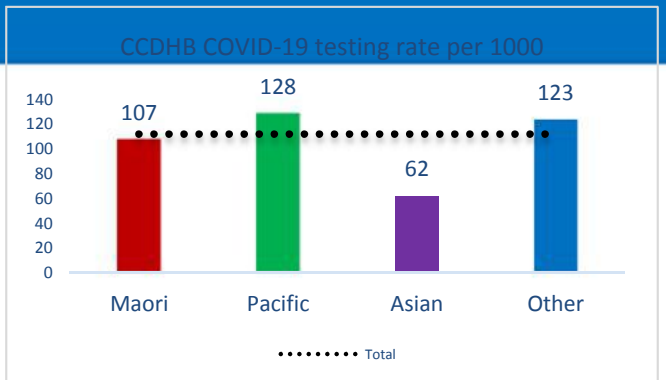
- Overall, our testing volumes are high. Our testing rate per 1000 is 134 for Māori and 151 for Pacific. These rates are lower than the national average; 146 for Māori, and 246 for Pacific. The testing rate for Asian people is 62.
- CBACs are available across the Wellington region, and have delivered high volumes of swabbing since lockdown. Since the first positive case in the recent Auckland cluster was announced in early August, there has been a strong drive to test workers and MIF staff, and increase testing in the community. Compared to July, there were 11,117 more swabs processed by CBACs and general practices in August. Swabbing capacity offered through GPs has surpassed CBAC volumes since June.
- To date, there have been 472 guests who have isolated in the two managed isolation facilities, and two positive COVID-19 cases in quarantine.

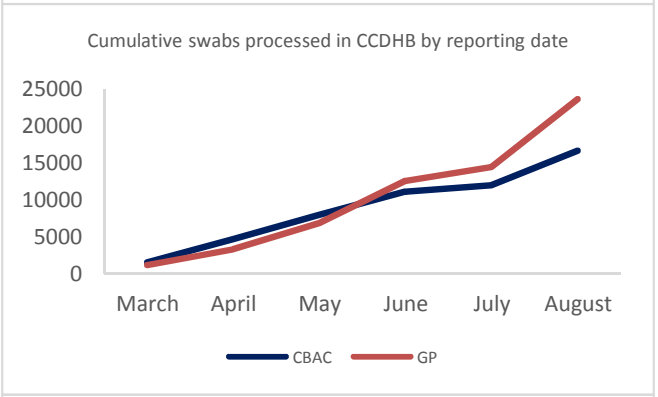
What is driving performance?

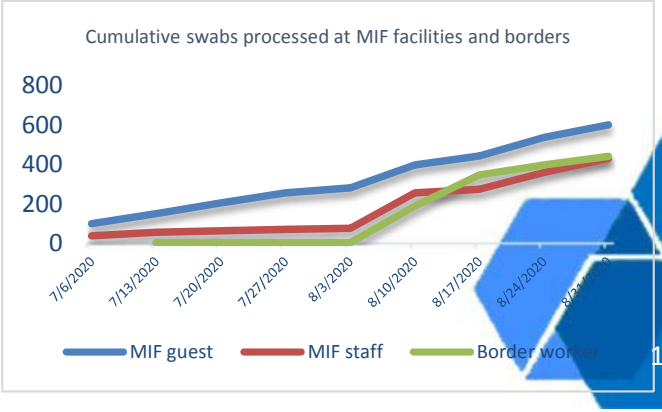
- Since community transmission re-emerged in August, swabbing volumes have increased significantly across the country as contact tracing and surveillance efforts take place. Maintaining testing rates is a focus of all of our work.

Management comment

- The recovery of the costs of COVID to CCDHB is critically important. The MoH are working through the funding available to DHBs from October for the remainder of the financial year.







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Child oral health

What is this measure?

- ≥ 95% of children caries free at 5 years old - Ratio of DMFT at year 8 ≤0.49 - ≥85% of adolescents accessing DHB-funded dental services

Why is this important?

- Oral health status early in life impacts health outcomes during childhood and adult life, and dental diseases are one of the most common causes of avoidable hospital admissions in young children. The mean DMFT score at year 8 gives an indication of the prevalence and intensity of oral disease at the end of primary schooling. The proportion of adolescents who access DHB-funded dental services is indicative of service coverage.

How are we performing?

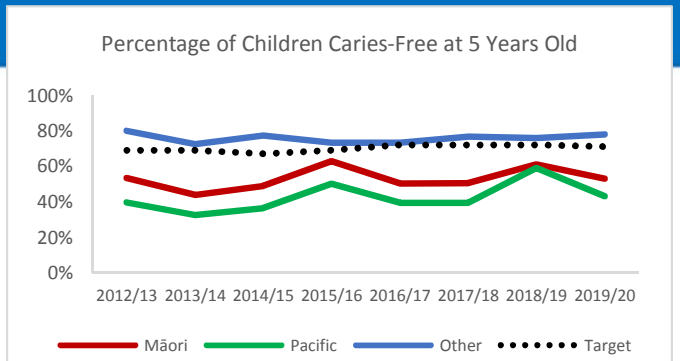
- Significant inequity remains in the proportion of 5 year-olds who are caries free, with only 53% of Māori, and 43% of Pacific 5 year-olds caries free, compared to 78% in non-Māori, non-Pacific children. All groups are not meeting the target. In contrast, the DMFT score for Māori and Pacific children was lower than for non-Māori, non-Pacific. Importantly, all groups were below the target (≤0.49). The proportion of adolescents in CCDHB who are accessing dental services has not changed significantly from 2017-2019. However, the rate remains significantly lower for Māori adolescents, compared to other groups, and is significantly below the target of ≥85%.

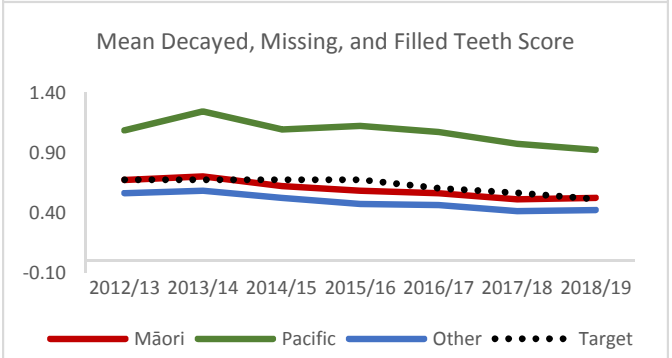
What is driving performance?

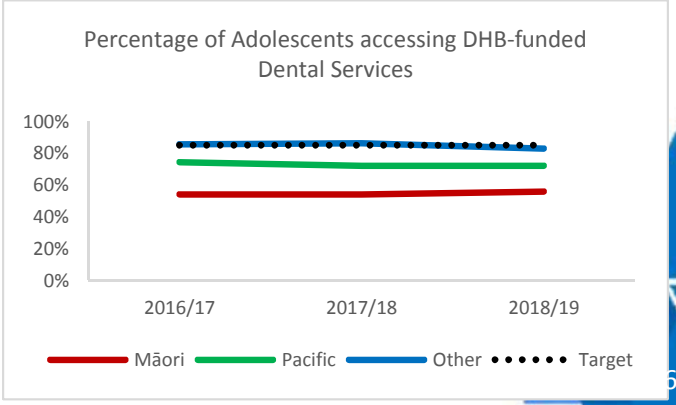
- We are working with Bee Healthy to better understand what is driving inequities in oral health targets for children up to year 8. To date, Bee Healthy has implemented a knee-to-knee programme for under 5 year-olds where therapists go out to early childhood centres (ECE) and conduct examinations on site. The ECE's involved include Kohunga Reo and Pacific language nests. This practice is expected to be expanded over time as it greatly improves access. There is a new supervised tooth-brushing programme in some ECE's and an onsite fluoride varnish trial is expected to commence shortly. There is a 3DHB drive to encourage Water Only in schools which will impact positively on oral health outcomes. CDA performance has remained static for a number of years, and while it is not reaching the national target, performance is in the top four DHB's in the country.

Management comment

- CCDHB will continue to work closely with the Bee Healthy Service to drive better outcomes, particularly for Māori and Pacific children. Bee Healthy has completed a one year strategy which has a focus on providing more equitable outcomes and considers a range of activities that may improve engagement and access for Māori and Pacific.
- CCDHB are currently reviewing the CDA and their providers. A new tool is in its final stages which will allow a more granular view of activity by provider, schools and place. This will be used to review the current landscape and make improvements where possible.







SUDI prevention update

What is this measure?

- Target: 279 safe-sleep devices. The goal of the National SUDI Prevention Programme (NSPP) is to reduce the incidence of Sudden Unexpected Death in Infancy (SUDI) to 0.1 in 1000 liveborn infants by 2025.

Why is this important?

- There has been a significant reduction in the incidence in the rate of SUDI nationally, but it is one of the leading causes of preventable deaths in New Zealand babies. Major risk factors include front sleeping, maternal smoking, lack of breast-feeding, and bed-sharing (particularly where maternal smoking also occurs). In New Zealand, a higher proportion of SUDI deaths are in Māori communities, and similarly, high rates in Pasifika communities have not decreased significantly over time.
- The combination of bed-sharing and maternal smoking in pregnancy has been established as significantly hazardous to babies. The widespread availability of safe-sleep devices is important for ensuring that babies can have a safe sleeping environment and includes devices such as wahakura (flax woven baby beds) and Pepi-pods.
- The primary focus of the Hapū Ora service is to work with young Māori women aged 15-25 years olds who are pregnant and smoke, or have young children up to 5 years old.
- Babies who are exclusively breast-fed for the first 6 months of life have better outcomes. Research indicates that breast-feeding offers significant protection against infectious diseases, asthma, childhood obesity, and SUDI.

How are we performing?

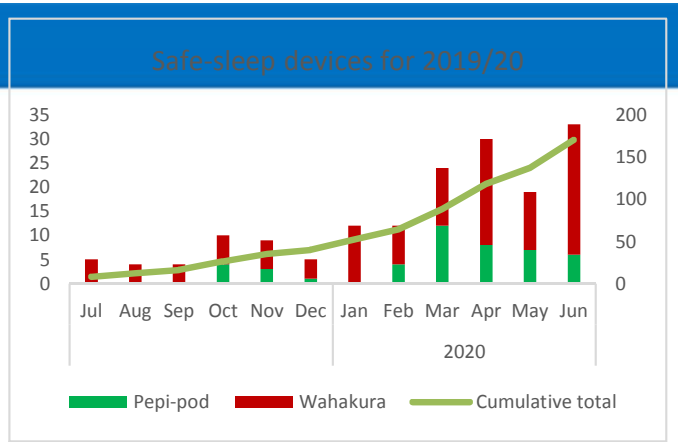
- The number of safe-sleep devices used has not met the MoH target of 279 per year due to COVID. However, there have been significant improvements since March 2020, with 106 sleep devices accepted by women between March – June.
- The number of women who have successfully quit smoking was much high overall in 2019/20 than in the previous financial year. Breast-feeding coverage at 3 months has dropped below target (70%) since 2018.

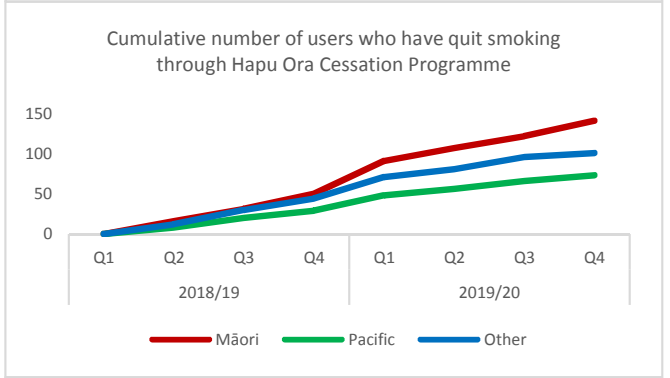
What is driving performance?

