PUBLIC

HUTT VALLEY DHB Capital & Coast District Health Board ŪPOKO KI TE URU HAUORA	**AGENDA** Held on Wednesday 7 July 2021 Location: Hutt Hospital, Level 1, Clock Tower Building, Auditorium Room Zoom: 876 5068 1844 Time: **9:30am**

2DHB CONCURRENT BOARD MEETING

	Item	Action	Presenter	Time	Min	Pg
1	**PROCEDURAL BUSINESS**					
1.1	Karakia		All members	9.30	15	2
1.2	Apologies	**ACCEPT**	Chair			
1.3	Public Participation - Nil	**VERBAL**	Public			
1.4	Continuous Disclosure 1.4.1 Board Interest Register 1.4.2 ELT Interest Register	**ACCEPT**	Chair			3
1.5	Minutes of Previous Concurrent Meeting	**ACCEPT**	Chair			9
1.6	Matters Arising	**NOTE**	Chair			15
1.7	Chair's Report and Correspondence – Ministerial approval of leases	**NOTE**	Chair			16
1.8	Chief Executive's Report	**NOTE**	Chief Executive			18
1.9	Board Work Plan 2021	**DISCUSS**	Chair			34
2	**DHB Performance and Accountability**					
2.1	HVDHB April 2021 Financial and Operational Performance Report 2.1.1 Report	**NOTE**	Chief Financial Officer Director Provider Services Director Strategy, Planning and Performance	9.45	10	36 39
2.2	CCDHB April 2021 Financial and Operational Performance Report 2.1.2 Report	**NOTE**	Chief Financial Officer Director Provider Services Director Strategy, Planning and Performance			85 88
3	**STRATEGY**					
3.1	Strategic Priorities	**AGREE**	Chief Executive	9.55	15	130
4						
4.1	General Business	**NOTE**	Chair			
4.2	Resolution to Exclude the Public	**ACCEPT**	Chair			134

Next 2DHB Concurrent Board Meeting:
4 August 2021, **Zoom:** 876 5068 1844, **Location:** Wellington Regional Hospital, Level 11 Boardroom Grace Neil Block, **Time:** 9am

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

29/06/2021

Name	Interest
Mr David Smol *Chair*	• Chair, New Zealand Growth Capital Partners • Chair, Wellington UniVentures • Director, Contact Energy • Board Member. Waka Kotahi (NZTA) • Director, Cooperative Bank • Chair, DIA External Advisory Committee • Chair, MSD Risk and Audit Committee • Director, Rimu Road Limited (consultancy) • Sister-in-law works for Capital and Coast DHB
Mr Wayne Guppy *Deputy Chair HVDHB*	• 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
Stacey Shortall *Deputy Chair CCDHB*	• Partner, MinterElisonRuddWatts • Trustee, Who Did You Help Today charitable trust • Patron, Upper Hutt Women's Refuge • Patron, Cohort 55 Group of Department of Corrections officers • Ambassador, Centre for Women's Health at Victoria University
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 • Staff seconded to Health and Disability System Review • Contact with Associate Minister for Health, Hon. Peeni Henare
Brendan Boyle	• Director, Brendan Boyle Limited • Member, NZ Treasury Budget Governance Group • Daughter is a Pharmacist at Unichem Petone
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

Ria Earp	• Board Member, Wellington Free Ambulance
	• Board Member, Hospice NZ
	• Māori Health Advisor for:
	  ○ Health Quality Safety Commission
	  ○ Hospice NZ
	  ○ Nursing Council NZ
	  ○ School of Nursing, Midwifery & Health Practice
	  ○ Te Hauora Rūnanga o Wairarapa (Community Mental Health & Addiction Services, Wairarapa)
	  ○ Royal Australian New Zealand College of Obstetrics & Gynecology
	• Former Chief Executive, Mary Potter Hospice 2006 -2017

Yvette Grace	• Member, Hutt Valley District Health Board • Member, Wairarapa District Health Board

	• Husband is a Family Violence Intervention Coordinator at Wairarapa District Health Board • Member - Te Hauora Runanga o Wairarapa • Member - Wairarapa Child and Youth Mortally Review Committee Member - He Kahui Wairarapa • 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 • Employee, University of Otago • 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, Consumer New Zealand Board
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 • Member, E tū Union • Commentator, Sky Television
Prue Lamason	• Councillor, Greater Wellington Regional Council • Chair, Greater Wellington Regional Council Holdings Company • 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 • Trustee, Hutt City Communities Facility Trust
Vanessa Simpson	• Director, Kanuka Developments Ltd • Executive Director Relationships & Development, Wellington Free Ambulance • Member, Kapiti Health Advisory Group
Dr Richard Stein	• Visiting Consultant at Hawke's Bay DHB • 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 • Member, Muscular Dystrophy New Zealand (Central Region) • 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

1 JULY 2021

Fionnagh Dougan *Chief Executive Officer 2DHB*	• Board, New Zealand Child & Youth Cancer Network • Trustee, Wellington Hospital Foundation • Adjunct Professor University of Queensland
Rosalie Percival *Chief Financial Officer 2DHB*	• Trustee, Wellington Hospital Foundation
Joy Farley *Director Provider Services 2DHB*	• Nil
Rachel Haggerty *Director, Strategy Planning & Performance 2DHB*	• Director, Haggerty & Associates • Chair, National GM Planner & Funder
Arawhetu Gray *Director, Māori Health 2DHB*	• Co-chair, Health Quality Safety Commission – Maternal Morbidity Working Group • Director, Gray Partners • Chair, Tangata Whenua Advisory Group, Te Hiringa Hauora, Health Promotion Agency
Junior Ulu *Director, Pacific Peoples Health 2DHB*	• Member of Norman Kirk Memorial Trust Fund • Paid Member of Pasifika Medical Association
Declan Walsh *Director People, Culture and Capabilityn2DHB*	• Nil
Helen Mexted *Director, Communications and Engagement 2DHB*	• Director, Wellington Regional Council Holdings, Greater Wellington Rail • Board member, Walking Access Commission • Partner owns Mexted Motors (supplies/services vehicles for the CCDBH)
John Tait *2DHB 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
Christine King *Chief Allied Health Professions Officer 2DHB*	• Brother works for Medical Assurance Society (MAS) • Sister is a Nurse for Southern Cross
Steve Earnshaw *Acting Chief Digital Officer 3DHB*	
Sarah Jackson *Director Clinical Excellence*	• Nil

Thursday, 1 July 2021

Chris Kerr *Chief Nursing Officer 2DHB*	• 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
Karla Bergquist *Executive Director MHAIDS 3DHB*	• Former Executive Director, Emerge Aotearoa Ltd • Former Executive Director, Mind and Body Consultants (organisations that CCDHB and HVDHB contract with).
Sally Dossor *Director, Officer Office of the Chief Executive* *Board Secretary*	• Partner is a director of a Magretiek, Biostrategy, and Comrad.

PUBLIC

	MINUTES Held on Wednesday 2 June 2021 Location: Wellington Regional Hospital, Level 11 Boardroom, Grace Neil Block Zoom: 876 5068 1844 Time: 9:00am
2DHB CONCURRENT BOARD MEETING	**PUBLIC**

PRESENT

David Smol	Chair, Hutt Valley and Capital & Coast DHBs		
Dr Kathryn Adams	Board Member	Yvette Grace	Board Member
Brendan Boyle	Board Member	Ria Earp	Board Member
Dr Tristram Ingham	Board Member	Ken Laban	Board Member
Sue Kedgley	Board Member	Prue Lamason	Board Member
Hamiora Bowkett	Board Member	Naomi Shaw	Board Member
Roger Blakeley	Board Member	Dr Richard Stein	Board Member
Dr Chris Kalderimis	Board Member	John Ryall	Board Member
Vanessa Simpson	Board Member	Josh Briggs	Board Member
Stacey Shortall	Deputy Chair	Keri Brown	Board Member
		Wayne Guppy	Deputy Chair

APOLOGIES

'Ana Coffey

IN ATTENDANCE

Hutt Valley and Capital & Coast DHB

Fionnagh Dougan	Chief Executive
Rosalie Percival	Chief Financial Officer
Rachel Haggerty	Director Strategy, Planning and Performance
Arawhetu Gray	Director Maori Health
Karla Bergquist	Executive Director Mental Health, Addictions and Intellectual Disability Services
Sarah Jackson	Director of Clinical Excellence
Joy Farley	Director Provider Services
Declan Walsh	Director People, Culture and Capability
Helen Mexted	Director of Communication and Engagement
Sally Dossor	Director, Office of the Chief Executive and Board Secretary
Meila Wilkins	Board Liaison Officer

PUBLIC

1 PROCEDURAL BUSINESS

1.1 KARAKIA

1.2 APOLOGIES

As noted above.

1.3 PUBLIC PARTICIPATION

Nil.

1.4 CONTINUED DISCLOSURE

1.4.1 COMBINED BOARD INTEREST REGISTER

The Boards noted that Stacey Shortall, Brendan Boyle, Ria Earp, Wayne Guppy and David Smol declared a conflict of interest for item 3.1 as the appointments proposed in that paper entitle those members to meetings fees, which give rise to a pecuniary interest.

The Boards **noted** the interests register with the folllowing additons were added:

- Dr Tristram Ingham is an employee of the Otago University

The Boards **noted** that any further changes were to be sent to the Board Liaison Officer via email.

1.4.2 COMBINED EXECUTIVE LEADERSHIP TEAM INTEREST REGISTER

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

1.5 MINUTES OF PREVIOUS CONCURRENT MEETING

The Boards **approved** the minutes (as amended) of Concurrent Board Meeting held on 5 May 2021 (public).

	Moved	**Seconded**	
HVDHB	Wayne Guppy	Prue Lamason	**CARRIED**
CCDHB	Roger Blakeley	Sue Kedgley	**CARRIED**

1.6 MATTERS ARISING FROM PREVIOUS CONCURRENT MEETINGS

The Chair noted the progress on the 2DHB Sustainability Strategy and noted that the CFO advised that it will be reported to the Board in August or September 2021.

1.7 CHAIR'S REPORT AND CORRESPONDENCE

The Chair acknowledged the significant pressure on the health system and re-stated the Boards' thanks and appreciation for the hard work of Management and Staff.

1.8 CHIEF EXECUTIVE'S REPORT

The Chief Executive noted the report and provided an update on key matters, and noted the busy and challenging demands on services.

The Chief Executive acknowledged the partnership that the HVDHB has with the annual Hutt Valley Sports awards, and the work of Board member Ken Laban for his role in the success of the 27 May Awards Ceremony at the Walter Nash Centre in Taita.

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1.9 BOARD WORK PLAN 2021

The Chair noted that the Board work plan for 2021/22 will be reported to the Board at the 7 July 2021 meeting. This will enable the work plan to be updated for the review of Strategic priorities and the 2021/22 Annual Plan.

2 DHB PERFORMANCE AND ACCOUNTABILITY

2.1 HVDHB FEBRUARY 2021 FINANCIAL AND OPERATIONAL PERFORMANCE REPORTREPORTS

Paper was taken as **read** and the Chief Financial Officer answered questions.