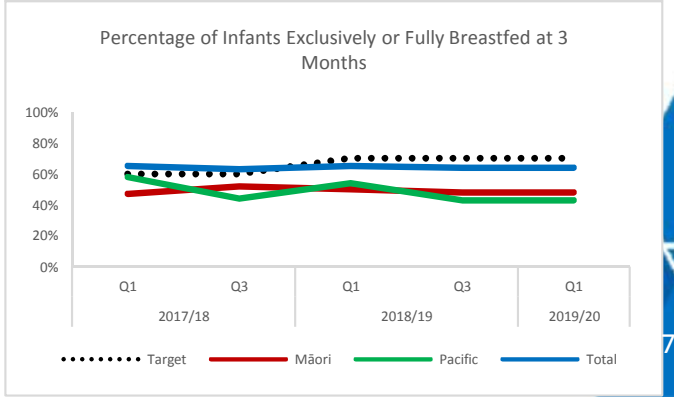
- There has been increased communications to LMC, WCTO providers and primary care on the availability of safe sleep devices and the referral process for accessing them.
- The Hapū Ora programme has started offering and incentive programme, which includes vouchers for food and petrol for setting and achieving quit dates. The majority of clients have been willing to set a quite date. However, relapse remains a major issue for women, and quit dates are often re-set. Referrals to this service have also reduced during Q4, due to Covid.

Management comment

- CCDHB is currently investing in breastfeeding services in the community with a view to increase breast-feeding rates at 3 months. These services include education for whānau and community health workers as well as training Māori and Pacific Lactation Consultants.
- Given the impact of the Hapū Ora Cessation programme CCDHB is exploring ways to further promote these services amongst maternity and primary care services.







Long-term conditions: Diabetes

What is this measure?

- 70% of people with diabetes have an HbA1C ≤64% with no inequity

Why is this important?

- Diabetes poses significant risks for the development of cardiovascular and metabolic diseases, particularly when poorly managed. The higher the HbA1c levels in the blood, the greater the risk. The prevalence of diabetes in Māori and Pacific people is also around three times higher than in non-Māori, non-Pacific people. When provided with appropriate levels of support and education, people support their own wellbeing with good glycaemic control has clear benefits for health outcomes. Young people with diabetes have a higher risk of developing co-morbidities and complications, including cardiovascular disease, kidney disease and retinopathy.

How are we performing?

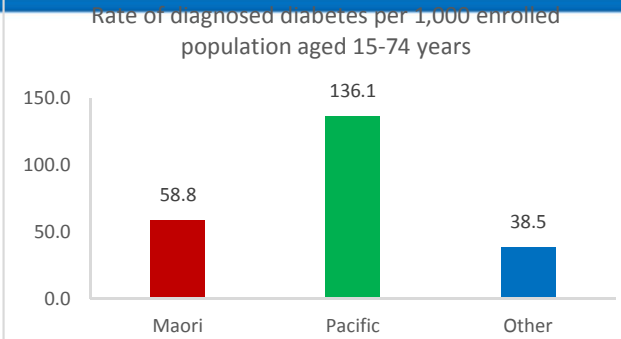
- The proportion of people who have acceptable blood sugar control is lower in Māori and Pacific populations. However, we are not reaching the target of ≥70% for all groups, and the proportion of people with HbA1c levels ≤64mmol/mol has decreased since 18/19.
- There are a relatively small proportion of 15-39 year olds with diabetes. However, our younger Maori and Pacific population with diabetes (aged 15-39) are more less likely to have acceptable blood sugar controls. This indicates our Maori and Pacific communities are diagnosed at a higher rate, at an earlier age and are less likely to have acceptable levels of control. Accordingly, these populations live longer with complexity.

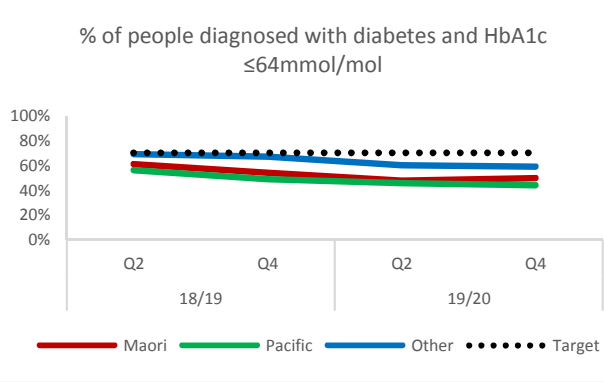
What is driving performance?

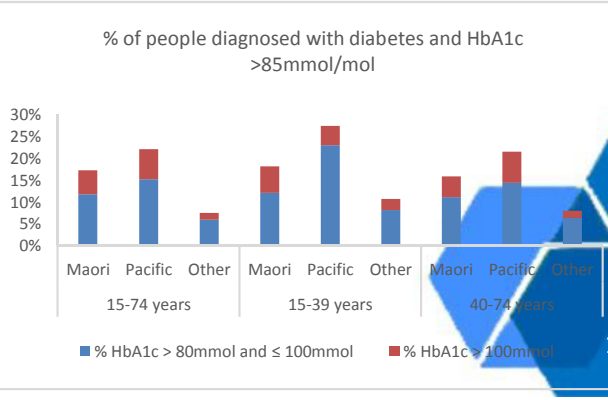
- Disruptions due to COVID-19 meant that tailored interventions were not possible during the lockdown period. Since this, PHOs have been developing interventions that target young Māori and Pacific people to support self-management. These include offering group self-management sessions and more appointment availability on weekends. Using additional DCIP funding, Compass health has two nurses in the role of Clinical Nurse Specialist who have flexibility to meet the complex needs of diabetes patients through a range of methods (home visits, office consultations, practice clinics and teaching for other clinicians).

Management comment

- Activities in the Diabetes Clinical Network have been paused during COVID-19. Efforts are being made to reconvene this network and continue to embed the diabetes model of care in CCDHB.
- Tū Ora Compass Health, Te Awakairangi Health Network and Ora Toa PHOs are planning to meet to discuss a sub-regional approach on how to raise awareness in young men about the need for CVRA checks and earlier management of diabetes and prediabetes.







Section 2.2

Hospital Performance

Executive Summary – Hospital Performance

- Activity delivered by the CCDHB provider arm - ED attendances and surgical and medical caseweights are slightly lower compared with the same time last year pleasingly we have made progress in addressing the number of long waiting patients (>120 days) for outpatients and surgery. This is consistent with our recovery plan is noting at least a year will be required to address the backlog.
- The utilisation of available of adult beds in core wards in August 2020 is 93.1% which is higher than this time last year and exacerbated by the the reduction in available beds due to impact of COVID readiness. This is concerning especially in the context of our ED wait times and that General Medical volumes are below that expected for this time of year.
- The decline in ED wait times is related to the on-going processes in place related to COVID-19 screening, maintaining a COVID readiness and restrictions on the use of spaces previously used to support our bed capacity. This has all greatly exacerbated flow given the mismatch between inpatient activity and the existing bed base.
- The number of work streams taking an all of system approach continue to be rolled out within the Acute Demand and Bed Capacity Programme. Notable highlights are the expansion of the Advancing Wellness at Home Initiative (AWHI) project to a wider catchment and other inpatient wards, increasing the opening hours of the Children's Assessment Unit which has been relocated to the "Pink Zone" in ED, establishment of a Project group to review patients who have been in hospital more than 10 days, to identify barriers to patients being discharged and a working group established to identify space to create additional acute assessment beds.
- Outside two extraordinary items (additional costs during COVID-19 and Holidays Act Provisions) not included within the budget the Hospital provider arm has made a cautious start to the new financial year; targeted efficiency measures are in place however the pressure of clinical service demands and FTE management especially around annual leave is going to be a major challenge. Leave hours taken as a percentage of FTE was less than the same time last year but annual leave balances are increasing –leave management plans are in place wioth a proactive approach being taken by managers and leaders.

CCDHB Activity Performance

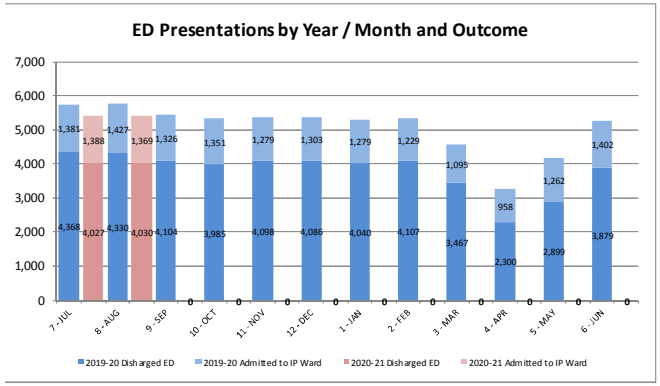
Capital and Coast DHB: August 2020

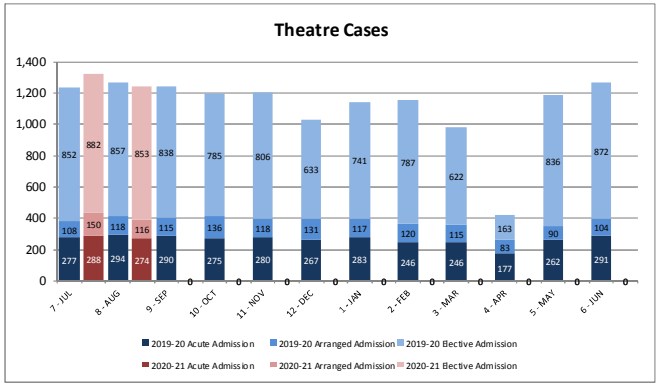
ED Presentations

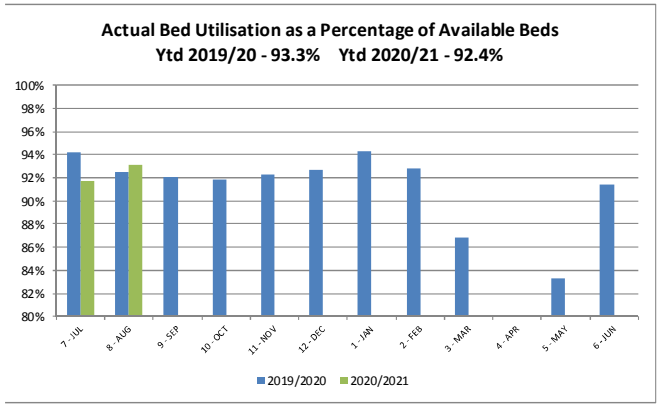
	2019/20	2020/21
YTD Totals	11,506	10,814
Change		-692
% Change		-6%

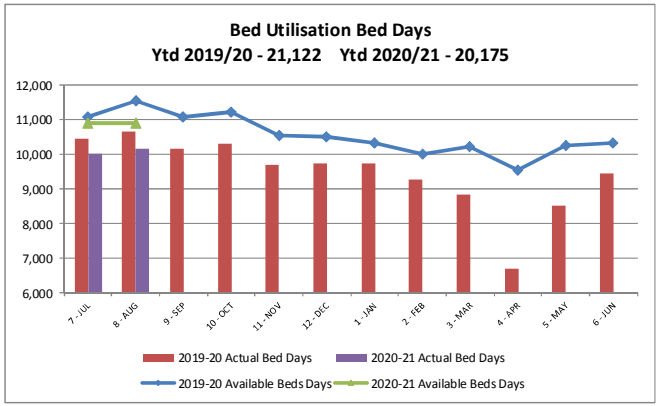
Theatre Cases

	2019/20	2020/21
YTD Totals	2,506	2,563
Change		57
% Change		2%









- The number of ED presentations in August 2020 is lower than the number recorded in the same month in the previous financial year. The emergency department August 2020 has experienced a 6.2% decrease (358) in the number of presentations compared to August 2019, this equates to an approximate reduction of 11.5 presentations per day.
- The number of presentations for patients aged under 16 in August 2020 was 740 compared to a total of 1,068 in August 2019, a reduction of 319 (30.7% reduction). In addition the number the number of presentations for patients aged 65 and over in August 2020 was 1,188 compared to a total of 1,361 in August 2019, a reduction of 319 (12.7% reduction).
- The utilisation of available of adult beds in core wards in August 2020 is 93.1% which is higher than the 92.5% rate recorded in August 2019. The number of available beds in August 2020 is lower than in August 2019 with beds now transferred to ED from MAPU and less beds temporarily opened at Kenepuru in August 2020.
- The Elective theatre cases have decreased for the month of August 2020 by 0.5% (4 cases) when compared to August 2018. The decrease are spread across a number of specialties in particular Urology (-19) and Orthopaedic (-14) but countered by increases in Neurosurgery (16) and General Surgery (14).
- A recovery plan is in development which will need continued support from the private sector however DHBs consider at least a year will be required to address the backlog.

CCDHB Activity Performance

Capital and Coast DHB: August 2020

HSS Inpatient Caseweight Activity

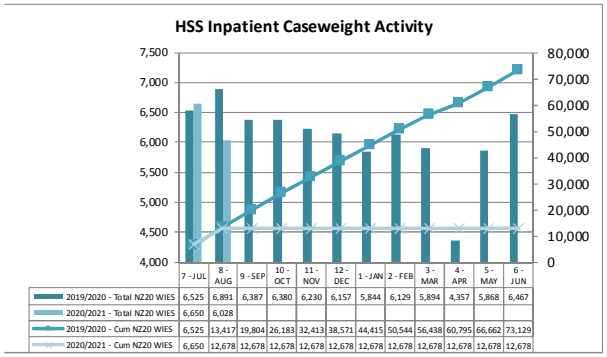
	2019/20	2020/21
YTD Totals	13,417	12,678
Change		-739
% Change		-5.5%

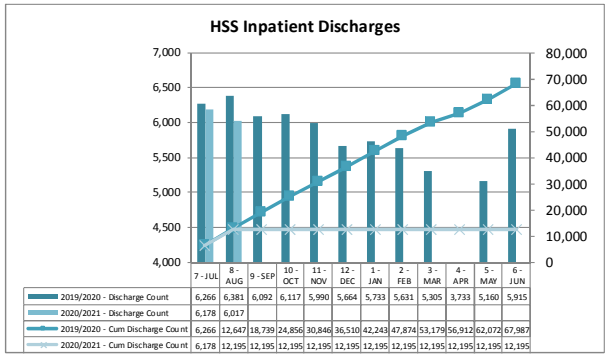
** This includes all Hospital Acitivty including ACC, Non Resident, Non-Casemix but excludes Mental Health*

HSS Inpatient Discharges

	2019/20	2020/21
YTD Totals	12,647	12,195
Change		-452
% Change		-3.6%

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



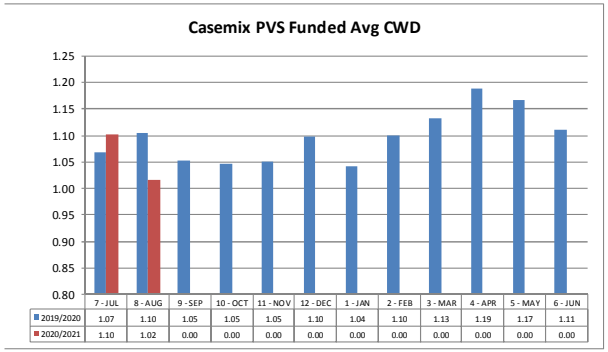


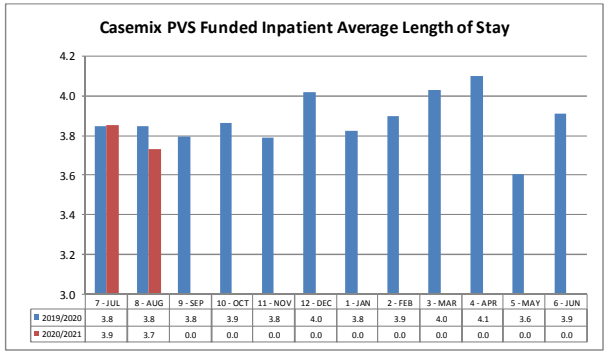
Casemix PVS Funded Avg CWD

	2019/20	2020/21
YTD Totals	1.09	1.06
Change		-0.03
% Change		-3%

Casemix PVS Funded Inpatient Average Length of Stay

	2019/20	2020/21
YTD Totals	3.87	3.79
Change		-0.08
% Change		-2.0%





Comparisons with same period last year:

- Local acute CWDs are lower than previous financial year (-619 CWDs) with a decrease in discharges; a lower ALOS and a similar average CWD. Both the discharge decrease and CWD decrease is driven primarily by General Medicine, Paediatric Medicine and Neonatal.
- Local Elective CWDs are lower than the previous financial year (-73 CWDs) with a decrease in discharges; a lower ALOS and similar average CWD. The discharge decrease is driven primarily by Ophthalmology and Orthopaedics. The CWD decrease is driven primarily by Orthopaedics and Ophthalmology.
- IDF acute CWDs are lower (-480 CWDs) than the previous financial year also with a decrease in discharges and lower ALOS and average CWD. The discharge decrease is driven primarily by Cardiology and Vascular Surgery. The CWD decrease is driven primarily by Neonatal and Cardiology and Vascular Surgery.
- IDF Elective CWDs are higher than the previous financial year (261 CWDs) with more discharges a similar ALOS and a higher average CWD. The discharge increase is driven primarily by Vascular Surgery, Neurosurgery and Gynaecology. The CWD increase is driven primarily by Cardiothoracic, Vascular Surgery, Neurosurgery and Ophthalmology.
- In combination these four admission groups equate to a decrease of 911 CWDs compared to the previous year. The services that most significantly impact this shift are Neonatal (286 CWDs 31% of the total) and the three of the specialties most likely to be impacted by the reduction in the number of presentations to the Emergency department; General Medicine (240 CWDs, 26% of the total), Acute Cardiology (156 CWDs 17% of the total) and Paediatric Medical (152 CWDs 16% of the total variance).

Discharges

- Publicly funded casemix discharges for the month of August 2020 have decreased by 401
- (-6.8%) in comparison to the number of discharges recorded in August 2019. The decrease in discharges will be linked partly to the reduction in the number of presentations to ED but at a specialty level were spread across a number of specialties the with the decreases most evident in General Medicine (193 Acute), Paediatric Medicine (122 Acute), Ophthalmology (45 Elective), Cardiology (37 Acute, 8 Elective), Obstetric Mothers (42 Acute) and Neonatal (25 Acute) but were countered by increases in Emergency Medicine (193 Acute), Obstetrics Babies (38 Acute) and General Surgery (34 Acute).
- The number of outsourced discharges in private facilities decreased from 143 in August 2019 to 110 in August 2020 an increase of 33 discharge (23% decrease).
- The August Ytd average CWD 2020/21 is lower (-0.03) than the previous year.
- The August Ytd inpatient average Length of Stay for 2020/21 (3.79) is lower (-0.08) than the previous year.

HHS Operational Performance Scorecard – period Aug 19 to Aug 20

Domain	Indicator	2020/21 Target	2019-Aug	2019-Sep	2019-Oct	2019-Nov	2019-Dec	2020-Jan	2020-Feb	2020-Mar	2020-Apr	2020-May	2020-Jun	2020-Jul	2020-Aug
Care	Serious Safety Events	Zero SSEs	3	2	10	11	9	6	10	9	9	9	7	13	3
	Total Reportable Events	TBD	1,180	1,094	1,153	1,058	1,004	880	1,108	1,207	722	904	1,082	1,164	1,254
Patient and Family Centred	Complaints Resolved within 35 calendar days	TBD	81.7%	97.7%	93.4%	91.9%	87.5%	94.2%	87.7%	92.4%	100.0%	93.6%	91.8%	86.5%	96.6%
	% Discharges with an Electronic Discharge summary	TBD													
Access	Emergency Presentations		5,757	5,430	5,336	5,377	5,389	5,319	5,336	4,562	3,258	4,161	5,281	5,415	5,399
	Emergency Presentations Per Day		186	181	172	179	174	172	184	147	109	134	176	175	174
	Emergency Length of Stay (ELOS) % within 6hrs	≥95%	75.0%	74.4%	77.2%	75.5%	77.4%	80.0%	75.5%	78.7%	84.7%	82.8%	74.6%	72.6%	68.5%
	ELOS % within 6hrs - non admitted	TBD	82.1%	80.3%	83.7%	81.1%	83.2%	85.8%	81.2%	84.6%	90.7%	90.4%	82.6%	79.8%	76.8%
	ELOS % within 6hrs - admitted	TBD	55.9%	58.4%	60.0%	59.6%	61.1%	63.1%	58.6%	61.8%	70.5%	66.3%	54.6%	53.5%	46.7%
	Total Elective Surgery Long Waits	Zero Long Waits	59	64	94	107	135	166	146	178	402	434	356	261	125
	Additions to Elective Surgery Wait List		1,420	1,400	1,312	1,399	1,120	1,128	1,411	1,271	554	1,094	1,507	1,507	1,280
	% Elective Surgery treated in time	TBD	91.2%	92.7%	92.7%	92.1%	92.2%	85.8%	86.0%	89.0%	92.7%	76.3%	71.3%	73.0%	84.0%
	No. surgeries rescheduled due to specialty bed availability	TBD	23	10	5	19	3	1	8	1	1	1	12	5	9
	Total Elective and Emergency Operations in Main Theatres	TBD	1,239	1,201	1,179	1,199	997	1,067	1,101	927	378	1,103	1,202	1,237	1,192
	Faster Cancer Treatment 31 Day - Decision to Treat to Treat	85%	91.0%	93.0%	92.0%	85.0%	97.0%	89.0%	84.0%	88.0%	90.0%	90.0%	90.0%	91.0%	85.0%
	Faster Cancer Treatment 62 Day - Referral to Treatment	90%	92.0%	94.0%	97.0%	86.0%	97.0%	76.0%	89.0%	97.0%	92.0%	75.0%	85.0%	94.0%	82.0%
	Specialist Outpatient Long Waits	Zero Long Waits	0	13	43	91	165	238	324	488	1,079	1,286	1,451	1,076	585
	% Specialist Outpatients seen in time	Zero Long Waits	91.5%	91.0%	92.8%	91.9%	94.4%	80.4%	83.9%	82.0%	87.1%	81.1%	74.2%	74.4%	85.0%
	Outpatient Failure to Attend %	TBD	7.0%	7.3%	7.1%	7.0%	7.6%	6.9%	7.4%	7.7%	4.4%	7.1%	6.6%	7.1%	6.7%
	Maori Outpatient Failure to Attend %	TBD	15.0%	14.8%	15.7%	14.4%	16.2%	15.0%	15.1%	16.1%	8.8%	14.6%	13.8%	15.6%	15.1%
	Pacific Outpatient Failure to Attend %	TBD	16.6%	17.2%	17.0%	14.8%	16.2%	16.3%	15.6%	16.0%	8.1%	17.4%	17.0%	17.2%	14.3%
Financial Efficiency	Forecast full year surplus (deficit) ($million)		($15.9m)	($20.9m)	($20.9m)	($26m)	($29.5m)	($29.5m)	($29.5m)	($29.5m)	($47.5m)	($47.5m)	($44.2m)	($39.8m)	($39.8m)
	Contracted FTE (Internal labour)		4,824	4,851	4,864	4,855	4,834	4,835	4,837	4,848	4,894	4,931	4,974	4,978	5,006
	Paid FTE (Internal labour)		5,155	5,187	5,163	5,209	5,264	5,192	5,195	5,197	5,188	5,198	5,308	5,314	5,315
	% Main Theatre utilisation (Elective Sessions only)	85.0%	78.2%	79.2%	78.1%	79.0%	83.0%	82.0%	81.0%	80.0%	78.1%	82.0%	81.0%	83.0%	82.0%
Discharge and Occupancy	% Patients Discharged Before 11AM	TBD	24.4%	25.8%	25.6%	22.4%	24.0%	23.9%	24.3%	22.7%	19.3%	20.4%	21.9%	24.4%	23.0%
	Adult Long Stay Patients Not Yet Discharged (>14 days) WLG	TBD	31	22	27	32	29	26	39	29	19	24	29	30	35
	Adult Overnight Beds - Average Occupied WLG	TBD	306	314	308	305	289	294	295	275	225	264	294	298	299
	Adult Long Stay Patients Not Yet Discharged (>14 days) KEN	TBD	29	27	19	27	23	23	18	10	17	16	17	19	19
	Adult Overnight Beds - Average Occupied KEN	TBD	84	83	76	71	66	72	69	62	46	55	63	71	72
	Child Overnight Beds - Average Occupied	TBD	32	29	24	24	21	19	21	18	15	18	23	24	23
	NICU Beds - ave. beds occupied	36	31	36	37	36	33	32	28	34	38	30	29	28	31
ALOS	Overnight Patients - Average Length of Stay (days)	TBD	3.85	3.79	3.86	3.79	4.02	3.82	3.90	4.03	4.10	3.61	3.91	3.85	3.74
Care	Rate of Presentations to ED within 48 hours of discharge	TBD	3.8%	3.7%	3.7%	4.2%	3.6%	3.7%	4.2%	3.7%	4.1%	3.3%	3.8%	3.7%	3.7%
	Presentations to ED within 48 hours of discharge	TBD	218	200	196	226	193	196	225	168	133	139	203	199	201
Staff Experience	Staff Reportable Events	TBD	121	125	138	127	102	111	138	137	89	108	162	139	153
	% sick Leave v standard	TBD	4.0%	4.0%	3.5%	3.3%	2.9%	2.5%	3.1%	3.5%	2.6%	2.9%	4.3%	4.6%	4.6%
	Nursing vacancy	TBD	221.4	212.2	208.9	213.9	228.1	219.1	211.6	206.6	192.1	170.0	157.4	248.5	268.5
	% overtime v standard (medical)	TBD	2.1%	2.0%	2.0%	1.7%	1.7%	1.8%	1.9%	1.9%	1.4%	1.4%	1.8%	1.7%	2.1%

Refer to later pages for more details on CCDHB performance. Highlighted where an identified target.