The HVDHB Board noted:

(a) The DHB had a $1.9m deficit for the month of March 2021, being ($117k) unfavourable to budget

(b) The DHB year to date had a deficit of ($5.6m), being $1.4m favourable to budget,

(c) The DHB year to date deficit excluding $0.7m unfunded COVID-19 Costs and $2.1m Holidays Act provision was a deficit of ($2.8m), being $4.2m favourable to budget,

(d) The Funder result for March was $1.4m favourable, Governance $0.1m favourable and Provider ($1.6m) unfavourable to budget;

(e) Total Case Weighted Discharge (CWD) Activity was 7% ahead of plan.

	Moved	**Seconded**	
HVDHB	Prue Lamason	John Ryall	**CARRIED**

2.2 CCDHB JANUARY 2021 FINANCIAL AND OPERATIONAL PERFORMANCE REPORTS

Paper was taken as **read** and the Chief Financial Officer answered questions.

The Capital & Coast DHB Board noted:

(a) The DHB had a ($8.1m) deficit for the month of March 2021, being ($2.6m) unfavourable to budget before excluding COVID-19 and Holidays Act [2003]

(b) The DHB year to date had a deficit of ($35.1m), being ($11.4m) unfavourable to budget before excluding COVID-19 and Holidays Act [2003]

(c) In the nine months we have incurred $10.3m additional net expenditure for COVID-19 and $6m against provision for Holidays Act [2003]

(d) This means that the DHB has an overall YTD deficit of ($18.8m) from normal operations (excluding COVID-19 and Holidays Act) being $5m favourable to our underlying budget.

Notes:

- Noted the objective to streamline and standardise reporting of HVDHB and CCDHB financial and operational performance.
- Capital expenditure was discussed and it was noted that major projects are behind schedule, hence the underspend.

	Moved	**Seconded**	
HVDHB	Sue Kedgley	Chris Kalderimis	**CARRIED**

PUBLIC

3 DECISION

3.1 COMMITTEE MEMBERSHIP AND TERMS OF REFERENCE

The Boards approved:

a) Appointing Ria Earp as a member of the Heath Systems Committee

b) Appointing Brendan Boyle as a member of the Major Capital Projects Advisory Committee (MCPAC).

The Capital & Coast Board approved:

c) Appointing Stacey Shortall as a member of the CCDHB Finance Risk and Audit Committee (FRAC).

d) The Terms of Reference of the Chief Executive Employment Committee (Attachment 1) to replace the Terms of Reference for the Capital & Coast DHB Remuneration Committee.

The Hutt Valley Board approved:

e) The Terms of Reference of the Chief Executive Employment Committee (Attachment 2) to replace the Terms of Reference for the Hutt Valley DHB Human Resources and Remuneration Committee.

The Boards noted:

MPAC:

f) The Terms of Reference for MCPAC provide that the Chair of the Boards appoint the Chair of MCPAC.

g) In order for the membership to comply with the Terms of Reference for MCPAC the Chair will (effective from the date the Chair advises the Board Secretary):

i. resign as the member from CCDHB (but remain on the Committee as one of two HVDHB members)

ii. resign as the Chair of MCPAC and appoint Brendan Boyle as Chair

The Boards noted:
FRAC:

h) The Terms of Reference for the Capital and Coast and Hutt Valley Finance Risk and Audit Committees provide that each committee shall have between 4 and 6 members, and in addition requires that each has an equal number of members.

i) David Smol will resign as a member of CCDHB FRAC (and remain as a member of HVDHB FRAC) effective from the appointment of Stacey Shortall in (c) above.

Chief Executive Employment Committees

j) The Committee Terms of Reference agreed in (d) and (e) above, appoint the Board Chair and Deputy Chair to each Committee.

k) The Committees will meet concurrently and practically operate as 'one committee' and have the delegated authority to:

i. monitor the Chief Executive's performance

ii. undertake the annual performance and remuneration review as required under the Chief Executive's Individual Employment Agreement (subject to guidance and requirements of the Public Service Commission)

iii. make recommendations to the Board regarding remuneration

iv. meet the Boards' good employer obligations

l) The Chair of the Boards, supported by the two Deputy Chairs, will consult as appropriate with the Boards prior to considering matters under the Committees' delegated authority and will also report decisions of the Committees to the Boards.

	Moved	**Seconded**	
HVDHB	Prue Lamason	John Ryall	**CARRIED**
CCDHB	Roger Blakeley	Kathyrn Adams	**CARRIED**

Procedural notes:

- Having declared conflicts (refer section 1.4 above) Stacey Shortall, Brendan Boyle, Ria Earp, Wayne Guppy and David Smol did not vote on the appointments relating to themselves.

Notes

- The Chair, in consultation with the Committee Chairs and new members, proposed that the new members join our current Committees that support the Board. Due to the specific requirements of the Committee terms of reference, the Chair resigned his positions (as noted in the paper and resolutions) and also appointed Brendan Boyle as the Chair of MCPAC.
- The revised terms of reference (and change of name) for the Chief Executive Employment Committee(s) will enable the Boards to support the Chief Executive in the forthcoming year of transition.

3.2 TE HOPAI LEASE

This paper was withdrawn by Management. CCDHB staff will work with Te Hopai staff to find a mutually acceptable solution.

4. UPDATES

4.1 HSC Update from meeting dated 26 May 2021

The Boards noted that the Committee received the following presentations and papers:

(a) Item 2.1: Update on 2DHB Hospital Network – Presentation

(b) Item 3.1: Acute Flow – Presentation

(c) Item 3.2: Planned Care Performance 2DHB

(d) Item 3.3: Bowel Screening – Presentation

Notes

- The Chair gave a thorough overview of the papers and presentations considered by the Committee and the discussion held at Committee.

- The presentation and information shared on the Bowel Screening programme at HVDHB and the commencement of the CCDHB programme was noted and Richard Stein asked that management continue to raise lowering of the age for screening for Māori and Pacific with the Ministry and keep Board members informed of any progress.

4 OTHER

4.1 GENERAL BUSINESS

Nil.

4.2 RESOLUTION TO EXCLUDE THE PUBLIC

	Moved	**Seconded**
HVDHB	John Ryall	Yvette Grace
CCDHB	Brendan Boyle	Kathryn Adams

Meeting concluded at 9.30am

5 NEXT MEETING

7 July 2021, 9:30 am, Zoom: 876 5068 1844, **Location:** Auditorium, Level 1 Clock Tower Building, Hutt Hospital.

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

DATED this day of 2021

David Smol
BOARD CHAIR

MATTERS ARISING LOG AS AT 1 JULY 2021

Action Number	Date of meeting	Assigned	Status	Date Completed	Meeting	Agenda Item #	Agenda Item title	Description of Action to be taken	Status
20-P0011	3-Dec-20	Chief Financial Officer	In progress		Board - Public	1.3	PUBLIC PARTICIPATION – CCDHB STAFF PETITION, CAR PARKING	Management to bring to Board a paper on the long term Climate Emergency Response Plan.	On work plan for 1 September 2021.
21-P03	7-Apr-21	Chief Digital Officer	In progress		Board - Public	3.2	Māori Health Strategy Reporting	Māori data sovereignty paper to be shared with Board when it is appropriate.	The issue is still a work in progress with all regional Directors Maori, Iwi, and the Ministry of Health continuing discussions.
21-P04	7-Apr-21	Director Pacific People's Health Director Clinical Excellence	In progress		Board - Public	3.3	Pacific Health and Wellbeing Strategic Plan 2020-2025 Update	The Board asked for a Pacific patient story or experience to be arranged at a later date.	The service spotlights are service based and are indicated on the workplan. This action point will be responded to when the opportunity arises within one of the services.
21-P05	7-Apr-21	Director Pacific People's Health	In progress		Board - Public	3.3	Pacific Health and Wellbeing Strategic Plan 2020-2025 Update	The Board asked for reporting that showed internal work being achieved or completed.	To be included in end of year report scheduled for 4 August 2021 which will also cover Workforce focus area.
21-P07	2-Jun-21	Director Provider Services Director Strategy, Planning and Performance	In progress		Board - Public	4.1	HSC Update	Management to continue to raise lowering of the age for screening for Māori and Pacific with the Ministry and provide keep Board members informed of any progress.	Oral update from management to be provided as appropriate.

Hon Andrew Little

Minister of Health
Minister Responsible for the GCSB
Minister Responsible for the NZSIS
Minister for Treaty of Waitangi Negotiations
Minister Responsible for Pike River Re-entry
Lead Coordination Minister for the Government's Response to the Royal Commission's Report into the Terrorist Attack on the Christchurch Mosques

14 JUN 2021

Mr David Smol
Chair
Capital & Coast DHB
david.smol@ccdhb.org.nz

Dear David

Capital & Coast DHB – request to enter a lease agreement with Victoria University of Wellington and variation to lease with the Medical Research Institute of New Zealand

Capital & Coast District Health Board (CCDHB) has requested approval to:

- Enter into a lease agreement with Victoria University of Wellington for space within Levels 7 and 8 the Clinical Services Building for a term of three years, with four rights of renewal of three years each (total maximum lease term is 15 years).
- Enter into a variation of lease with the Medical Research Institute of New Zealand to increase the leased area by 27.7m^2 on Level 7 of the Clinical Services Building.

I also note that CCDHB and Victoria University of Wellington has entered into a Memorandum of Understanding dated September 2018.

Pursuant to clause 43(2) of Schedule 3 of the New Zealand Public Health and Disability Act 2000 (NZPHD Act), I give my approval to the above lease arrangements.

The CCDHB is required as soon as practicable to table this approval at a Board meeting, pursuant to clause 43(7) of Schedule 3 of the NZPHD Act.

Yours sincerely

Hon Andrew Little
Minister of Health

cc Fionnagh Dougan, Chief Executive, Capital & Coast DHB
fionnagh.dougan@ccdhb.org.nz
Hanita Shantilal, Senior Property Manager, Capital & Coast DHB
Hanita.Shantilal@ccdhb.org.nz

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Hon Andrew Little

Minister of Health
Minister Responsible for the GCSB
Minister Responsible for the NZSIS
Minister for Treaty of Waitangi Negotiations
Minister Responsible for Pike River Re-entry
Lead Coordination Minister for the Government's Response to the Royal Commission's Report into the Terrorist Attack on the Christchurch Mosques

14 JUN 2021

Mr David Smol
Chair
Capital & Coast District Health Board
david.smol@ccdhb.org.nz

Dear David

Lease Agreement with the University of Otago – Wellington School of Medicine at the Wellington Regional Hospital

Capital & Coast DHB (CCDHB) has requested Ministerial approval to enter into a 10 year lease agreement, with two rights of renewal of 10 years each (maximum lease term of 30 years), with the University of Otago's Wellington School of Medicine (the University). The lease is for space within the Ward Support Block, Link Building and current Children's Hospital Building, and the use of five car parks at the Wellington Regional Hospital.

Pursuant to clause 43(2) of Schedule 3 of the New Zealand Public Health and Disability Act 2000 (the NZPHD Act), I give my approval to the proposed lease arrangement with the University.

Officials have also informed me that in December 2010, CCDHB entered into a Memorandum of Understanding (MoU) with the University to facilitate a good working relationship between the parties. I note that the MoU is considered a co-operative arrangement and that it appears to have been entered into without seeking the necessary approval pursuant to section 24 of the NZPHD Act. I ask that future arrangements with third parties that are considered co-operative arrangements follow the necessary approval process.