Shorter Stays in ED (SSIED)

What is this measure?

- The MoH Target: 95% of patients presenting to ED will be seen, treated, and discharged or seen, assessed and admitted or transferred from the Emergency Department within six hours.

Why is this important?

- Long stays in emergency departments (EDs) are linked to overcrowding of the ED, negative clinical outcomes and compromised standards of privacy and dignity for patients. Less time spent waiting and receiving treatment in the emergency department therefore improves the health services DHBs are able to provide.
- Reducing ED length of stay will improve the public's confidence in being able to access services when they need to, increasing their level of trust in health services, as well as improving the outcomes from those services.
- Increasing performance on this measure will also result in a more unified health system, because a coordinated, whole of system response is needed to address the factors across the whole system that influence ED length of stay.

How are we performing?

- CCDHB SSIED performance for August 2020 was 68.4%. This result is a decrease on the 73% recorded last month (July 2020) and the 75.1% recorded in August 2019. The performance of patients who were seen, treated and discharged by ED for August 2020 was 78%. The performance of patients who were seen, and admitted to hospital for August 2020 was 50%.
- A factor that impacts on our SSiED performance is the occupancy/bed utilisation in our wards. The average occupancy for August 2020 was 93%. The occupancy rate is based on core Adult Wards (Wellington and Kenepuru) excluding 4 North and ICU. The number of available adult beds in August 2020 was 352.

What is driving performance?

- Our performance being less than target was due to the increase of elective and acute surgical work that was delayed during our COVID response. We also have in place ongoing processes related to COVID-19 screening and precautions.
- As we move through winter we are also operating parallel processes in our in-patient wards to manage COVID case definition vs. non-COVID patients. Our acute flow programme of work is focusing on medical teams identifying and discharging patients earlier in the day. This then frees beds for those being admitted from ED to move to the ward in a timelier manner and thus improves our SSiED performance.

Performance	JUN	JUL	AUG
2019-20	76%	78%	75%
2020-21	75%	73%	68%

Breaches	JUN	JUL	AUG
2019-20	1188	1149	1315
2020-21	1259	1358	1576

ED Volumes	JUN	JUL	AUG
2019-20	5,031	5,285	5,284
2020-21	4,952	5,024	4,995

Management Comment

- The following work streams continue to be progressed and rolled out including:
  - To free up ED, we continue to use Ward 6 East as our "query COVID" ward for patients who have been swabbed as part of their admission process. Once the results come back negative the patients are transferred to the ward where they will be treated for their presenting concern.
  - The Acute Health of the Older Person (A-HOP) / Frailty Unit pilot in Ward 3 continues with an initial review due in late August.
  - The Advancing Wellness at Home Initiative (AWHI) project has been rolled out to a wider catchment and other inpatient wards. AWHI is an early supported discharge 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.
  - Children's Health with Emergency Services continue to work on a project to increase the opening hours and resourcing of the Children's Assessment Unit which has been relocated to the "Pink Zone" in ED had been a direct result of COVID-19 response planning. It has been agreed that this initiative should continue in ED.
  - Project group to review patients who have been in hospital more than 10 days, to identify barriers to patients being discharged continues to identify barriers to discharge and address these with our teams.
  - Activities continue across the organisation to improve discharge processes.
  - Work group established to identify space to create additional acute assessment beds.

Planned Care – Inpatient Surgical Discharges/Minor Procedures

What is this measure?

There is a requirement that DHBs manage the Planned Care programme through the monitoring framework in line with the principles of equity, access, quality, timeliness and experience. Planned Care is measured by a performance framework which includes ESPIs (Elective Services Performance Indicators).

Why is this important?

Providing timely access to Planned Care services is important to improve the health of our population and maintain public confidence in the health system.

How are we performing?

- The Ministry of Health are yet to confirm our planned care volumes for 20/21 financial year, however we can report our internal results.
- Our in-house results for August were positive, reporting 32 discharges ahead of the planned 519, mainly driven by SMOs taking minimal leave during July and August. Outsourcing volume was limited due to contractual constraints with one of our private providers, therefore only achieving around half our planned volume of 79 from a total of 167.
- IDF outflow volume is not yet confirmed as it relies on other DHB's completing coding so we expect to improve our August month end position of 54 discharges adverse to target.
- Minor procedures in-house are exceeding August month's plan, reporting 176 ahead of the planned 333 volume. This is driven by the concentrated efforts to provide additional outpatient clinics to ophthalmology patients who require intra-ocular injections.

What is driving performance?

The improvement in discharges supports our recovery post COVID-19 efforts.

Management Comment

We continue to work on scheduling surgery, both in Wellington and Kenepuru, and utilising private facilities where possible. Contracts are continuing to be negotiated, however we have commenced with Cardiac, some Orthopaedic and Ophthalmology procedures in September, so can expect to see an increase in the coming months.

SMOs continue to be involved with planning surgery based on those with greatest clinical urgency and long waiting times.

MRI and CT Waiting Times

What is this measure?

This is a percentage measure which shows the proportion of CT or MRI referrals that are scanned inside of a 42 day period. The clock begins at the date Radiology receives the referral for imaging.

Why is this important?

Delayed diagnosis can lead to poorer health outcomes as a patient's condition may deteriorate while waiting. 42 days (6 weeks) is generally accepted as the reasonable clinical timeframe to receive imaging results for non-acute outpatient referrals.

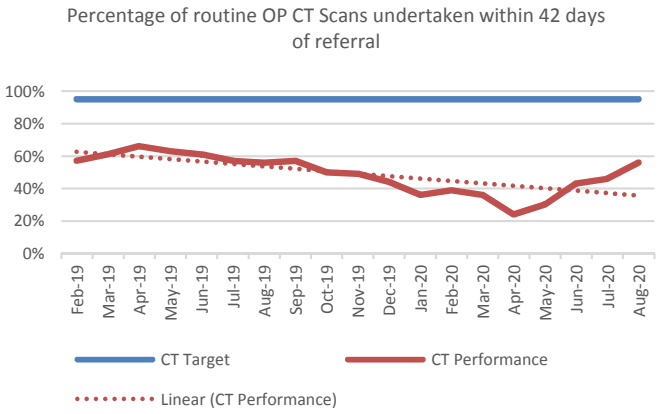
How are we performing?

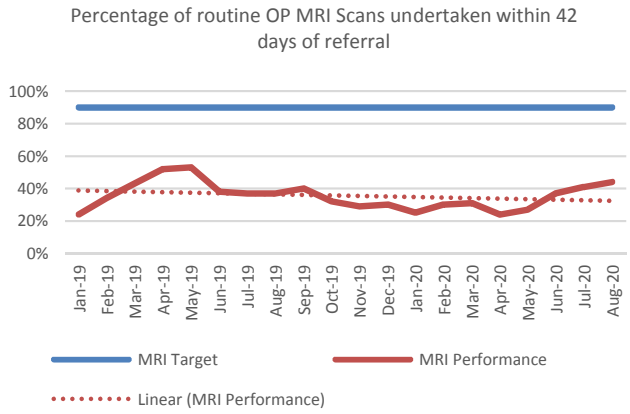
Waiting times for CT and MRI remain high as a result of historical insufficient capacity to meet demand and the pandemic response. Subsequently, the percentage measure is low.

However, due to increased outsourcing and additional ad hoc weekend lists, recent progress has been made as demonstrated in the graphs below.

What is driving performance?

Long term growth in demand for Radiology services has not been matched with Radiology capacity.





Management Comment

With current waiting times, there is still a critical risk of patient harm including disease progression. However, the significant improvement in CT in the last 3 months has reduced this. The service continues to prioritise based on clinical urgency and performs Inpatient and ED patients within expected timeframes to maximise inpatient flow.

Actions currently underway to address waiting times:

- Increased outsourcing in line with MOH request and additional unbudgeted revenue completed for June and July.
- Upcoming planned care funding packet for CCDHB from MOH due towards the end of the year. Investment in Radiology high on the priority list. If successful, will bring sustainable improvements in waiting times. Awaiting confirmation before action can be taken.
- Finalising draft updated agreement with local private Radiology provider lead by SIP with input from both HV and CC DHB Radiology departments.
- Ad hoc elective lists booked on weekends staffed with volunteer MIT/SMO where sufficient staffing allows.
- Working with the region to increase RMO training positions (long term solution to mitigate national SMO shortages).
- Successful recruitment to 3 new SMO positions.

It is difficult to predict with certainty the production and demand in the next 3 – 6 months due to a variety of factors (e.g. recruitment and retention, COVID response, MOH waiting list initiatives) however, with reduced outsourcing from September, we hope that current MOH targets remain relatively stable through September and October.

Coronary

Coronary Angiography Waiting Times

What is this measure?

- DHBs are required to collect, measure and monitor how long people are waiting for Coronary angiography – 95% of accepted referrals for elective coronary angiography will receive their procedure within 3 months (90 days)

Why is this important?

- Diagnostics are a vital step in the pathway to access appropriate treatment. Improving waiting times for diagnostics can reduce delays to a patient's episode of care and improve DHB demand and capacity management.

How are we performing?

- The proportion of patients waiting less than 90 days for angiography has improved (97.2%). This is the highest level in the past 12 months.

What is driving performance?

- A combination of reduced demand since April due to the impacts of COVID, and a change to the SMO roster allowing additional sessions to be created improving capacity.

What is driving performance?

- The SMO roster change seems to be working well, and is being regularly monitored by the clinical leader, Service Manager, and Administration staff to iron out any issues. The positive results in this area may provide capacity to address other cardiology waiting lists.

Acute Coronary Syndrome

Key clinical quality improvement indicators

What is this measure?

- We are required to report agreed indicators from ANZACS-QI data for acute heart services.

Why is this important?

- Long-term conditions comprise the major health burden for New Zealand now and into the foreseeable future. This group of conditions is the leading cause of morbidity in New Zealand, and disproportionately affects Maori and Pacific peoples and people who experience mental illness and addiction. As the population ages and lifestyles change these conditions are likely to increase significantly. Cardiovascular disease, including heart attacks and strokes, are substantially preventable with lifestyle advice and treatment for those at moderate or higher risk.

How are we performing?

1. 70% of high-risk patients will receive an angiogram within 3 days of admission. ('Day of Admission' being 'Day 0'):
   - CCDHB result for July (most recent data that is available) was 81.3%, Wairarapa 75%. As a region we did achieve the target for July, 74% 124/167).
   - Hawkes Bay, did not achieve the target 65.0%%, this is aggregated reflecting access to their local lab as well. Hutt Valley, 44.4%, and Whanganui 46.2%, did not achieve the target either.
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 July was 96.9%. As a region we achieved target for July - 95.8%.

What is driving performance?

- Not achieving the target differs for each centre. The table below provides a breakdown (Please note this data is updated 6 monthly and should be refreshed for the next report). The referral to transfer is directly influenced by CCDHB, ultimately this relates access to beds. Other factors include regional decision making timeframes, and timing of presentation.

Management Comment

- Increased lab capacity resulting from the new SMO Roster and redistribution of interventional lab sessions, has allowed better lab utilisation. The underlying issue remains access to beds, increased by Cardiology reducing its IRW IP footprint from 8 IRW inpatient beds to 4 inpatient beds. This has resulted in less flexibility and impacts on the service ability to transfer regional patients in a timely manner when busy. Work is currently being done to utilise the transfer lounge in the future for pre and post procedure management, aiming to free up bed space in IRW and mitigate this issue.

Faster Cancer Treatment

What is this measure?

a) 62 day target: 90% of patients should receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks.

b) 31 day indicator: The maximum length of time a patient should have to wait from a date of decision to treat to receive their first treatment (or other management) for cancer is 31 days. Target compliance is 85% of patients start within 31 days.

Why is this important?

- The target aims to support improvements in access and patient experience through the cancer pathway, including the period of investigations before treatment begins. It supports DHBs to monitor the whole cancer pathway from referral to first treatment to identify any bottlenecks in the system and opportunities for improvement that will benefit all cancer patients. Prompt investigation, diagnosis and treatment is more likely to ensure better outcomes for cancer patients, and an assurance about the length of waiting time can reduce the stress on patients and families at a difficult time.

How are we performing?

- CCDHB is non-compliant with the 62 day target for August 78% vs the aim of 90% of patients receiving their first cancer treatment within 62 days of being referred with a high suspicion of cancer.
- CCDHB is non-compliant with the 31 day indicator for August at 84% vs the aim of 85% of patients commencing treatment within 31 days from decision to treat. This is the first month since February 2020 where CCDHB has not been compliant.

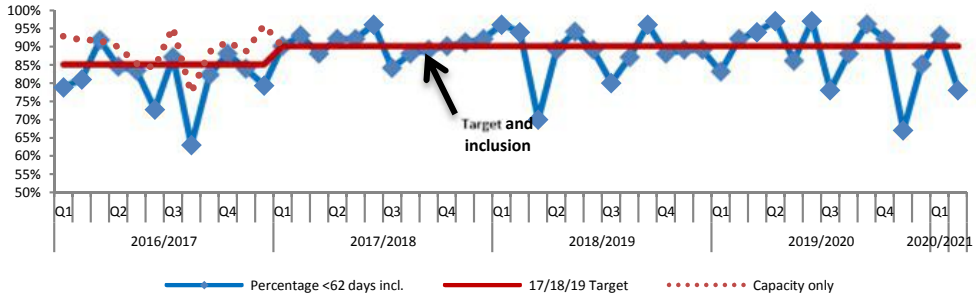
What is driving performance?

- Challenges for reaching the 62 day target, such as access to FSA and diagnostic procedures contributed to delays in the front end of the patient pathway.
- All but one 31 day breach patients (11) had surgery as first treatment. Capacity constraints related to urology, breast, H &N tumour streams in order of frequency with surgery being the first treatment.

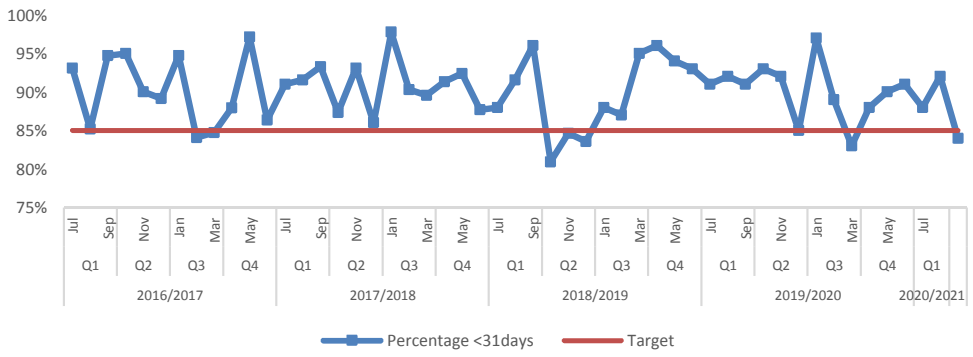
Management Comment

- COVID-19 planning and beyond proved challenging for services that assess, treat and manage patients with cancer. As a consequence we have begun to see a recovery in the number of patients presenting which has challenged access to FSA appointments in some services and surgical scheduling.

62 day target by month



31 day indicator by month



Colonoscopy

What is this measure?

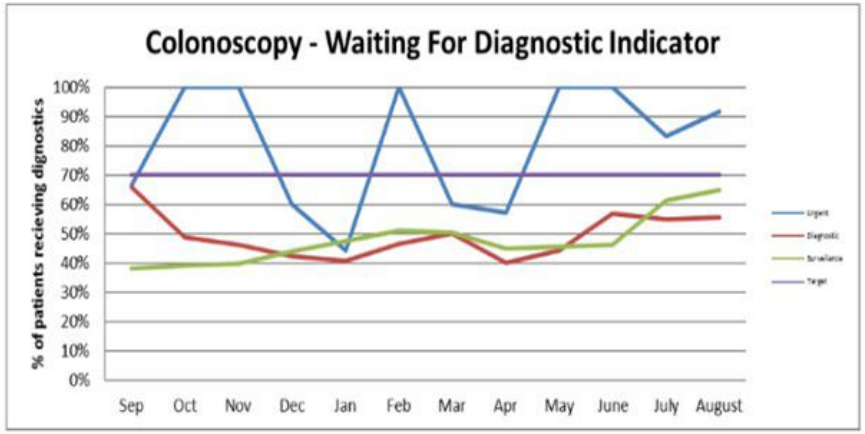
Diagnostic colonoscopy

a) 90% of people accepted for an urgent diagnostic colonoscopy will receive their procedure within two weeks (14 calendar days, inclusive), 100% within 30 days

b) 70% of people accepted for a non-urgent diagnostic colonoscopy will receive their procedure within six weeks (42 days), 100% within 90 days

Surveillance colonoscopy

a) 70% of people waiting for a surveillance colonoscopy will wait no longer than twelve weeks (84 days) beyond the planned date, 100% within 120 days.



Why is this important?

- Diagnostics are a vital step in the pathway to access appropriate treatment. Improving waiting times for diagnostics can reduce delays to a patient's episode of care and improve DHB demand and capacity management.
- Improving access to diagnostics will improve patient outcomes, specifically Cancer pathways will be shortened with better access to colonoscopy

How are we performing?

- CCDHB did not meet the Ministry of Health target for non-urgent and surveillance colonoscopies achieving 56% and 65% respectively against a targets of 70%. We did meet the Ministry of Health target for Urgent achieving 92%.

What is driving performance?

- At the end of August there were 219 patient who had either a diagnostic or surveillance colonoscopy compared to 214 the previous month.

Management Comment

- We continue to outsource cases to reduce the waiting list which has shown to have an impact.

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, Addictions and Intellectual Disability Service - Monthly Performance Report (1 of 2)

Indicator	2020/21 Target	13 Months Performance Report												
		2019-Aug	2019-Sep	2019-Oct	2019-Nov	2019-Dec	2020-Jan	2020-Feb	2020-Mar	2020-Apr	2020-May	2020-Jun	2020-Jul	2020-Aug
Access Rate	3%	3.8%		3.8%			3.6%			3.8%				
Shorter waits for non-urgent Mental Health services <= 3 weeks (Younger Persons Community & Addictions Sector)	80%	45.5%	44.8%	44.7%	42.6%	38.8%	51.8%	52.2%	33.9%	31.0%	44.5%	52.4%		
Shorter waits for non-urgent Mental Health services <= 3 weeks (Adult Community & Addictions Sector)	80%	61.9%	59.2%	59.3%	64.9%	55.7%	61.4%	64.3%	58.5%	48.4%	64.6%	59.0%		
Shorter waits for non-urgent Mental Health services <= 8 weeks (Younger Persons Community & Addictions Sector)	95%	85.9%	79.4%	90.0%	81.6%	90.9%	93.8%	77.8%	50.3%	77.0%	90.3%	90.7%		
Shorter waits for non-urgent Mental Health services <= 8 weeks (Adult Community & Addictions Sector)	95%	95.0%	87.2%	89.2%	87.1%	87.9%	91.0%	87.9%	73.5%	79.3%	95.0%	94.5%		
Community service users seen in person in last 90 days	95%	78.2%	79.3%	77.5%	79.1%	76.6%	77.9%	76.4%	68.8%	54.8%	56.1%	62.9%	76.7%	82.9%
Community DNA rate	<=5%	7.5%	7.6%	8.0%	8.6%	7.4%	7.4%	7.8%	7.0%	4.0%	5.1%	6.6%	6.9%	6.6%
Maori under Section 29 CTO (Rate per 100,000 population) 2019/20 Target: 10% reduction of rate of previous year (405)		425		415			417							
Wellness Plans	95%	42.2%		41.2%			43.1%							
Wellness Plans - Acceptable Quality	95%	71.1%		68.8%			78.9%							
Community Services Transition (Service Exit) Plans	95%	53.3%		48.7%			47.6%							
Community Services Transition (Service Exit) Plans - Acceptable Quality	95%	67.4%		66.1%			61.9%							

Adverse Performance requiring immediate corrective Action	Performance is below target, corrective action may be required	Performance on or better than Target / Plan

Mental Health, Addictions and Intellectual Disability Service - Monthly Performance Report (2 of 2)

Indicator	2020/21 Target	2019-Aug	2019-Sep	2019-Oct	2019-Nov	2019-Dec	2020-Jan	2020-Feb	2020-Mar	2020-Apr	2020-May	2020-Jun	2020-Jul	2020-Aug
Pre-Admission Community Care	75%	66.7%	54.7%	64.7%	58.3%	71.4%	51.2%	71.7%	70.6%	67.6%	64.1%	65.9%	80.0%	69.2%
Post-Discharge Community Care	90%	70.0%	66.4%	72.8%	76.5%	85.7%	73.1%	87.5%	77.5%	75.0%	87.0%	90.5%	84.0%	69.1%
Acute Inpatient Readmission Rate (28 Day)	<=10%	6.7%	3.7%	10.6%	3.3%	2.9%	7.6%	7.9%	3.1%	11.9%	8.5%	5.1%	5.0%	4.7%
Inpatient Services Transition Plan	95%	67.4%		71.1%			70.5%							
Inpatient Services Transition Plan - Acceptable Quality	95%	67.4%		87.5%			82.7%							
Clinically Safe Acute Inpatient Occupancy Rate Te Whare Ahuru		103.0%	101.7%	103.8%	90.6%	100.1%	100.9%	102.4%	98.1%	78.1%	77.8%	99.7%	94.6%	97.7%
Clinically Safe Acute Inpatient Occupancy Rate Te Whare O Matairangi		99.2%		110.0%	104.8%	110.9%	102.9%	105.1%	101.1%	100.0%	93.2%	106.2%	108.2%	109.3%
Seclusion Hours	Aspirational goal of zero seclusion by 31 December 2020	451	711	679	668	404	458	622	995	733	632	965	590	892
Seclusion Hours - Māori		325	190	261	439	113	265	254	682	317	282	620	133	309
Seclusion Hours - Pacific Peoples		6	8	134	162	157	3	289	74	136	116	195	91	72
Seclusion Events		19	18	17	14	11	16	21	32	29	28	27	20	37
Seclusion Events - Māori		11	7	7	8	6	8	13	15	13	14	12	7	12
Seclusion Events - Pacific Peoples		1	1	4	2	2	1	4	4	3	4	9	3	3

Adverse Performance requiring immediate corrective Action | **Performance is below target, corrective action may be required** | **Performance on or better than Target / Plan**

KPI Spotlight – Seclusion

What is this measure?

- *Seclusion hours* - is a local measure of the sum of all MHAIDS seclusion hours per month.
- *Seclusion events* – is a local measure of the sum of all MHAIDS seclusion events per month.

The HQSC has set the target of eliminating seclusion use within mental health services by 31 December 2020. (NB ID services are out of scope nationally but are included in the MHAIDS data.)

Why is it important?

Seclusion is recognised as contravening basic human rights. Service users can experience the intervention as emotionally unsafe, traumatising and disempowering. The practice may also cause trauma, stress and injury for staff and others involved.

How are we performing?

- MHAIDS data shows higher than average seclusion hours for 12 consecutive months .
  - Unusually high seclusion hours reported in Haumietiketike Dec 2019 – Jul 2020
  - Spike in seclusion hours reported for Te Whare Ahuru in Aug 2020 and Te Whare o Matairangi in Jun 2020.
- Seclusion hours for Māori and Pasifika peoples in acute services is disproportionately high compared to the unit population
- Number of MHAIDS seclusion events higher than average for the past eight months. Upwards trend in the number of seclusion events on Te Whare o Matairangi Nov 19 - Apr 20 and a spike in events in Jun 20. Higher number of events noted for Haumietiketike Jan - Jun 20
- Seclusion use within adult forensic services remains low

What is driving performance?