The CCDHB is required as soon as practicable to table this approval at a Board meeting, pursuant to clause 43(7) of Schedule 3 of the NZPHD Act.

Yours sincerely

Hon Andrew Little
Minister of Health

cc Fionnagh Dougan, Chief Executive, Capital & Coast DHB
Fionnagh.Dougan@ccdhb.org.nz
Phil Butter, Director Property and Asset Management, Capital & Coast DHB
Philip.Butter@ccdhb.org.nz

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Chief Executive's Report

Prepared by: Fionnagh Dougan, Chief Executive

1 Introduction

This report covers the period from 20 May 2021 to 24 June 2021.

2 COVID-19 Update

2.1 Current cases

Number of cases: 0
Number of days without cases, HVDHB: 220
Number of days without cases, CCDHB: 227

2.2 Managed Isolation Facilities

Number of COVID-19 cases ins managed isolation: 0
Number of guests (**as 27/06**): 8

- Bay Plaza: 0
- Grand Mercure: 8 (close contacts of Sydney case)

2.3 Testing statistics (to end 27/06/21)

	2DHB	HVDHB	CCDHB
Tests performed to date	187,202	47,522	139,680
People tested to date	119,487	31,817	87,670
Testing coverage	26%	22%	28%
Tests performed last week (21/06 – 27/06)	9,643	1,875	7,754

2.4 Testing statistics by ethnicity (to end 27/06/21)

	2DHB		HVDHB		CCDHB	
	Māori	Pacific	Māori	Pacific	Māori	Pacific
Tests performed to date	21,638	14,859	7,577	4,518	14,061	10,341
People tested to date	14,332	9,585	5,112	2,935	9,220	6,650
Testing coverage	29%	30%	26%	26%	33%	32%
Tests performed last week (21/06 – 27/06)	994	593	274	148	720	448

2.5 Vaccinations (to end 27/06/2021)

	2DHB	HVDHB	CCDHB
Total immunisations	78,245	29,440	48,805
Dose 1 total	44,566	17,542	27,024
Completed total	33,679	11,898	21,781
Group 1 people served	4,111	555	3,612
Group 2 people served	23,509	6,711	17,047
Group 3 people served	11,678	6,695	4,992
Group 4 people served	5,082	3,695	1,427

2DHB group	Coverage
Māori	14%
Pacific	17%
Asian	14%
Other	10%

3 Communications and Engagement

3.1 External engagement with partners and stakeholders

Our proactive engagement focus in June was largely focused around ongoing events and engagement for the COVID-19 vaccination programme, including openings of new community vaccination centres and Pacific festival days.

3.2 External communications and engagement – press releases and pitches

DHB	Subject	Outlet / Channel
2DHB	COVID-19	Highlighted Governor-General Dame Patsy Reddy and her husband Sir David Gascoigne receiving their COVID-19 vaccinations.
2DHB	COVID-19	Announced the early rollout of COVID-19 vaccinations to more than 5000 Pacific people and their families thorugh a Pacific Vaccination Festival Day.
2DHB	Industrial action	Information for public about the planning and services in relation to the NZNO strike.
2DHB	COVID-19	Completion of ARC vaccinations.

3.3 Health promotion campaigns

COVID-19 vaccination

In the past month we have begun to vaccinate people in Group 3, which includes older people, disabled people and those with long-term conditions.

Our DHB staff vaccination programme is largely complete, and the daily clinics at Hutt, Wellington Regional and Kenepuru hospitals have closed. Some ongoing vaccination capacity for new starters remains available at Hutt and Wellington Regional hospitals through the Occupational Health teams.

In partnership with PHOs, we now have Community Vaccination Centres open in each of our localities: Wellington, Porirua, Lower and Upper Hutt and the Kāpiti Coast. Each of these sites has been secured until the end of the year.

Supporting our populations – equity focus

Our Māori-led clinics have now all opened and are running very well. Our Māori providers, supported by PHOs and the DHBs, have really stepped up and they will continue to play an important role in the programme.

We have two marae-based clinics located at Wainuiomata Marae (Lower Hutt) and Maraeroa Marae (Porirua), as well as a Māori-led clinic at Waiwhetu in Lower Hutt. Our Porirua Community Vaccination Centre is run by Ora Toa, a Māori PHO, and Māori provider Hora Te Pai has partnered with Tū Ora PHO to set up our Kāpiti-based Community Vaccination Centre.

At Wainuiomata Marae, the Marae Trust has decided to turn the marae into a vaccination centre for the remainder of 2021, moving all other activities off-site. This is an incredibly generous gift for the wellbeing of the Wainuiomata community. The clinic will begin by vaccinating Māori whānau before moving on to the remainder of Wainuiomata residents later in the year.

A view of the people at a Pacific Festival Day at a church in Wellington.

Our Pacific team working alongside Pacific providers and PHOs are organising Pacific Festival Days – block-booking for Pacific people.

In Wellington, we organised our first pop-up vaccination clinic in a church, at the Pacific Islanders' Presbyterian Church in Newtown. Nearly 250 Pacific people joined together in a prayer service before being vaccinated, surrounded by community, music, food and colour.

These festival days operate on an all-of-whānau approach, where older Pacific people are able to bring their younger family members with them to also be vaccinated. This contributes to a positive community feeling and makes it easier to reach a wider group of people.

Vaccinate Greater Wellington

In cooperation with Wairarapa DHB, we run the Vaccinate Greater Wellington website and weekly pānui.

The website is the hub for information about our local vaccination rollout, and is not intended to replace the information on the Unite Against COVID-19 website. It is regularly updated with information about who we are vaccinating and how people can book, with news stories, video content and other information about the vaccination rollout in the region.

Our weekly pānui currently goes to more than 600 subscribers each week, and contains the latest updates and stories from our programme. People can subscribe to this newsletter online.

Residential care rollout

Sally, an aged care resident in Lower Hutt, was one of the last people to receive her second dose of the Pfizer vaccine.

Our residential care programme is making significant progress. In aged residential care, all 46 facilities across the region have now received second doses for both residents and staff. Approximately 5000 people were vaccinated as part of this programme.

For aged residential care, the DHBs partnered with community pharmacy to deliver vaccination. By engaging with pharmacy, the DHBs were able to organise these vaccinations efficiently and effectively, being one of the first DHBs in the country to complete this piece of work.

We are also working to vaccinate disability and mental health residential care. This is being done through a mix of on-site vaccination, and through supporting transport to Community Vaccination Centres.

Right: Duncan Sutherland (back right) with his team of vaccinators and administrators. Duncan was one of our two Lead Vaccinators for the aged residential care programme, with the other James Westbury.

Promoting National Bowel Screening Programme

Bowel screening nurse, Brogan Rose, is passionate about getting the message to whānau and her face is being seen around Kapiti, Hutt Valley and Wellington over the next three months at least.

The equity working group has also been involved in community outreach days, most recently having a presence at the Pacific Vaccination Festival in Newtown.

More than 4000 people have been invited to participate in the programme so far. While it is still early days and we cannot yet gauge uptake, we are aiming for at least 60% participation rate in line with Ministry of Health expectations, and concentrating on our priority populations – Māori, Pacific people, and those people who are living with disabilities.

Measles Campaign

Above the line promotion of the campaign will finish this month as we take a back seat to the public COVID-19 vaccination campaign push. The team is pleased with the results so far.

As at the end of May, 1769 young people (986 in CCDHB and 551 in HVDHB) have been recorded on the NIR for MMR since the campaign started. MMR population coverage for Māori and Pacific is currently higher than for other ethnicities. The Youth One Stop Shops (YOSS) engagement has focused on tertiary intuitions and halls of residence.

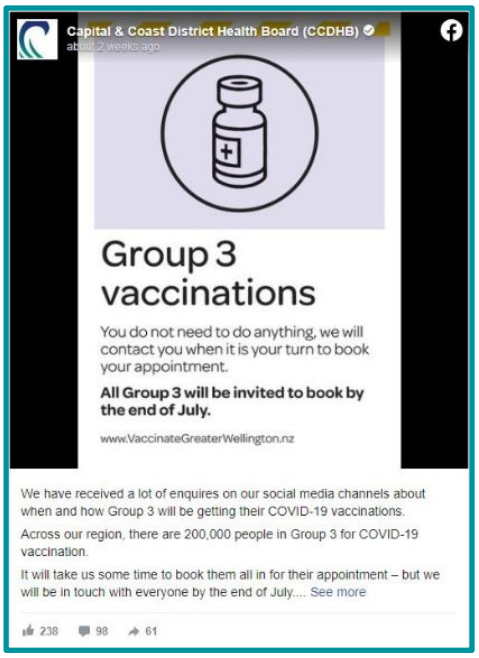
June and July are expected to be busier again with the Ora Toa MMR coordinator now on board, and plans are in place to roll out to Porirua secondary schools and sports, community and cultural events. Vibe has also made contact with all Hutt Valley secondary schools, and expects to see volumes increase in the coming months.

A dedicated Measles Campaign ambulance has been purchased by KYS and is serving as a roaming advertisement and mobile outreach vehicle, attracting lots of attention.

3.4 Social media views and stories

CCDHB impressions	HVDHB impressions	RPH impressions
Facebook: 236,853 Twitter: 9,339 LinkedIn: 26,923	Facebook:218,486 Hutt Maternity Facebook: 6,046 Twitter: 6,250 Instagram: 7,383 LinkedIn: 21,140	Facebook: 14,844

3.4.1 Top social media posts



3.5 Website page views and stories

CCDHB	HVDHB	RPH	MHAIDS
134,195 page views	48,225 page views	120,024 page views	15,419 page views

Our website continues to be a strong source of information to the public, with the pages most commonly visited shown below.

Top five webpages CCDHB

- Staff login
- Careers with CCDHB
- COVID-19 Community based assessment centres (CBACs)
- Wellington Regional Hospital
- How to get in touch

Top five webpages HVDHB

- Staff login
- COVID-19 Community based assessment centres (CBACs)
- Contact us
- Hutt Hospital campus map
- Careers with HVDHB

Top five webpages RPH

- Vaccinate Greater Wellington
- Getting vaccinated
- Vaccine rollout plan
- Vaccinate Greater Wellington - Latest updates
- Getting vaccinated – Wairarapa information

Top five webpages MHAIDS

- Child and adolescent mental health services
- Do you or does someone you know need help now
- Community mental health teams (general adult)
- How to contact our services
- Central regional eating disorder services (CREDS)

3.5.1 Website stories and releases

Hundreds of Pacific people receive COVID-19 vaccine in Wellington

High Commissioner for Niue HE Hon Fisa Igilisi Pihigia was also among those receiving the vaccination.

More than 200 Pacific people have received their COVID-19 vaccinations at the Pacific Islanders' Presbyterian Church in Newtown today. Part of a series of 'festival days' – where the Pacific community is vaccinated together in a welcoming environment – today's event was the first in the region to be held in a place of worship.

Capital & Coast DHB worked with Tū Ora Compass Health PHO and the church community on the event.

"It was wonderful to see so many of our older Pacific members there today, and we look forward to more events like this supporting better health outcomes for our vulnerable communities," said Tū Ora Pacific Director of Health Henrietta Hunkin-Tagaloa.

"We had around 20 members of the Tū Ora team here today, all working hard to provide an innovative COVID-19 vaccination service close to home and in culturally-appropriate settings where people can feel relaxed, comfortable and supported."