- Three project teams have been established. Change ideas being tested include sensory screening, use of a structured risk assessment tool, audit of prescribing for acute behavioural disturbance, staff safety huddles, post seclusion reviews, providing a welcome pack for new admissions. Small improvements have also been made to the environment
- Within ID services, the Positive Behaviour Support framework is being implemented. Staff are currently being trained in its use

Barriers

- Large proportion of seclusion events within acute services occur < 24 hours of admission. Difficult pre-admission experiences compound distress and frustration.
- High occupancy rates in acute services limit opportunities to try alternative interventions
- Poor unit design and limited low stimulus space on Te Whare Ahuru
- Minimal cultural input to Te Whare Ahuru and part-time input available to Te Whare o Matairangi
- Trendcare has confirmed more FTE needed to meet acuity demands in Te Whare Ahuru

Section 3

Financial Performance and Sustainability

Executive Summary Financial Performance and Position

- The DHB has budgeted a deficit of $39.8 million. The responsible deficit YTD was $5.2m favourable against budget.
- Two extraordinary items exist which are not included within the budget, which the ministry has advised are regarded as outside the DHBs performance assessment:
  - ($5.6m); COVID-19: additional costs during COVID-19
  - ($1.4m); Holidays Act Provisions
- The DHB had targeted a reasonable number of efficiency measures for the year ahead totalling $38m, which are required to meet our deficit position $6.1 million relates to our YTD from both personnel vacancies, efficiency savings across all services and ICT gains through consolidation and rationalisation.
- The DHB also had a number of key safe care initiatives totalling $15.8m which are largely still due to start within the year
- The DHB's cash is under pressure for 2020/21 due to level of deficit support lower than last years deficit and no cash funding provided for provider arm COVID-19 costs. This was mitigated at year end by a delay to payment of capital charge, increase in leave liabilities (as this is non cash) and significant delays to our capex spend (offset by non cash depreciation). The DHB by the start of September was already ($28.2m) in overdraft, offset by $12.7m in special fund balances.
- The focus of the DHB last year turned to the planning and preparedness for COVID-19. This has resulted in groups being formed and staff dedicated to planning, 122,000 hours of planning recorded up to May 2020 (not direct patient activity) has been focused on COVID-19. We intend to keep a close eye on the latest Auckland outbreak for reintroducing this planning hours tracking.
- COVID-19 from the first outbreak continues to incur some additional costs and also disruption to normal BAU for some components of the hospital operation and management. We have put in place tracking and monitoring systems to enable all the costs to be captured and reported to the Ministry, the key items of which are shown on the next slide, this is in addition to the unfunded ($8m) from the prior financial year in which cash has not been provided.

Non-responsible deficit: COVID-19 & Holidays Act

Last Year			Capital & Coast DHB Operating Results - $000s	This Year to Date			Total Provision/Expense	
COVID-19 change from Trend - Provider	COVID-19 change from Trend - Funder	Holidays Act [2003]	YTD August 2020	COVID-19 change from Trend - Provider	COVID-19 change from Trend - Funder	Holidays Act [2003]	COVID-19	Holidays Act [2003]
	(8,317)		Devolved MoH Revenue	(300)	(1,943)		(10,560)	0
			Non-Devolved MoH Revenue				0	0
2,037			Other Revenue	410			2,447	0
			IDF Inflow				0	0
			Inter DHB Provider Revenue				0	0
2,037	**(8,317)**	**0**	**Total Revenue**	**110**	**(1,943)**	**0**	**(8,113)**	**0**
			Personnel					
(1,610)		(2,049)	Medical	(538)		(400)	(2,148)	(24,538)
(1,620)		(9,145)	Nursing	(845)		(656)	(2,465)	(40,223)
		(1,370)	Allied Health			(109)	0	(6,695)
		32	Support			(29)	0	(1,797)
		168	Management & Administration			(124)	0	(7,592)
(3,230)	**0**	**(12,365)**	**Total Employee Cost**	**(1,383)**	**0**	**(1,319)**	**(4,613)**	**(80,845)**
			Outsourced Personnel					
(51)			Medical	(78)			(129)	0
			Nursing				0	0
			Allied Health				0	0
			Support				0	0
			Management & Administration				0	0
(51)	**0**	**0**	**Total Outsourced Personnel Cost**	**(78)**	**0**	**0**	**(129)**	**0**
2,834			Treatment related costs - Clinical Supp	(655)			2,178	0
(1,952)			Treatment related costs - Outsourced	(560)			(2,511)	0
(1,921)			Non Treatment Related Costs	(894)		(66)	(2,815)	(66)
			IDF Outflow				0	0
	(9,917)		Other External Provider Costs (SIP)		(3,822)		(13,738)	0
			Interest Depreciation & Capital Charge				0	0
(1,039)	**(9,917)**	**0**	**Total Other Expenditure**	**(2,109)**	**(3,822)**	**(66)**	**(16,887)**	**(66)**
(4,320)	**(9,917)**	**(12,365)**	**Total Expenditure**	**(3,570)**	**(3,822)**	**(1,386)**	**(21,628)**	**(80,911)**
6,357	**1,600**	**12,365**	**Net result**	**3,680**	**1,878**	**1,386**	**13,515**	**80,911**

- The year to date financial position includes $5.6m additional costs in relation to COVID-19.
- Revenue has been received to fund additional costs for community providers which is now exhausted. The DHB has been funding expenditure involved with assessments through GPs or CBACs. This has significantly stepped up through GP assessments in August 2020 against funding as seen in the table.
- IDF revenue and outflow expense were set to an extrapolated rate utilising the non-COVID-19 period (Jul-Feb 20) for Mar-June. This means IDF was not a COVID-19 impact in 19/20. We have yet to have an indication for the new financial year but are behind in our activity throughput.
- Personnel costs are not split by category in this report, (Direct costs against Medical personnel and Indirect against Nursing personnel to align with our MoH COVID tracker which does not track by personnel group)
- Whilst COVID-19 planning & costs was initially reducing in July, offsetting savings in clinical supplies from getting back to normal has meant the net effect in July/Aug was still approx. $3.7m net impact, which is unfunded but excluded from our responsible deficit.
- Holidays Act is being accrued by month into our provision based on working days in each month, until we revise any provision required / key decisions made on assumptions.

CCDHB Operating Position – August 2020

Month - August 2020					Capital & Coast DHB Operating Results - $000s	Year to Date									
			Variance						Variance		Adjustments			Variance
Actual	Budget	Last year	Actual vs Budget	Actual vs Last year	YTD August 2020	Actual	Budget	Last year	Actual vs Budget	Actual vs Last year	COVID-19 change from Trend	Holidays Act [2003]	Actuals exc COVID-19 / HA	Actuals exc COVID vs Budget
79,388	77,550	73,240	1,838	6,148	Devolved MoH Revenue	157,108	155,100	146,731	2,008	10,377	2,243		154,865	(235)
3,886	3,560	3,448	327	438	Non-Devolved MoH Revenue	7,720	7,184	6,907	536	813			7,720	536
3,028	2,907	3,437	121	(409)	Other Revenue	6,722	5,874	6,902	849	(180)	(410)		7,132	1,259
19,926	21,452	20,918	(1,526)	(992)	IDF Inflow	41,696	42,905	41,099	(1,209)	597			41,696	(1,209)
1,132	784	671	348	461	Inter DHB Provider Revenue	1,944	1,566	1,395	378	549			1,944	378
107,360	**106,253**	**101,714**	**1,107**	**5,646**	**Total Revenue**	**215,190**	**212,629**	**203,034**	**2,561**	**12,155**	**1,833**	**0**	**213,356**	**728**
					Personnel									
14,570	15,640	14,076	1,070	(495)	Medical	29,810	31,582	28,481	1,772	(1,329)	538	400	28,871	2,710
20,009	19,529	18,522	(480)	(1,486)	Nursing	39,925	38,110	36,063	(1,815)	(3,861)	845	656	38,423	(313)
5,774	5,777	5,155	3	(619)	Allied Health	11,524	11,454	10,464	(70)	(1,060)		109	11,415	39
834	885	873	51	39	Support	1,726	1,780	1,717	54	(9)		29	1,696	84
6,501	6,107	6,109	(394)	(391)	Management & Administration	12,930	12,733	12,529	(197)	(401)		124	12,806	(73)
47,688	**47,938**	**44,735**	**250**	**(2,953)**	**Total Employee Cost**	**95,914**	**95,658**	**89,254**	**(256)**	**(6,660)**	**1,383**	**1,319**	**93,212**	**2,447**
					Outsourced Personnel									
796	445	720	(351)	(76)	Medical	1,300	893	1,180	(407)	(120)	78		1,222	(329)
39	25	(46)	(14)	(85)	Nursing	98	50	30	(48)	(68)			98	(48)
107	114	149	6	41	Allied Health	241	227	263	(13)	23			241	(13)
49	22	36	(28)	(14)	Support	94	44	77	(51)	(17)			94	(51)
319	79	287	(240)	(32)	Management & Administration	705	164	535	(542)	(171)			705	(542)
1,310	**684**	**1,145**	**(626)**	**(165)**	**Total Outsourced Personnel Cost**	**2,439**	**1,378**	**2,085**	**(1,061)**	**(354)**	**78**	**0**	**2,361**	**(983)**
11,346	11,392	11,300	46	(46)	Treatment related costs - Clinical Supp	22,479	22,724	22,076	244	(403)	655		21,824	899
2,997	2,397	2,278	(600)	(719)	Treatment related costs - Outsourced	4,865	4,279	4,341	(586)	(524)	560		4,305	(27)
6,951	7,014	6,479	63	(472)	Non Treatment Related Costs	13,238	13,858	13,029	620	(208)	894	66	12,277	1,580
9,192	8,965	8,476	(227)	(717)	IDF Outflow	18,251	17,931	17,212	(321)	(1,039)			18,251	(321)
29,208	26,498	25,706	(2,710)	(3,502)	Other External Provider Costs (SIP)	55,963	53,031	50,567	(2,933)	(5,397)	3,822		52,142	889
4,859	4,818	5,105	(41)	245	Interest Depreciation & Capital Charge	10,020	9,983	10,216	(38)	196			10,020	(38)
64,554	**61,084**	**59,344**	**(3,469)**	**(5,210)**	**Total Other Expenditure**	**124,817**	**121,804**	**117,441**	**(3,013)**	**(7,376)**	**5,931**	**66**	**118,820**	**2,984**
113,552	**109,707**	**105,224**	**(3,845)**	**(8,328)**	**Total Expenditure**	**223,170**	**218,840**	**208,780**	**(4,330)**	**(14,390)**	**7,392**	**1,386**	**214,392**	**4,448**
(6,191)	**(3,454)**	**(3,509)**	**(2,738)**	**(2,682)**	**Net result**	**(7,980)**	**(6,212)**	**(5,746)**	**(1,768)**	**(2,234)**	**(5,558)**	**(1,386)**	**(1,036)**	**5,176**
(1,705)	(928)	(140)	(777)	(1,565)	Funder	(4,725)	(4,174)	(880)	(552)	(3,845)				
73	(0)	12	73	62	Governance	135	(0)	26	135	109				
(4,559)	(2,525)	(3,381)	(2,034)	(1,178)	Provider	(3,390)	(2,038)	(4,892)	(1,352)	1,502				
(6,191)	**(3,454)**	**(3,509)**	**(2,738)**	**(2,682)**	**Net result**	**(7,980)**	**(6,212)**	**(5,746)**	**(1,768)**	**(2,234)**				

Note two adjustments are made for COVID-19 and Holidays Act. These two items form part of the DHB deficit as revenue from MoH/Government has not been received to offset these costs, but is excluded from our responsible deficit.

Executive Summary – Financial Variances

- The DHB deficit year to date is ($7.98m)
- Included within this result is recognition of the adjustment to the holiday act provision ($1.4m) and an estimated impact of COVID-19 of ($5.6m).
- Excluding the two items above brings the deficit for the year into deficit of ($1m) being $5.2m favourable to budget.
- Revenue is favourable by $2.6m YTD. The largest variance is due to special fund/ research revenue. Inpatient IDF revenue was recognised behind target by ($1.5m), with planned care (electives) set to target whilst the year gets underway.
- Personnel costs including outsourced is ($1.3m) YTD however excluding the Holidays Act provision ($1.3m) the remainder of the costs are on budget overall for the DHB. This also includes COVID-19 related costs of ($1.4m) incurred within the year offsetting normal vacancies at the start of the year.
- Treatment related clinical supplies $244k favourable YTD, the overspend in blood products ($327k) unfavourable were offset by favourable variances across other categories, such as; dispensed drugs, prostheses, grafts and outreach clinics.
- Outsourced clinical services is unfavourable YTD by ($586k); favourable movement in laboratory sendaway tests are offsetting increased outsourced CT scans. Cardiothoracic surgical procedures performed at Wakefield Hospital (largely coronary artery bypass with aortic/mitral valve replacement) is the large monthly variance ($630k unfavourable within the August month).
- Non treatment related costs $620k YTD favourable due to lower spend on asset maintenance, and new investment initiatives not yet commenced.
- The funder arm is unfavourable YTD due to additional spend requirements for our community COVID-19 response. Otherwise is generally favourable for the across community expenditure whilst programmes commence.

Safe Care Initiatives

The DHB budgeted a number of Safe Care initiatives due to commence in the 2020/21 financial year listed below, the planning to commence these activities is occurring.

Care Capacity Demand	Optimisation / Efficiency Impact	Clinical Risk	Final Budget	Achievement to date
CCDM Implementation	CCDM Implementation		$ 4,000,000	Yet to commence, DONM office working on implementation plan
Hospital Flow / Clinical Risk				
Clinical Nurse Specialist Staffing - Emergency Department	Reduced stay in ED and improved management of flow through ED.		$ -	To be absorbed and delivered through internal priortisation
Intensive Care Capacity	Additional beds required to meet demand and reduce short notice cancellations of operating theatres increasing elective procedures.	Safer for patients.	$ -	FTE signed to hire over budget in August, initiative still required
Radiology	Reduced delays in treatment reducing unnecessary bed days and unnecessary outpatient appointments.	Timely access to radiology procedures reducing risk of delayed treatment.	$ 1,400,000	FTEs signed for advertisement
Pharmacy	Reduced avoidable inpatient bed days as a consequence of medicine error.	Reduction in medicine errors - CCDHB has one of the highest medical error rates in NZ due to low pharmacy staffing levels.	$ 320,000	To be progressed as second stage of improvements
Child Acute Assessment - safer emergency care.	Reduced utilisation of Emergency Department improving patient flow.	Safe staffing and patient model of care.	$ 350,000	Approved FTEs in August for hiring
Ophthalmology		Safe access to services and compliance with Ministry targets and expectations	$ -	To be absorbed and delivered through internal priortisation
Planning our 2DHB Performance				
Production Planning Technical Support	Improved utilisation of operating theatres, inpatients beds and outsourcing to reduce cost of planned care delivery.		$ -	To be absorbed and delivered through internal priortisation
2DHB Network Planning	Investment in planning and implementation of the 2DHB network.		$ 400,000	Reduced cost through intended use of less consultants
Older People & Frailty				
Early supported discharge from hospital (AWHI)	Allied health teams in the community enabling earlier discharge and fewer bed days.	Better outcomes for people who avoid unnecessary delays in hospital.	$ 400,000	Scaled back to 40% of initial bid in line with timeframes. FTE signed in September for Allied roles
Frailty Assessment	Reduced admissions and bed days for frail older people reducing demand for inpatient beds.	Improved outcomes for older people as not admitted to hospital.	$ 500,000	First stage FTEs approved in June
Community Health Older People Initiative	Reduced admissions of older people to hospital and better care in the community.	Geriatrician support for general practise ensuring best clinical practise in the community.	$ 175,000	Scaled back to 50% of initial bid in line with timeframes
Community Pharmacists for older people with multiple medications.	Reducing complications of multiple medications resulting in avoidable use of health services.	Reduced complications from multiple medications.	$ 90,000	Scaled back to 50% of initial bid in line with timeframes
Equity - Community Acute Response - Porirua	To commence the successful Kapiti Acute Response Service to Porirua to reduce unnecessary admission to hospital reducing bed days.	Safer care in community.	$ 225,000	Scaled back to start in Jan 2021
Equity - Mothers, Babies & Families				
Equity - Social Worker support for priority and vulnerable populations	Priority equity focus improving outcomes and making better use of resources.	Safety of our support for mothers, babies and families with children. Especially those who experience risk factors.	$ 200,000	
Equity - Mothers & Babies in Community	Priority equity focus improving outcomes and making better use of resources.	Integrated support in our communities for priority and vulnerable populations to improve outcomes and manage risk.	$ 300,000	
Equity - At Risk/Violence Programmes	Priority equity focus improving outcomes and making better use of resources.	Implement health's response to violence and at risk families as part of the inter-sectoral response.	$ 150,000	
Equity - Youth One Stop Shop in Porirua.	Priority equity focus improving outcomes and making better use of resources.	Provide a service in Porirua equivalent to Kapiti, Wellington Central and Hutt Valley.	$ 500,000	Start date scaled back by 3 months
Mental Health & Wellbeing				
Co-Response Mental Health Team with Police and Ambulance	Reduced avoidable use of Emergency Department through partnering with NZ Police and Welling Free Ambulance	Safer care in the community.	$ 250,000	RBCs hired and in place
Equity - NGO Acute Alternatives	Reduced demand on acute inpatient units.	Safer care in the community and improved mental health.	$ 450,000	
Equity Investment				
Equity investment to support Taurite Ora Implementation - Workforce	Optimising use of health resources.	Improving health outcomes and clinical and cultural safety.	$ 500,000	Case for development group being worked on
Strategic ICT				
ICT investment			$ 5,600,000	
Total Budget Cost			**$ 15,810,000**	

Savings within Budget 2020/21

The DHB budgeted a number of savings initiatives within the budget:

Amount	Savings Description	Progress to date
$ 6.8m	0.5% general efficiency saving across DHB expenditure (~$4.6m provider ~$2.2m funder)	Being met by budget holders
$ 1.3m	ICT structure & capitalisation (after investment made)	Aligned with investment initiative
$ 0.75m	ICT software efficiencies	
$ 0.54m	ICT vendor review/delayed roles/other minor items	
$ 0.06m	QIPS office savings	
$ 0.073m	Nursing office savings	
$ 0.16m	Allied office savings	
$ 0.8m	Corporate – cleaning, fuel, consultants, capitalisation (11 key initiatives)	
$ 0.06m	Maori health office	
$ 1.2m	Pharms DPF	
$ 2.0m	Pharms rebate	
$ 0.086m	RMO bottled water	
$ 14.7m	General vacancy rate (reduction in budget for estimated turnover where a role will be left unfilled for a period of time)	Being met through current vacancies
$ 7.3m	Additional personnel savings targets (comparison of vacancy rate to timing lag of roles coming on board)	Being met by phasing of roles
$ 0.3m	Additional vacancy rate (late starting of specific roles)	
$ 0.4m	General vacancy rate in GFA arm (SIP team)	Being met through current vacancies
$ 1.4m	Joint ELT	Decision document finalised
$ 37.93m	Total budgeted savings to reach our deficit 2020/21 budget	

Analysis of the Operating Position

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

Revenue	• Revenue is favourable by $2.56m YTD despite recognising IDFs being behind target by $1.5m. • The largest variance is due to revenue for special funds/research of $601k which fluctuates throughout the year depending on funds levels and research funding, followed by MHAIDS revenue of $713k, largely in relation to our national NIDCA contract. • The funder arm had significant revenue for COVID-19, however was still short of costs within the community of approx. $1.8m • The provider arm is not receiving any revenue to offset costs of COVID-19 • We had largely a full month of lead DHB ICT, and had a positive revenue variance of $433k
Labour (including outsourced)	**Medical Personnel:** Medical Personnel labour month position is $909k favourable, YTD favourable by $1.77m (excluding holidays act). • The favourable position is largely due to vacancies within Surgery, Women's & Children's $1.1m and the remainder of provider services totalling $2.3m. This is being offset by an overspend in MHAIDS medical staffing and some direct COVID-19 costs. • Internal vacancies total 7.4% across the DHB (post lead DHB changes)

Analysis of the Operating Position

Labour (including outsourced)	**Nursing Personnel** Nursing Personnel labour month position is ($180k) unfavourable to budget, YTD ($1.2m) (excluding Holidays Act) • Across provider services ($110k) and MHAIDS ($1.1m) • A portion ($302k) is annual leave balances increasing of which some will be attributed to COVID-19. • Overall Paid FTE for Nursing staff has increased by 60 in June which grew to approx. 67 FTE in the first two months of the financial year, this equates to an annualised $6.2m compared to last August. This is compounded by price increases equating to an annualised $4.8m. 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, the latest May Nursing uplift continuing into the new financial year has not been funded by MoH at this stage and is expected to be part of a pay equity settlement. • Overall vacancies total 6.1% across the DHB, with a lower amount in the main provider services of 4.5%. Within August 2020 348 headcount of bureau and casual staff worked the equivalent of 170 FTE to fill gaps caused by sick leave (not within our hiring level) but also watches of patients and some of these vacant shifts (vacancies are from mid September post lead DHB changes).

Analysis of the Operating Position

Labour (including outsourced)	**Allied Personnel** Allied Personnel labour month position is $62k favourable to budget, YTD $26k favourable to budget (excluding Holidays Act). • The staffing vacancies of 11.2% is being offset by build-up in annual leave balances (4.7% vacancy in provider services). **Support Personnel** Support Personnel labour month position is favourable by $37k, YTD favourable by $33k (excluding holidays act). • No significant items to report **Management/Admin Personnel** This personnel category is unfavourable in the month by ($574k), YTD unfavourable by ($615k) (excluding holidays act). • At a high level it appears due to usage of outsourced contractors, with a usage of $705k YTD, being a ($542k) YTD variance • This is offset by staffing vacancies of 11.2% (post MHAIDS/ICT lead DHB changes) • Note however that $376k YTD of this variance has corresponding offsetting revenue within ICT

Analysis of the Operating Position

Non-Labour	• Outsourced services are unfavourable by ($586k) largely driven by surgical procedures • Clinical supplies are favourable by $244k; despite ($708k) overspend on Treatment disposables (largely blood products such as intragam); ($354k) in Cardiology costs. This is being favourably offset by lower dispensed drugs, prostheses (hips & knees) and outreach clinic spend. • Non-treatment related costs are favourable by $620k due to lower outsourced facility maintenance, lower spend on ICT repairs and maintenance, lower rents, but significantly due to safe care initiatives yet to commence noted earlier
Funder	• The Funder arm has external provider payments which are YTD ($2.9m) unfavourable to budget, however ($3.5m) is within our Funder COVID-19 line which normally has offsetting revenue from MoH however is short by $1.8m. We are therefore recognising this as net expenditure due to COVID-19. • Therefore the funder arm has a net unfavourable YTD result of ($552k)

Section 4

Financial Position

Cash Management – August 2020

Month : Aug 2020						Capital & Coast DHB Statement of Cashflows	Year to Date				
			Variance							Variance	
Actual	Budget	Last year	Actual vs Budget	Actual vs Last year	Notes	YTD Aug 2020	Actual	Budget	Last year	Actual vs Budget	Actual vs Last year
						Operating Activities					
110,917	111,708	105,727	(791)	5,190		Receipts	221,750	223,416	211,809	(1,667)	9,940
						Payments					
42,073	45,974	46,394	3,901	4,321		Payments to employees	104,437	91,948	99,523	(12,489)	(4,915)
62,880	64,836	71,100	1,957	8,220		Payments to suppliers	124,343	127,832	123,140	3,489	(1,203)
0	0	0	0	0		Capital Charge paid	12,110	12,100	0	(10)	(12,110)
(303)	(137)	(2,724)	166	(2,421)		GST (net)	(1,749)	273	1,430	2,023	3,179
104,650	110,674	114,769	6,023	10,119		Payments - total	239,142	232,154	224,093	(6,988)	(15,049)
6,267	1,035	(9,043)	5,232	15,309	6	Net cash flow from operating Activities	(17,392)	(8,737)	(12,284)	(8,655)	(5,109)
						Investing Activities					
73	75	120	2	47		Receipts - Interest	170	150	211	(20)	41
0	0	0	0	0		Receipts - Other	0	0	0	0	0
73	75	120	2	47		Receipts - total	170	150	211	(20)	41
						Payments					
0	0	0	0	0		Investment in associates	0	0	0	0	0
3,660	5,511	2,304	1,851	(1,355)		Purchase of fixed assets	8,269	11,022	4,130	2,752	(4,139)
3,660	5,511	2,304	1,851	(1,355)		Payments - total	8,269	11,022	4,130	2,752	(4,139)
(3,586)	(5,436)	(2,184)	1,853	(1,309)	7	Net cash flow from investing Activities	(8,100)	(10,872)	(3,919)	2,733	(4,098)
						Financing Activities					
0	0	0	0	0		Equity - Capital	0	0	0	0	0
674	0	0	674	674		Other Equity Movement	674	0	0	674	674
0	0	(55)	0	(55)		Other	0	0	(55)	0	(55)
674	0	(55)	674	729		Receipts - total	674	0	(55)	674	729
						Payments					
0	0	0	0	0		Interest payments	0	0	0	0	0
0	0	0	0	0		Payments - total	0	0	0	0	0
674	0	(55)	674	729	8	Net cash flow from financing Activities	674	0	(55)	674	729
3,354	(4,401)	(11,282)	7,759	14,730		Net inflow/(outflow) of CCDHB funds	(24,818)	(19,609)	(16,258)	(5,248)	(8,477)
(9,936)	3,029	3,108	12,965	13,044		Opening cash	18,236	18,236	8,083	0	(10,153)
111,664	111,783	105,792	(115)	5,966		Net inflow funds	222,593	223,566	211,965	(1,012)	10,711
108,310	116,185	117,074	7,875	8,764		Net (outflow) funds	247,411	243,175	228,223	(4,236)	(19,188)
3,354	(4,401)	(11,282)	7,759	14,730		Net inflow/(outflow) of CCDHB funds	(24,818)	(19,609)	(16,258)	(5,248)	(8,477)
(6,582)	(1,373)	(8,174)	(5,209)	1,593		Closing cash	(6,582)	(1,373)	(8,175)	(5,209)	1,593