Following a prayer service, the church was transformed into a clinic – decorated with traditional fabrics, and healthy food and drink. The atmosphere was convivial, with music playing and hugs and kisses shared by members of a community coming together.

"We need to have this vaccination. Without it our health is at risk. Together with faith in God and His healing spirit, we will be well," said Reverend Dr Feleterika Nokise in his sermon to the congregation.

Reverend Nokise was among the first to receive his vaccination together with his wife, and appreciated "the efficient way it was administered – it flowed beautifully. It's a good thing for Pacific Islanders."

CCDHB director of Pacific People's Health Junior Ulu was also invited to address the service.

"It's a great day for CCDHB. We recognise that Pacific people often have huge disparities in health outcomes and are an afterthought. But today is about putting you first – this is somewhere you can feel comfortable," he said.

People from Samoa, Cook Islands, and Niue worship and meet together at the church.

"This is where Pacific People go to come together – and it's not only congregation members who have come along today."

More senior members of the Pacific community were prioritised in the clinic, such as Paula Masoe, who hopes to use her vaccination status to travel to Samoa in the near future.

"Getting this vaccine is a must, given what's going on in the world," she said.

Aged residential care vaccinations complete in Wellington region

More than 5000 residents and staff at 46 aged residential care facilities across Wellington, Porirua, the Hutt Valley, and Kāpiti Coast have now received both doses of the COVID-19 vaccine, with the last vaccinations delivered in Lower Hutt.

Aged residential care resident Sally becomes one of the last residents to receive her second dose in the Wellington region.

Hutt Valley and Capital & Coast DHBs worked closely with pharmacy vaccinators to roll out vaccinations on site to this important priority population. Pharmacists Duncan Sutherland and James Westbury led teams that delivered vaccinations to the vast majority of residents and staff.

"Partnering with Pharmacy has enabled our successful programme to work well and provide a warm and welcoming vaccination service to our older generation," said Rachel Haggerty, Director Strategy, Planning and Performance at Hutt Valley and Capital & Coast DHBs.

"We have seen both locally and overseas the devastating effect that COVID-19 can have on aged residential care communities. With two doses of protection now across our region, residents and their whānau can rest more easily."

Pharmacist Duncan Sutherland of Unichem Upper Hutt led the team delivering the last doses in Lower Hutt, and said it was a real honour to be involved in the programme.

"It was easy to get our team motivated and set up to deliver such an important task. We have experience working in a mobile fashion and access to experienced vaccinators," said Duncan Sutherland.

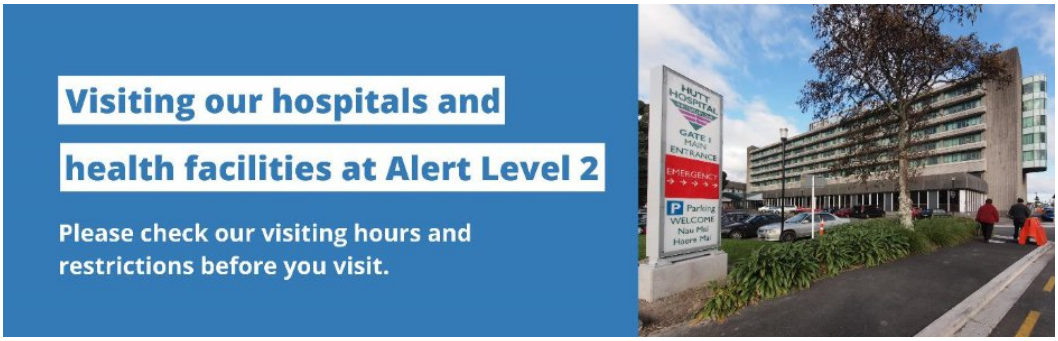
"I thank the DHB for having the trust in pharmacists, it's been awesome working with them."

Sally, an aged residential care resident and one of the last to receive her second dose, said she "decided to get vaccinated because my daughter wanted me to be safe."

"Common sense will tell you there's very little to think about, by not getting vaccinated you're only putting other people at risk," she said.

3.5.2 New website banners

After the Wellington visit in 20-21 June of a Sydney resident who tested positive for COVID-19, we ran a significant public information update involving media, website content and social media, including the website banners shown below.

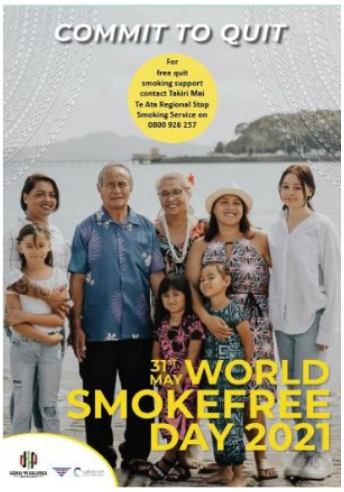


3.6 Internal Engagement and Communication

3.6.1 Intranet page views and stories

CCDHB	HVDHB
386,493 page views	210,460 page views

3.6.2 Staff posters



3.6.3 Top intranet stories

Nurses awarded at neuroscience symposium

Three Wellington Regional Hospital 7 South nurses have been awarded for their presentations at a national neuroscience symposium earlier this year.

Stroke specialist nurse Lai-Kin Wong and NETP co-ordinator Kiri Pook both won 'most inspiring to change practice' speaker awards as voted by attendees, while clinical nurse educator Rebecca Lissiman won an award for an amazing patient case study.

"This is an amazing achievement for 7 South and we are proud of the opportunities this symposium provides - encouraging nurses to inspire, to lead and to change practice," said nurse educator Caroline Woon.

Rebecca spoke about the journey of a patient with a Subarachnoid Haemorrhage. Kiri presented for the first time at a conference on bereavement project Te Wai, creating a lot of discussion around cultural practices at the end of life. Lai-Kin spoke about the Rehabilitation Assessment tool developed by the Stroke Interdisciplinary Team.

The symposium for acute and rehabilitation neuroscience nursing services was set up four years ago to provide education to neuroscience nurses nationally, to allow for networking and sharing of ideas.

A new 'round the regions' section gave each regional hospital or rehabilitation centre the chance to share what was on top for them, the challenges they faced, or a video of their facilities. Charge nurse manager Amy Nel presented this segment on behalf of CCDHB.

With last year's event cancelled due to COVID-19, the 2021 symposium took place online over two days with around 60 nurses in attendance.

Hoki mai ano: School students enjoy visiting Hutt Hospital

Staff did a brilliant job of hosting more than 30 school students from across the Hutt Valley at Hutt Hospital on May 21.

Supported by our Māori Health Team, Toi Ora, and the Kia Ora Hauora: Supporting Māori into Health programme, students from local high schools including Sacred Heart College, St Bernard's College, Hutt Valley High School and more spent the day learning about a variety of health professions.

Staff from numerous departments including dental therapy, respiratory, social work, radiology, midwifery, nursing and many more, gave their time to introduce the students to areas that will hopefully become future careers.

Vaiaso o le Gagana Samoa 2021: Talofa lava

Welcome to Samoa Language Week! the original Pacific Language Week to be celebrated in Aotearoa since 2007. Since then, it has gone from strength-to-strength with growing support and enthusiasm from across the country.

This year's theme for Vaiaso o le Gagana Samoa (Samoa Language Week) is Poupou le lotoifale, Ola manuia le anofale, or in English, 'Strengthen the posts of your house, for all to thrive'.

It references the Samoan fale (house) which can only survive the inevitable bad weather of everyday life when its pillars are sturdy.

Like a fale, our individual and collective strength is the result of our inner posts that keep us grounded and secure. For Pacific people, these posts are our languages, cultural traditions, and identity.

Samoans make up about 60 per cent of the Pacific population in the Greater Wellington region. Learning some of the language during Samoan language week can help connect with colleagues and make patients feel more comfortable.

2DHB director of Pacific Peoples' Health Junior Ulu (pictured left) will be participating in some of the celebratory events organised by the Ministry of Pacific Peoples, but says the week is an opportunity to reinforce something he does daily.

"For me, every week is Samoan language week!" says Junior. "I live and breathe it - it's part of who I am and what I do."

However, he'd like to see more people learning some of the language. "Even just a simple Talofa or Malo, really helps ease some of that patient anxiety when coming in to the hospital."

Junior cites the COVID-19 vaccination 'festival days', where Pacific Peoples are invited to clinics to be vaccinated together, as an example of language making a difference. "They've been greeted in their language, the people behind the desk know how to say their names. It makes such a difference - it really helps defuse any vaccination anxiety. And that positive experience means they are more likely to encourage their family to get the vaccine too."

And in the workplace, language can strengthen and empower Pacific staff who may be feeling isolated. "Even for me, I feel good when people use my language! Where I know I have Tokelauan or

Fijian staff I will greet them in Tokelauan or Fijian. I've had people tell me it makes such a difference – so just imagine what it can do for our patients."

It's also, says Junior, an opportunity to "find opportunities to grow your Pacific staff, and recognising they operate differently. When I joined the workforce I was so intimidated, so I was quiet and didn't share my ideas. So let's encourage people, regardless of their culture – let's say 'I'd like to hear from you.'"

Junior is a fluent speaker, but encourages those who are less confident: "speak it and just make your mistakes."

Ultimately, says Junior, "it's not just about the language per se - but also the culture and the nuances that go with it. We need to embrace that to really understand what equity looks like, for different groups in the country we live in."

2DHB BOARD WORK PLAN 2021

	4-Aug	1-Sep	6-Oct	3-Nov	1-Dec
	WLG Hospital	Offsite – TBC	WLG Hospital	Hutt Hospital	WLG Hospital
Service Spotlight	**Oncology**	**Child Development (AHST)**	**ENT**	**Rheumatology**	**Cardiology**
Scheduled reporting					
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		Facilities and Infrastructure Report Sustainability Strategy		Facilities and Infrastructure Report	
3DHB Digital Report				Q1 Report	
Māori Stratey (Te Pae Amorangi and Taurite Ora)	End of Year Report			Q1 Report	
Pacific Health and Wellbeing Strategic Plan	End of Year Report and selected focus area (Workforce)			Q1 Report and selected focus area	
Committees					
FRAC items for Board Approval		FRAC items for Board Approval from meeting dated 25/08/21		FRAC items for Board Approval from meeting dated 27/10/21	FRAC items for Board Approval from meeting dated 26/11/21
HSC update and items for Board Approval	HSC update and items for approval from meeting dated 28/07/21		HSC update and items for approval from meeting dated 29/09/21		HSC update and items for approval from meeting dated 24/11/21
DSAC update and items for Board Approval	DSAC update and items for approval from meeting dated 21/07/21		DSAC update and items for approval from meeting dated 29/09/21		DSAC update and items for approval from meeting dated 24/11/21
MCPAC update	MCPAC update from meeting dated 27/07/21	MCPAC update from meeting dated 25/08/21	MCPAC update from meeting dated 28/09/21	MCPAC update from meeting dated 27/10/21	MCPAC update from meeting dated 26/11/21
Engagement					
Te Upoko o te Ika Māori Council (TUI MC)	Boards meet with TUI MC		Boards meet with TUI MC		2DHB Boards meet with TUI MC
Sub-Regional Disability Advisory Group		Sub-Regional Disability Advisory Group			Sub-Regional Disability Advisory Group

	4-Aug	1-Sep	6-Oct	3-Nov	1-Dec
Annual Planning and Reporting					
Budgets/Annual Plan	Annual Plan 2021/2022		Planning process for 2022/2023 – subject to confirmation of process required for HNZ		
Annual Report				Annual Report 2020/2021	
Strategy					
Pro-Equity	Pro-Equity Commissioning Policy Communications and Engagement Strategy				
Strategic Priorities Overview	Reporting on implementation and engagement on next steps				
Our Hospitals					Hospital Network Development
Commissioning and Community					
Mental Health and Addiction Services					
Enablers					
Planning for 2022					
Board meeting dates and programme of work for 2022		Board meeting dates and programme of work for 2022			
Delegations					Delegations for Summer Break
Workshops/Training/Site Visit at conclusion of Board meeting (where time allows)					
Workshop	Risk Workshop				
Site Visit			Te Wao Nui/Children's Hospital		

Concurrent Board Information

7 July 2021

April 2021 Financial and Operational Performance Reports – Hutt Valley DHB

Action Required

Both Boards note:

(a) The DHB had a $3.3m deficit for the month of April 2021, being ($1.8m) unfavourable to budget

(b) The DHB year to date had a deficit of ($8.9m), being ($415k) unfavourable to budget

(c) The DHB year to date deficit excluding $1.1m unfunded COVID-19 Costs and $2.3m Holidays Act provision was a deficit of ($5.5m), being $3.4m favourable to budget,

(d) The Funder result for April was ($0.3m) unfavourable, Governance $0.02m favourable and Provider ($1.2m) unfavourable to budget;

(e) Total Case Weighted Discharge (CWD) Activity was 8% ahead of plan.