Capital and Coast DHB
RECONCILIATION OF CASH FLOW TO OPERATING BALANCE

	Notes	YTD Aug 2020 Actual $000	Budget $000	Variance $000
Net Cashflow from Operating		(17,392)	(16,314)	(1,078)
Non operating financial asset items		(30)	-	(30)
Non operating non financial asset items		(747)	(510)	(237)
Non cash PPE movements				
Depreciation & Impairment on PPE		(5,486)	(5,679)	192
Gain/Loss on sale of PPE		0	-	0
Total Non cash PPE movements		(5,486)	(5,679)	192
Interest Expense		-	-	0
Working Capital Movement				
Inventory		831	-	831
Receipts and Prepayments		21,627	12,100	9,527
Payables and Accruals		(6,783)	4,191	(10,974)
Total Working Capital movement		15,675	16,291	(616)
Operating balance		(7,981)	(6,212)	(1,769)

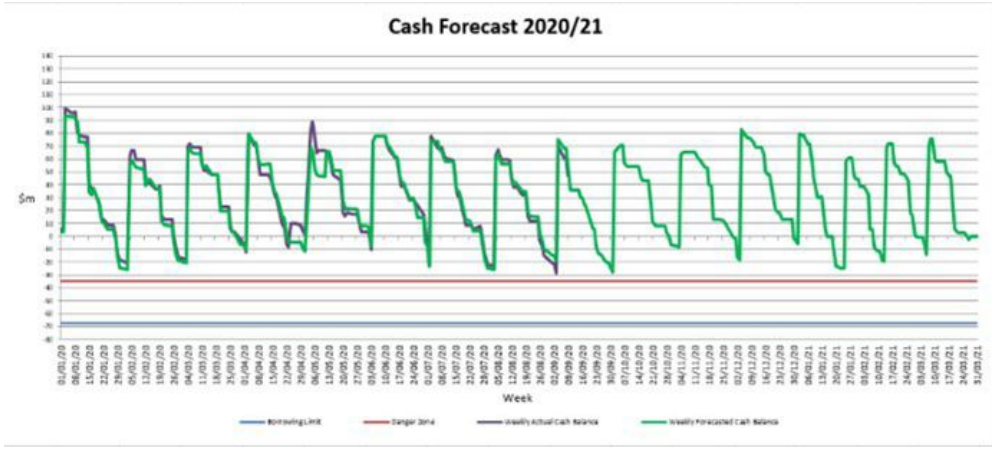
Current Ratio – This ratio determines the DHB's ability to pay back its short term liabilities.
DHB's current ratio is 0.31 (July 20: 0.31);

Debt to Equity Ratio – This ratio determines how the DHB has financed the asset base.
DHB's total liability to equity ratio is 40:59 (July 20: 40:60).

Debt Management / Cash Forecast – August 2020

Accounts Receivable
31-Aug-20

Aged Debtors report ($'000)	Total	Current	1-30	31 - 60	61 - 90	91+	Previous Period
Ministry of Health	11,842	7,968	1,856	286	72	1,660	10,504
Other DHB's	7,680	2,647	913	355	278	3,487	5,804
Kenepuru A&M	238	31	29	53	125	-	237
ACC	406	242	- 31	28	2	165	352
Misc Other	3,902	724	217	380	132	2,449	5,692
Total Debtors	24,068	11,612	2,984	1,102	609	7,761	22,589
less : Provision for Doubtful Debts	(2,132)						(2,141)
Net Debtors	21,936						20,448



Cash Management

- During COVID-19 we have moved to immediate payment terms in line with treasury advice, this has caused increased payments due to the timing lag that usually exists (i.e. 20th of following month)

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 $3.5m
- **Kenepuru A&M:** Includes significant number of low value patient transactions. Provision of the overdue debts is $108k
- **Misc Other:** Includes non-resident debt of approx. $2.77m. About 63% 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 August 2020

Jul-20	Month : Aug 2020				Variance			Capital & Coast DHB Balance Sheet	
Actual	Actual	Budget	At Aug 2019	At Jun 2020	Actual vs Budget	Actual vs Aug 2019	Notes	YTD Aug 2020	
31	31	31	33	31	0	(2)	1	Bank	
0	(5)	(0)	0	6,523	(5)	(5)	1	Bank NZHP	
12,369	12,685	11,683	11,346	11,683	1,002	1,339	1	Trust funds	
53,018	55,348	49,375	64,104	49,375	5,973	(8,757)	2	Accounts receivable	
9,434	9,826	8,995	9,120	8,995	831	706		Inventory/Stock	
6,369	5,839	6,257	5,565	6,257	(418)	274		Prepayments	
81,222	**83,723**	**76,341**	**90,168**	**82,864**	**7,382**	**(6,445)**		**Total current assets**	
522,017	519,051	527,811	534,092	522,978	(8,760)	(15,041)		Fixed assets	
14,796	14,847	14,847	9,859	11,626	0	4,988		Work in Progress - CRISP	
56,798	60,459	54,096	36,757	57,317	6,363	23,701		Work in progress	
593,611	**594,357**	**596,754**	**580,709**	**591,921**	**(2,397)**	**13,648**	3	**Total fixed assets**	
0	0	0	0	0	0	0		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**	**1,150**	**1,150**	**0**	**0**		**Total investments**	
675,982	**679,229**	**674,245**	**672,026**	**675,935**	**4,985**	**7,203**		**Total Assets**	
22,336	19,291	13,086	19,553	0	(6,206)	261		Bank overdraft HBL	
66,411	73,611	64,504	65,549	76,604	(9,107)	(8,062)	4	Accounts payable, Accruals and provisions	
0	0	0	0	0	0	0	7	Loans - Current portion	
1,641	3,534	3,284	4,126	(252)	(251)	592	6	Capital Charge payable	
593	593	593	593	593	0	0		Insurance liability	
21,302	22,067	36,144	86,690	36,144	14,078	64,623	5	Current Employee Provisions	
140,926	143,082	140,857	52,949	140,857	(2,225)	(90,133)	5	Accrued Employee Leave	
8,468	11,296	7,299	10,280	7,299	(3,997)	(1,016)	5	Accrued Employee salary & Wages	
261,677	**273,475**	**265,767**	**239,739**	**261,245**	**(7,708)**	**(33,736)**		**Total current liabilities**	
0	0	0	0	0	0	0		Crown loans	
100	100	95	77	95	(5)	(23)		Restricted special funds	
605	605	605	605	605	0	0		Insurance liability	
6,564	6,564	6,564	6,296	6,564	0	(269)		Long-term employee provisions	
7,269	**7,269**	**7,264**	**6,978**	**7,264**	**(5)**	**(292)**		**Total non-current liabilities**	
268,947	**280,744**	**273,032**	**246,717**	**268,510**	**(7,713)**	**(34,027)**		**Total Liabilities**	
407,035	**398,485**	**401,213**	**425,309**	**407,425**	**(2,728)**	**(26,824)**		**Net Assets**	
812,773	814,173	812,773	791,977	816,257	1,400	22,196		Crown Equity	
0	0	0	0	(3,484)	0	0		Capital repaid	
1,400	(2,358)	0	0	0	(2,358)	(2,358)		Capital Injection	
130,659	130,659	130,660	130,944	130,659	(1)	(285)		Reserves	
(537,797)	(543,989)	(542,220)	(497,865)	(536,008)	(1,770)	(46,124)		Retained earnings	
407,036	**398,485**	**401,213**	**425,057**	**407,425**	**(2,729)**	**(26,571)**		**Total Equity**	

Balance Sheet

The DHB has budgeted a total Provision of $80m for the Holidays Act remediation across Employee Provisions and Accrued Employee Leave, with the actual provision recorded to Accrued Employee Leave. Settlement will require a large cash injection.

Cash flow

The DHB's overall cash position at the end of August was $19m in overdraft and is projected to reach $25m overdraft at the end of September, before improving in October when the DHB receives its quarterly Electives funding from the Ministry.

The DHB's liquidity going forward is of concern as the current assets of $84m is significantly lower than the $273m of current liabilities, this means the DHB is solely reliant on crown funding to meet payments as they fall due.

Deficit support will be needed in the second half of 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 August 2020

		Actual spend on live projects				Forecast spend on approved projects				
Asset Category	Approved Capex Budget	PY Spend to 30 June 2020	July actual spend	August actual spend	Actual LTD Spend	Sept 20 Quarter	Dec 20 Quarter	Mar 21 Quarter	Jun 21 Quarter	Forecast Spend to 30 Jun 2021
Buildings	4,819,095	-	-	38,282	38,282	150,000	600,000	600,000	3,430,814	4,819,096
Clinical Equipment	2,197,085	-	31,842	111,749	143,591	79,344	1,767,750	206,400	-	2,197,085
ICT	498,824	-	-	27,098	27,098	81,462	323,676	66,588	-	498,824
2020-21 projects	**7,515,004**	-	**31,842**	**177,128**	**208,970**	**310,806**	**2,691,426**	**872,988**	**3,430,814**	**7,515,004**
Buildings	19,952,050	6,455,360	357,422	538,629	7,351,411	400,000	1,400,000	1,700,000	2,100,000	12,951,411
Clinical Equipment	43,412,182	20,431,692	3,534,908	1,236,256	25,202,856	2,863,720	10,483,682	2,341,947	1,354,229	42,246,434
ICT	9,941,865	7,439,035	145,143	612,234	8,196,412	143,903	431,709	449,775	458,808	9,680,607
Prior Year projects	**73,306,096**	**34,326,087**	**4,037,473**	**2,387,119**	**40,750,679**	**3,407,623**	**12,315,391**	**4,491,722**	**3,913,037**	**64,878,453**
Total	**80,821,101**	**34,326,087**	**4,069,315**	**2,564,247**	**40,959,649**	**3,718,429**	**15,006,817**	**5,364,710**	**7,343,851**	**72,393,457**

Key highlights to August 2020 (excludes New Children's Hospital, Water Remediation Project & ISU for MHAIDS) :

- The development of business cases from the 2020/21 Capital Plan are at various stages. It is anticipated that $3m-$4m be presented for approval each month. $7.5m in projects have been approved to date
- Total spend in July and August 2020 was $6.6m most related to prior year approved projects
- The forecast cash spend for the year is $46m-$48m funded from depreciation ($37m), Crown Equity, donations and leases. This is based on an average monthly spend of $3.5m-$4m. It presumes lessened disruption on workforce and supply chain logistics from COVID-19
- Forecast spend for the December quarter is expected to be significantly high ($12.3m). This includes some high value clinical equipment projects: electronic infusion devices, Linac replacement and software upgrade, lights and pendants replacement in Kenepuru and Wellington theatres

Capital and Coast DHB and Hutt Valley DHB

CONCURRENT Board Meeting

Meeting to be held on 4 November 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 previous meeting (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
CCDHB Quality and Safety Report	As above	As above
HVDHB Quality and Safety Report	As above	As above
MHAIDs Quality and Safety Report	As above	As above
CCDHB Health and Safety Commitment Statement	As above	As above
Staff Health and Safety Reports Sep	As above	As above

FRAC items for Board approval	As above	As above
HVDHB and CCDHB Annual Reports Drafts	As above	As above
HVDHB September 2020 Financial and Operational Performance Report	As above	As above
CCDHB September 2020 Financial and Operational Performance Report	As above	As above
Major Capital Projects Advisory Committee Update	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.