Strategic Alignment	Financial Sustainability
Authors	2DHB Chief Financial Officer - Rosalie Percival General Manager Finance & Corporate Services, HVDHB - Judith Parkinson 2DHB Director of Provider Service - Joy Farley Director Strategy Planning and Performance - Rachel Haggerty
Endorsed by	Chief Executive - Fionnagh Dougan
Purpose	To update FRAC 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

There are ongoing costs due to the COVID-19 response into the 20/21 financial year. Uncertainty remains around how much of the DHB COVID-19 response costs will be funded in 20/21. The Ministry have asked DHBs to separately report unfunded net COVID-19 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 the Holidays Act provision the DHB's result for the ten months to 30 April 2021 is a ($5.5m) deficit, versus a budget deficit of ($8.5m).

Additional net COVID-19 related expenditure above funding, year to date is $1.1m.

The monthly provision for increasing Holidays Act liability is $227k and year to date the impact on the result is $2.3m

For the ten months to 30 April 2021 the overall DHB year to date result, including COVID-19 and Holidays Act costs is a ($8.9m) deficit compared to a budget deficit of ($8.5m)

Key underspends are in the funder demand driven costs including Aged Residential Care (ARC) and Other Health of Older People (Other HoP). Mental health contacts are also underspend due to timing of contracts.

Capital Expenditure was $6.6m year to date with $27.4m remaining including projects that are delayed and funding will be transferred to next financial year.

The DHB has a positive cash Balance at month-end of $29.9 million with an equity injection for deficit support received in October 2020 of $35m. Overall the DHB cash balance is better than was budgeted due to delayed capital spend. We are expecting an equity injection for capital in relation to two capital projects approved for MoH funding (TWA replacement and the Maternity upgrade projects). The equity injection is now expected in 2021/22 to line up with forecast expenditure.

- **Hospital:** In April activity remained was high over ED attendances and both discharges and caseweights for all services. As we head towards winter this peaks – our winter bed plan to increase capacity by using every available space over the winter months is nearly completion the focus being to manage across our acute pathways and ensure continuation of planned care.
- Planned care – the delivery of Specialist assessments or Treatment within 120 days continues to be a major challenge. While the total April planned care target at 101.1 % was met we are also gaining traction on our additional elective volumes. We continue to liaise weekly with the Ministry planned care team seeking support and advice as we lead out our system improvement project aimed at making progress around all aspects of managing elective flow.
- We continue with the 2D Bed & Theatre Capacity project to identify and deliver solutions for short to medium term improvement in OT capacity across 3 Hospitals (Kenepuru, Wellington & Hutt).
- Our Maternity Units across the region continue struggling with midwifery vacancies - we are continually refining and reviewing processes to manage demand during busy periods and continue to work closely with our staff and union partners on workforce planning across the region noting this issue as requiring national solutions.
- Medical and Nursing service costs remain unfavourable to budget driving the overall provider result. The impact of more complex patients/increasing one to one care, treatment related costs particularly treatment disposables and implants are high again this month taking us well ahead of plan in line with the increased acute demand for surgery. Nursing Mitigations in place include active recruitment for the required FTE to reduce overtime, casual/allocation use, completion of the CCDM roll out and continual review use of minders/cohort watches to keep the level to a reasonable safe level. Leave planning is in place for the holiday period.

- **Funder** key areas of performance with a focus on core services and achieving equity. We are responding to the needs of our children.
- In 2019, 6% of preschool children were overdue annual examination, which show improved performance from the previous year when 16% were overdue. There was also significant improvement in Māori and Pacific children's dental health, with a 14% increase in Māori and Pacific who had caries free teeth at age 5.
- Concern regarding the ongoing decline in performance in diabetes services has been discussed with PHOs. TeAHN has committed to moving practices to pro-active planning, working at an individual patient level.
- We are developing sustainable strength and balance programmes to improve our response to frailty, particularly for Māori and Pacific older peoples.
- We are improving our data to inform the development of initiatives to reduce falls. We are participating in a Regional Equity forum to improve equitable outcomes for dementia.
- We are strengthening primary care with more specialist support, embedding telehealth models of care that started during COVID-19, and continuing the roll out of the Health Care Homes to help keep older people healthy and well in the community.

Strategic Considerations

Service	Financial performance and funding is a key to delivering the services for the Hutt Valley populations.
People	Staff numbers for HVDHB are 191 below plan with additional costs in outsourced personnel for roles employed by CCDHB for MHAIDs and IT.
Financial	Planned deficit for HVDHB $10.6 million with no COVID-19 or Holidays Act provision impacts included.
Governance	The FRAC committee is accountable for scrutinising the financial and operational performance 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					

Attachments

3.2.1 Hutt Valley DHB April 2021 Financial and Operational Performance Report

Monthly Financial and Operational Performance Report

For period ending
30 April 2021

Reported in May 2021

Contents

Section #	Description	Page
❶	Financial & Performance Overview & Executive Summary	
❷	Funder Performance	
❸	Hospital Performance	
❹	Financial Performance & Sustainability	
❺	Additional Financial Information & Updates	

Section 1

Financial and Performance Overview and Executive Summary

Executive Summary

- There are ongoing costs due to the COVID-19 response into the 20/21 financial year. Uncertainty remains around how much of the DHB COVID-19 response costs will be funded in 20/21. The Ministry have asked DHBs to separately report unfunded net COVID-19 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.
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- Key underspends are in the funder demand driven costs including Aged Residential Care (ARC) and Other Health of Older People (Other HoP). Mental health contacts are also underspend due to timing of contracts.
- Capital Expenditure was $6.6m year to date with $27.4m remaining including projects that are delayed and funding will be transferred to next financial year.
- The DHB has a positive cash Balance at month-end of $29.9 million with an equity injection for deficit support received in October 2020 of $35m. Overall the DHB cash balance is better than was budgeted due to delayed capital spend. We are expecting an equity injection for capital in relation to two capital projects approved for MoH funding (TWA replacement and the Maternity upgrade projects). The equity injection is now expected in 2021/22 to line up with forecast expenditure.

Executive Summary (continued)

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- Planned care – the delivery of Specialist assessments or Treatment within 120 days continues to be a major challenge. While the total April planned care target at 101.1 % was met we are also gaining traction on our additional elective volumes. We continue to liaise weekly with the Ministry planned care team seeking support and advice as we lead out our system improvement project aimed at making progress around all aspects of managing elective flow.
- We continue with the 2D Bed & Theatre Capacity project to identify and deliver solutions for short to medium term improvement in OT capacity across 3 Hospitals (Kenepuru, Wellington & Hutt).
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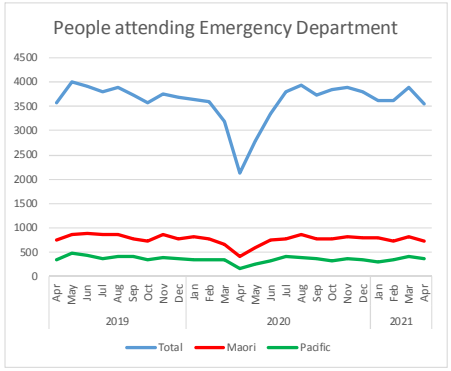
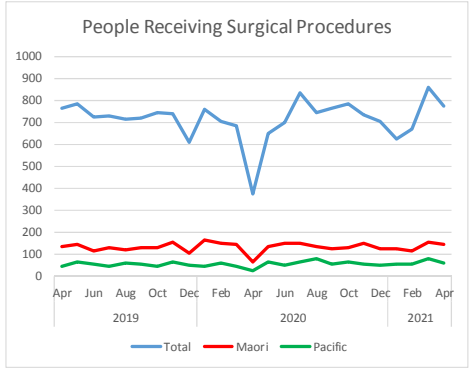
- **Funder** key areas of performance with a focus on core services and achieving equity. We are responding to the needs of our children.
  - In 2019, 6% of preschool children were overdue annual examination, which show improved performance from the previous year when 16% were overdue. There was also significant improvement in Māori and Pacific children's dental health, with a 14% increase in Māori and Pacific who had caries free teeth at age 5.
  - Concern regarding the ongoing decline in performance in diabetes services has been discussed with PHOs. TeAHN has committed to moving practices to pro-active planning, working at an individual patient level.
  - We are developing sustainable strength and balance programmes to improve our response to frailty, particularly for Māori and Pacific older peoples.
  - We are improving our data to inform the development of initiatives to reduce falls. We are participating in a Regional Equity forum to improve equitable outcomes for dementia.
  - We are strengthening primary care with more specialist support, embedding telehealth models of care that started during COVID-19, and continuing the roll out of the Health Care Homes to help keep older people healthy and well in the community.

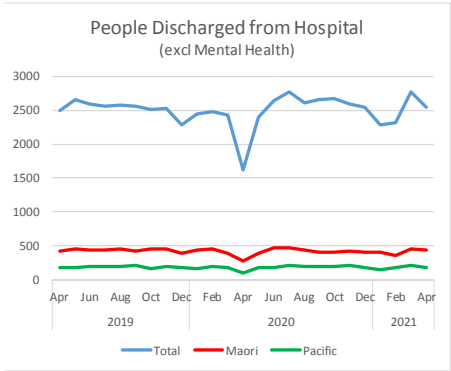
Performance Overview: Activity Context (People Served)

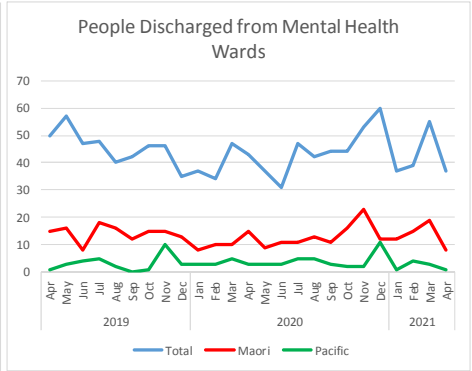
The numbers below count individuals once and are based on Hutt Valley DHB being the DHB of Service. Our services have returned to delivering services to our population without the restrictions due to COVID-19. Services continue to take necessary precautions. March was busy in all services but April was quieter with the Easter break

People attending ED	**3,551**	732 Maori, 378 Pacific
People receiving Surgical Procedures	**774**	143 Maori, 60 Pacific
People discharged from Hospital (excl Mental Health)	**2,541**	432 Maori, 172 Pacific
People discharged from Mental Health wards	**37**	8 Maori, 1 Pacific



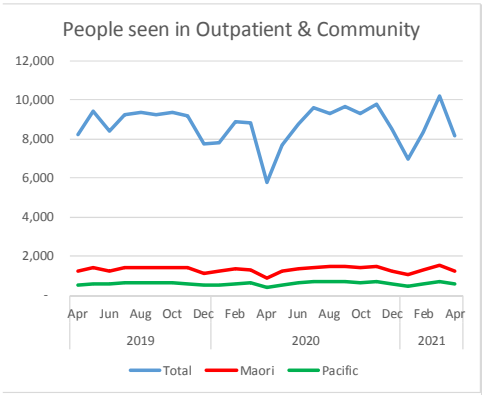


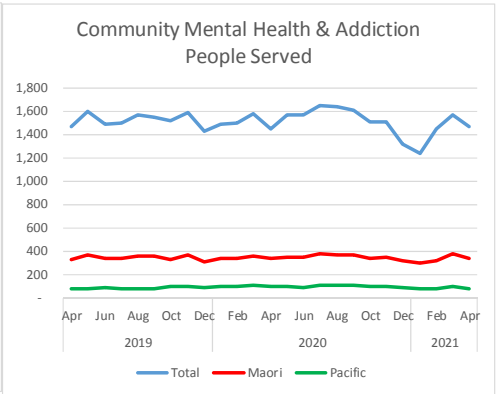


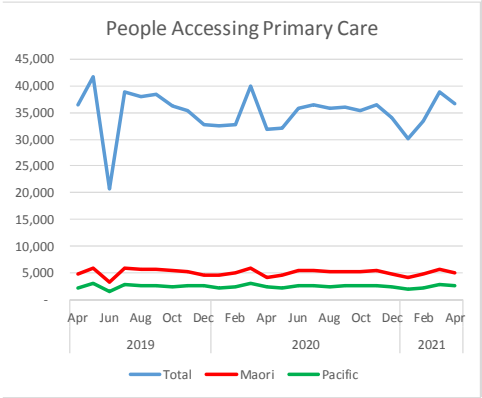


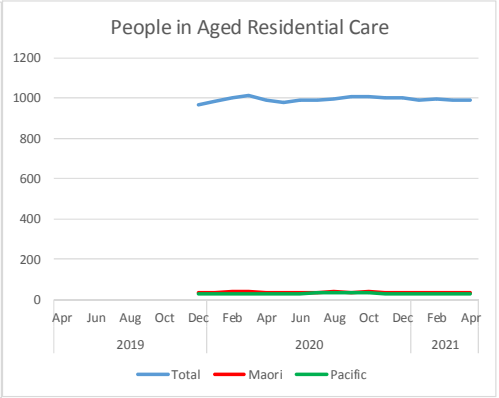
Performance Overview: Activity Context (People Served)

People seen in Outpatient & Community	**8,180**	1,223 Maori, 579 Pacific
Mental Health and Addiction Contacts	**1,468**	337 Maori, 76 Pacific
Primary Care Contacts	**36,679**	4,926 Maori, 2,538 Pacific
People in Aged Residential Care	**988**	34 Maori, 28 Pacific









Financial Overview – April 2021

YTD Operating Position	YTD Provider Position	YTD Funder Position	YTD Capital Exp
$8.9m deficit	$14.2m deficit	$4.5m surplus	$6.6m
Against the budgeted deficit of $8.5m.	Against the budget deficit of $9.3m.	Against the budget surplus of $0.6m.	

YTD Activity vs Plan (CWDs)	YTD Paid FTE	Annual Leave Accrual
8% ahead	1,867	$21.0m
291 CWDs ahead PVS plan for April. IDFs were 46 CWD below budget for the month	YTD 191 FTE below annual budget of 2,058 FTE. Note: The MHAIDS & ITS restructures and change of employer contributed 148 FTE to this variance	This is an increase of $0.6m on prior period.

Hospital Performance Overview – April 2021

YTD Shorter stays in ED	People waiting >120 days for treatment (ESPI5)	People waiting >120 days for 1st Specialist Assmt (ESPI2)	Faster Cancer Treatment
85%	1,177	1,010	100%
10% below the ED target of 95%, Similar to March 2020, but well below April 20 92% impacted by Covid.	Against a target of zero long waits a monthly decrease of 62.	Against a target of zero long waits a monthly decrease of 83	We have achieved the 62 day target this month. The 31 day target was achieved at 94%

YTD Activity vs Plan (CWD)	YTD Standard FTE	Serious Safety Events
8% ahead	1,834	3
291 CWDs ahead PVS plan for April. IDFs were 46 CWD below budget for the month	203 below YTD budget of 2,037 FTE. Month FTE was 203 under budget and downwards movement from March of 0.5 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 $89k for the month and $3.87m year to date, with revenue for IDFs being ahead of budget by $1.1m due to wash-ups from last year and increased volumes for the current year. In addition COVID-19 revenue, which is offset by costs also means we are ahead of revenue by a total of $5.4m YTD.
- Aged residential care costs are ($38k) unfavourable for the month but favourable $1.2m year to date. Other Health of Older People costs are favourable $11k for the month and $1,8k YTD.
- Mental Health costs are favourable $225k for the month, favourable $1,267k YTD, reflecting timing of contracts which will be rectified with the acute care continuum funding.
- The COVID-19 Vaccine programme is progressing well and in preparation for the significant expansion of the programme post July is well underway. There remains a strong focus on equity for Māori and for our Pacific and Disability communities.
- In this report we have also highlighted the below key areas of performance with a focus on our core services and achieving equity. We are responding to the needs of our children.
  - We have a number of initiatives in place to reduce ASH rates for children as part of our System Level Measures Improvement Plan which we deliver in partnership with our PHOs. Our reasons for decline insights work has commenced. Mokopuna Solutions is exploring the thoughts, feelings and beliefs of our Māori and Pacific whānau towards childhood immunisations. The report is due in June.
  - Five additional practices joined the Health Care Home programme in Q1 of 2020/21, with 15 out of 19 Hutt Valley practices now enrolled. From Year 2 of the Health Care Home programme, they are expected to encompass year of care planning for their Long Term Condition population with a more proactive approach to the care and management of this group by their primary care team.
  - The Improvement action plan funding schedule was developed to address areas in Planned Care with long waiting lists. For Hutt Valley DHB this focuses primarily on provision of additional surgery for general surgery and orthopaedics patients. Performance since March 2021 shows an improvement not currently in the MoH quarterly report.
  - The Acute Care Continuum project aims to streamline the pathway into mental health services for people presenting to ED, and to reduce readmissions. Collaboration across 3DHBs is taking place to inform the development of an integrated community mental health and wellbeing hub model during 2021.
  - The COVID vaccination programme remains on track. Preparation is well underway for the major scale up from July 2021.

Funder Financial Statement – April 2021

DHB Funder (Hutt Valley DHB)
Financial Summary for the month of April 2021

Month					$000s	Year to Date					Annual				
Actual	Budget	Variance	Last Year	Variance		Actual	Budget	Variance	Last Year	Variance	Forecast	Budget	Variance	Last Year	Variance
					Revenue										
37,924	37,970	(46)	34,735	3,189	Base Funding	379,236	379,697	(461)	347,346	31,889	455,083	455,637	(554)	416,816	38,267
3,028	2,341	687	4,381	(1,353)	Other MOH Revenue	27,844	23,408	4,436	29,270	(1,426)	32,716	28,090	4,626	38,006	(5,291)
40	36	5	122	(82)	Other Revenue	652	356	296	407	245	723	427	296	619	104
9,012	9,229	(216)	7,678	1,334	IDF Inflows	93,424	92,285	1,139	85,221	8,203	111,948	110,742	1,206	102,280	9,668
50,004	**49,575**	**430**	**46,916**	**3,088**	**Total Revenue**	**501,156**	**495,746**	**5,409**	**462,245**	**38,911**	**600,470**	**594,895**	**5,574**	**557,721**	**42,749**
					Expenditure										
386	416	30	383	(3)	DHB Governance & Administration	3,886	4,156	270	3,831	(55)	4,652	4,987	335	4,597	(55)
21,246	21,145	(100)	19,176	(2,069)	DHB Provider Arm	210,944	210,416	(527)	199,694	(11,250)	252,956	252,577	(378)	241,131	(11,825)
					External Provider Payments										
3,808	3,078	(730)	1,301	(2,507)	Pharmaceuticals	34,381	32,273	(2,108)	29,300	(5,081)	41,273	38,866	(2,407)	37,365	(3,909)
4,337	4,369	32	4,288	(48)	Laboratory	43,819	43,687	(132)	42,335	(1,484)	52,522	52,424	(98)	50,903	(1,619)
2,576	2,541	(35)	2,428	(148)	Capitation	26,025	25,413	(612)	24,500	(1,525)	31,163	30,495	(668)	29,563	(1,600)
1,211	1,195	(15)	997	(214)	ARC-Rest Home Level	11,540	12,112	572	9,662	(1,878)	13,971	14,543	572	11,877	(2,094)
1,881	1,858	(23)	1,545	(337)	ARC-Hospital Level	18,170	18,826	656	15,720	(2,451)	22,049	22,604	556	19,154	(2,895)
2,700	2,712	11	2,883	183	Other HoP & Pay Equity	25,213	27,018	1,805	28,644	3,431	30,519	32,442	1,923	35,134	4,616
865	1,089	225	1,001	137	Mental Health	9,599	10,867	1,267	7,410	(2,190)	11,500	13,045	1,545	9,580	(1,919)
554	482	(72)	472	(81)	Palliative Care / Fertility / Comm Radiology	5,003	4,818	(185)	4,816	(188)	5,991	5,782	(209)	5,788	(203)
1,699	1,863	163	3,018	1,318	Other External Provider Payments	16,321	14,065	(2,256)	14,099	(2,222)	18,960	17,332	(1,627)	19,220	261
8,978	9,151	173	8,291	(687)	IDF Outflows	91,795	91,505	(289)	82,735	(9,060)	109,389	109,807	418	101,298	(8,091)
0	0	0	0	0	Provision for IDF Wash-ups	0	0	0	43	43	0	0	0	0	0
50,240	**49,898**	**(341)**	**45,784**	**(4,456)**	**Total Expenditure**	**496,696**	**495,157**	**(1,539)**	**462,786**	**(33,910)**	**594,943**	**594,905**	**(39)**	**565,610**	**(29,333)**
(235)	**(324)**	**89**	**1,133**	**(1,368)**	**Net Result**	**4,459**	**589**	**3,870**	**(541)**	**5,001**	**5,526**	**(9)**	**5,536**	**(7,889)**	**13,416**

There may be rounding differences in this report

Funder Financials – Revenue

Revenue:

- Revenue is made up of base funding, other MOH revenue, other revenue and inter district flows. The table shows the variance for other MOH revenue.
- Base Funding is unfavourable ($46k) to budget for the month and ($461k) year to date, reflecting the various changes for Capital Charge impacting both Income and expenditure for the DHB.
- Other MoH revenue is favourable $687k for April and $4,436k year to date, including COVID-19 funding and Planned Care.
- IDF inflows are ($216k) unfavourable for the month driven by current year wash-ups and favourable $1,139k year to date.

Other MOH Revenue Variance	MTH $000's	YTD $000's
In- Between Travel (prior years)	-	(314)
In- Between Travel (2020/21)	70	109
Capitation Funding	18	395
Planned Care	229	808
Admin & clerical Pay Equity	319	319
COVID-19 Funding	186	4,273
COVID-19 Funding - RPH	(127)	(1,273)
Crown funding agreements		
B4 School Check Funding	(93)	31
Hospice - Cost Pressure funding	12	118
More Heart and diabetes checks	(5)	(80)
Additional School Based MH Services	(10)	(98)
Maternity Quality and Safety Programme	11	106
Rheumatic Fever Prevention Services	(9)	(64)
Well Child/Tamariki Ora Services	96	61
Other CFA contracts	10	(45)
Year to date Variance $000's	**687**	**4,436**

Expenditure:

Governance and Administration is favourable $30k for April. Provider Arm payments variance includes; IDF Wash-up Payments to the Provider and Capital Charge rate reduction.

External Provider Payments:

Pharmaceutical costs are unfavourable ($730k) for April and unfavourable ($2,108k) YTD, reflecting a combination of passing rebates back to the provider arm and seasonal variations. We have received $1,856k for increased pharmaceutical costs due to COVID-19.

Capitation expenses are ($35k) unfavourable for the month, partially offset by changes to revenue.

Aged residential care costs are $38k unfavourable for the month.

Other Health of Older People costs are favourable by $11k for the month and favourable $1,807k YTD.

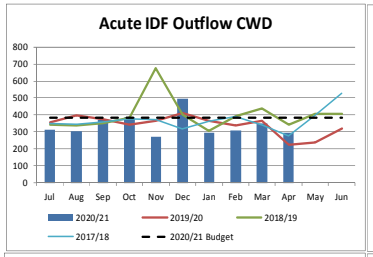
Mental Health costs are favourable $225k for the month, favourable $1,267k YTD, reflecting timing of contracts.

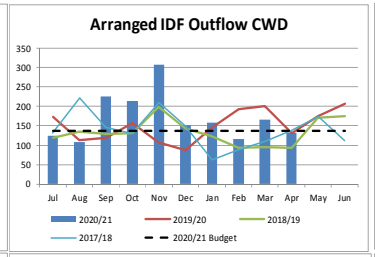
Palliative Care, Fertility and Community Radiology costs are unfavourable by ($72k) for the month.

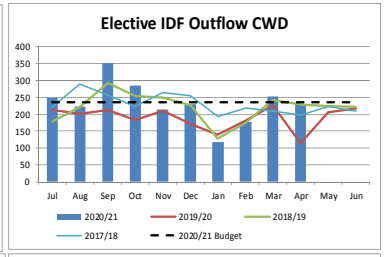
Other external provider costs are favourable to budget $163k for the month.

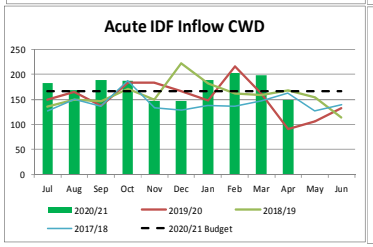
IDF Outflows are favourable $173k, due to Current Year Wash-up payments for volumes.

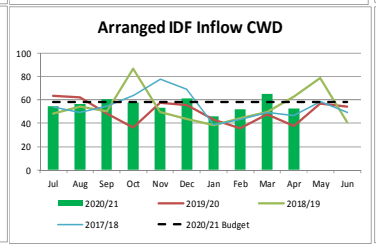
Inter District Flows (IDF)

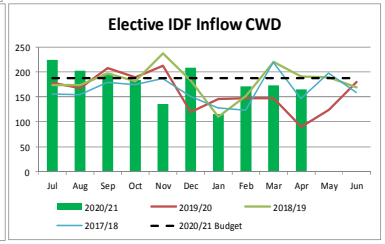












IDF Wash-ups and Service Changes Apr 2021			
IDF Outflows $000s	Variance to budget		
	Month	YTD	Forecast
Base	(0)	(2)	(2)
CCDHB - Advance Care Planning	(5)	(50)	(60)
CCDHB - Mental Health (provider)	-	-	
	-	-	
Wash-ups			
2020/21 Outflows - inpatient	271	(279)	(192)
2020/21 Outflows - outpatient	-	-	500
2020/21 Outflows ATR	-	-	130
2020/21 PHO	(93)	(226)	(226)
2020/21 FFS	-	14	14
2019/20 Wash-ups	-	254	254
IDF Outflow variance	**173**	**(289)**	**418**

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 over budget YTD by $1,139k. Inflows for other services $1,034k and inpatient ($157k) under budget. Inpatient inflows are under budget mainly in Plastics, Medical and Cardiology.

IDF Outflow (expense):

- Based on the data available, overall IDF outflows are over budget by ($289k) year to date mainly due to Inpatient outflows being over budget by ($279k). Inpatient outflows are mainly over budget in Neonates, elective Cardiology and Vascular Surgery at Capital Coast.

Commissioning: Families & Wellbeing

What is this measure?

- Decrease in the ambulatory sensitive hospitalisation rate (0-4 years)
- 95% of children fully immunised at 5 years
- 90% of children have their B4SC completed

Why is this important?

- Ambulatory sensitive hospitalisations (ASH) are hospitalisations that could have been avoided through preventative care and coordinated care in the community and primary care setting.
- Children who receive the complete set of age-appropriate vaccinations are less likely to become ill from certain diseases.
- The B4 School Check aims to identify any health, developmental or behavioural problems that may have a negative impact on the child's ability to learn and take part at school.

How are we performing?

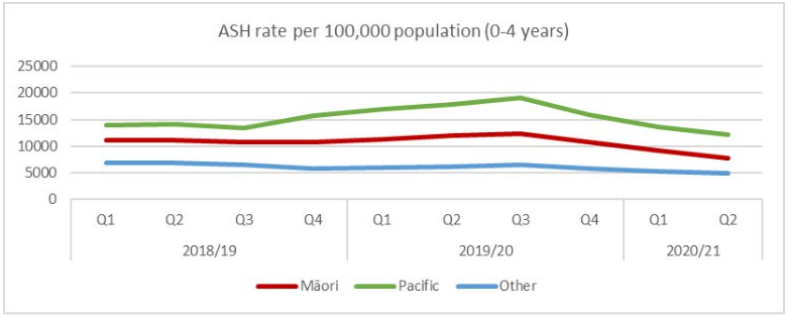
- There has been an overall decrease in ASH rates across all groups with the largest decrease for Māori and Pacific. However, rates remain higher than non-Māori, non-Pacific.
- Immunisation coverage in 5 year olds has decreased for Māori and Pacific children and coverage is now below non- Māori, non-Pacific children. The target is not met across all ethnicities.
- The B4SC programme was interrupted in 2019/20 due to COVID. We are recovering, however recovery is slower for Māori and Pacific 4 year olds. The equity gap is widening.

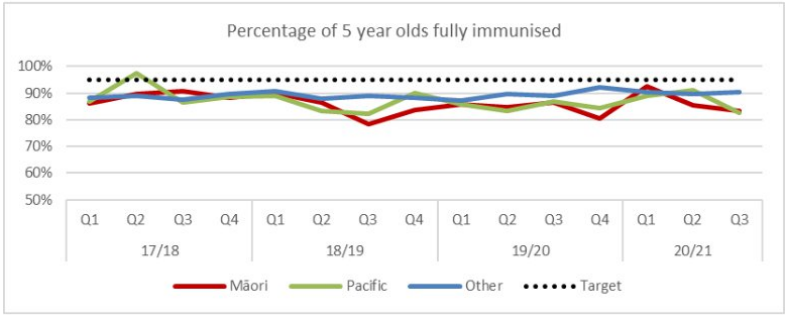
What is driving performance?

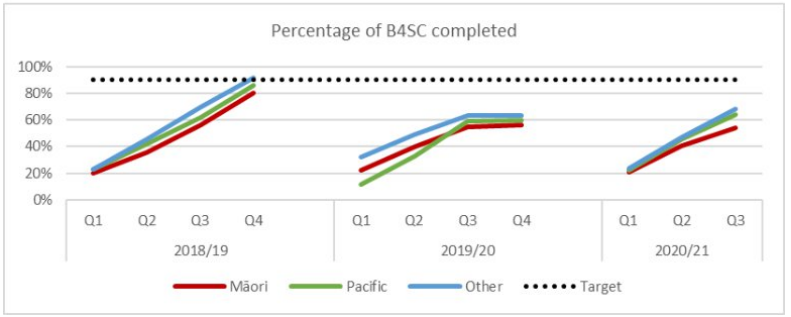
- Increases in hand hygiene and border closures have had the most significant impact on reducing ASH rates.
- The 1 October change to the schedule (which changed the two MMR doses from 12 months and 4years to 12 months and 15 months) is having a significant impact on immunisation coverage.
- Plunket subcontracts part of its service to Ora Toa PHO to meet part of the needs for Tamariki Māori.

Management comment

- We have a number of initiatives in place to reduce ASH rates for children as part of our System Level Measures Improvement Plan which we deliver in partnership with our PHOs.
- Our decline insights work has commenced. Mokopuna Solutions is exploring the thoughts, feelings and beliefs of our Māori and Pacific whānau towards childhood immunisations. The report is due in June.
- We are looking at a more cohesive and collaborative approach to the B4SC programme to ensure provision of an equitable service for Tamariki Māori.







Commissioning: Primary & Complex Care

What is this measure?

Management of Long-Term Conditions (LTC):

- 60% of people with diabetes and HbA1c ≤64mmol/mol and no inequity
- ASH admissions rate for cardiovascular conditions (45-64)
- ASH admissions rate for respiratory conditions (45-64)

Why is this important?

- LTCs comprise the major health burden for New Zealand now and into the foreseeable future, and are the leading cause of morbidity. Māori and Pacific people are disproportionately affected by LTC.
- Cardiovascular diseases (CVD) and diabetes are substantially preventable with lifestyle changes for those at moderate or higher risks, and good control of diabetes reduces long-term complications.
- People living with LTC are regarded as leading partners in their own care, and early detection and diagnosis enables treatment and management to begin as soon as possible.

How are we performing?

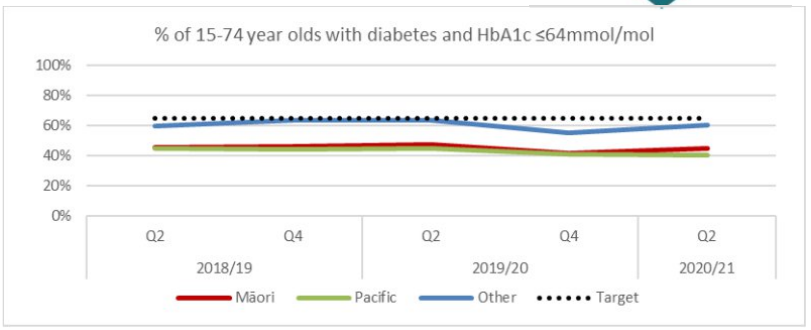
- The proportion of people with HbA1c ≤64mmol/mol has been consistently below target for Māori and Pacific 15-74 year olds, and both groups are below non-Māori, non-Pacific.
- ASH rates for cardiovascular conditions have decreased in all groups since the beginning of 2019/20, they remain significantly higher for Pacific and Māori 45-64 year olds.
- ASH rates for respiratory conditions in 45-64 year olds is significantly higher in Māori and Pacific. Rates have remained largely the same for Māori, but have decreased for Pacific .

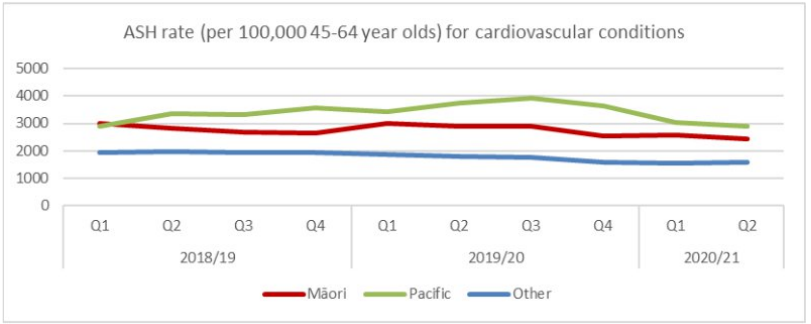
What is driving performance?

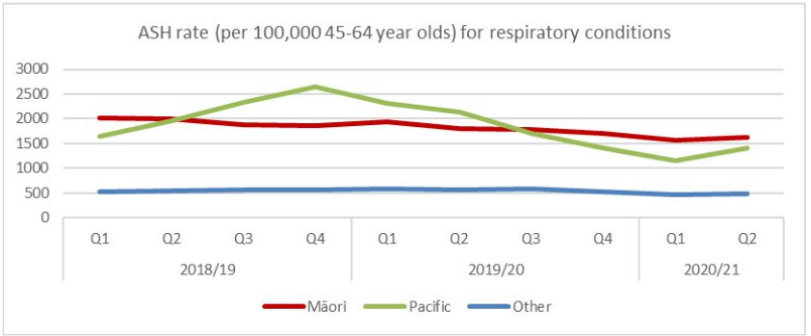
- PHOs invite eligible patients to manage their diabetes and assess their cardiovascular risk. Practice and community teams are available to provide flexible options for diabetes management and cardiovascular risk assessments.
- Increases in hand hygiene and border closures have had the most significant impact on reducing ASH rates.

Management Comment

- Five additional practices joined the Health Care Home programme in Q1 of 2020/21, with 15 out of 19 Hutt Valley practices now enrolled. From Year 2 of the Health Care Home programme, they are expected to encompass year of care planning for their Long Term Condition population with a more proactive approach to the care and management of this group by their primary care team. When they enter year 3, practices are expected to prioritise their Māori and Pacific populations by ensuring that at least 30% of their high risk patients with a Year of Care plan are Māori and/or Pacific patients.







Commissioning: Hospital & Speciality Services

What is this measure?

- Planned care waiting list improvement action plan to recover waiting lists post COVID-19 level 4 lockdown in 2020. Performance against 3 measures within the $2.3 million service delivery funding are shown.

Why is this important?

- Access to planned care was disrupted during the COVID-19 level 4 lockdown in 2020. In Budget 2020 the Government made available investment for DHBs to recover waiting lists by providing additional surgery, appointments, and radiology visits. HVDHB requested to focus our $2.3million service delivery investment on the following areas which had long waiting lists as a result of or exacerbated by the lockdown:

General Surgery elective discharges	Orthopaedic elective discharges	Gynaecology elective discharges	Ophthalmology follow up assessments	CT and MRI scans

How are we performing?

- HVDHB is achieving minor procedure volumes and close to achieving surgical volumes and caseweights
- General surgery, orthopaedics and gynaecology have significant waiting lists for surgery. There are currently 400 people waiting more than 120 days for their general surgery and 194 people waiting longer than 120 days for orthopaedic surgery.

What is driving performance?

- Internal DHB data indicates a substantial improvement in production in March 2021 for orthopaedics and general surgery which, if sustained, is projected to achieve both the PBFF funded base volumes and Planned Care Funding Schedule volumes.

Management comment:

- The Improvement action plan funding schedule was developed to address areas in Planned Care with long waiting lists. For Hutt Valley DHB this focuses primarily on provision of additional surgery for general surgery and orthopaedics patients
- General Surgery have delivered additional all day elective Saturday lists in March and operated on 18 cases. The same is planned for April, May & June, for a planned total of 7 all day elective Saturday lists to operate on 40 cases. The service is also utilising any lists released by other services with an April impact of General Surgery having an 3 more lists to operate on 7 additional cases.
- There are 46 patients waiting for Carpal Tunnel procedure on our surgical waitlist so the service has organised weekly regular Friday PM Carpal Tunnel lists to operate on these cases by end of current financial year. On top of March production this will contribute to achieving base.

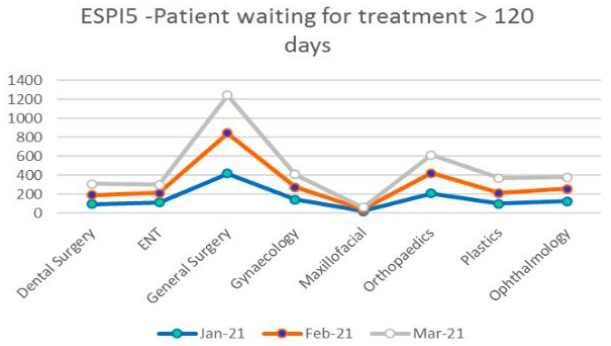
HUTT VALLEY DHB

	% achieved year to date
Surgical volumes	98.6%
Surgical caseweights	98.1%
Minor procedure volumes	152%

ESPI 5 - BY SERVICE — **7 Non Compliant Services**

	2020					2021			Imp Req	3 mth Trend
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
General Surgery	51.9%	56.2%	60.0%	59.6%	63.1%	67.0%	68.2%	64.9%	403	▼
Gynaecology	43.6%	40.5%	46.0%	41.1%	45.8%	50.5%	49.8%	50.5%	138	▲
Ophthalmology	52.5%	46.1%	44.1%	40.8%	41.1%	53.6%	57.9%	48.5%	112	▼
Ear, Nose & Throat	37.4%	33.3%	38.1%	38.4%	41.9%	48.7%	45.0%	45.6%	89	▼
Orthopaedics	46.9%	42.3%	45.7%	49.2%	47.7%	53.3%	50.0%	45.4%	201	▼
Dental	13.9%	15.3%	34.4%	29.8%	36.9%	40.0%	37.7%	42.2%	116	▲
Plastics	8.1%	8.6%	6.9%	7.4%	13.0%	19.0%	20.3%	26.8%	183	▲

Source: Ministry of Health
The data held by the Ministry of Health is one month behind DHB performance. The improvements since March are not reflected in their assessment of DHB performance.



Commissioning: Mental Health & Addictions

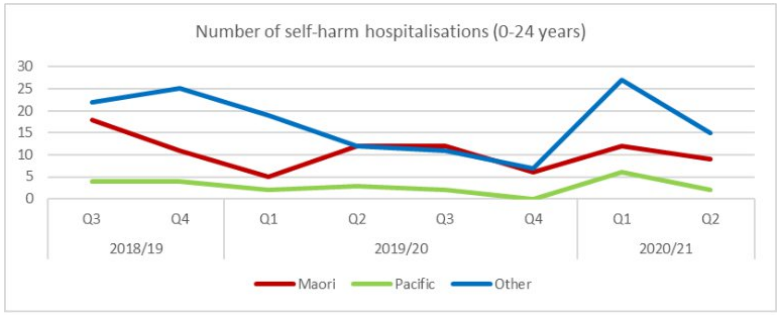
What is this measure?
- Self-harm hospitalisations (0-24 years)
- Adoption of technology-enabled services
- Access and choice

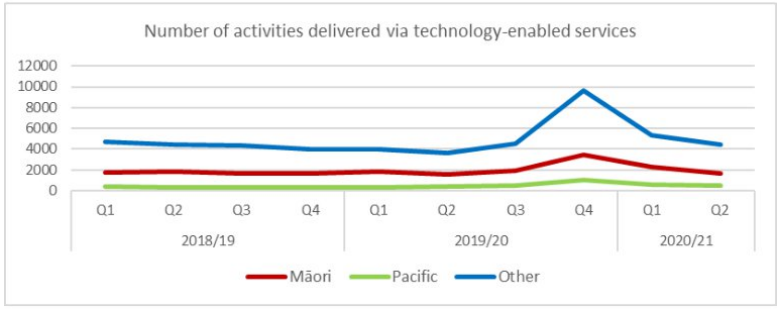
Why is this important?
- Intentional self-harm is a response to distress, and rates are particularly high in young people. Supporting people experiencing distress requires proactive and coordinated referral pathways and community services.
- Technology-enabled services, such as video-counselling, enabled services to remain available during the COVID-19 lockdown. Long-term, wider adoption of telehealth will continue to improve access.
- Access and Choice is a free, primary mental health and addiction service based in general practices. Qualified mental health practitioners are placed in general practices, making it faster and easier to access care.

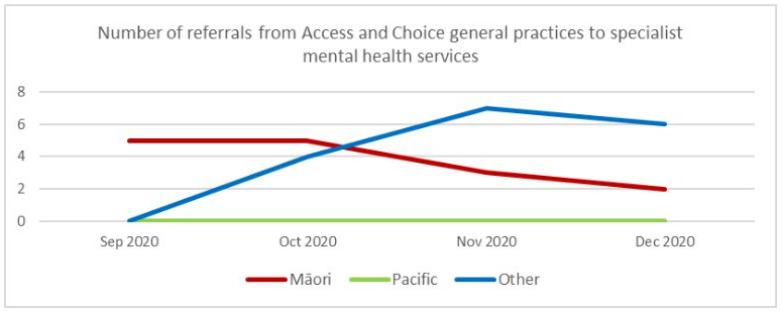
How are we performing?
- Self-harm hospitalisations increased for Māori youth in 20/21 Q1; significant volume decreases have not been observed in all groups.
- Adoption of telehealth services increased rapidly in response to the COVID-19 lockdown, utilisation of these services has decreased as restrictions have eased but remain higher than pre-lockdown.
- Access and Choice referrals from primary care have been increasing in the 20/21 financial year. Referrals have slowed earlier for Māori and Pacific.

What is driving performance?
- Partnerships between PHOs and NGOs such as Piki Services have seen improvements in 20/21. Further progress is anticipated following the investment in primary mental health and primary liaison services.
- We are embedding some of the learnings from our COVID-19 experience. We are working to ensure technology is well-utilised and supports clients on their wellbeing journey.
- We are expanding primary mental health and addiction support across the 3DHBs through the **Access and Choice** initiative (implemented in July 2020). We are developing a evaluation framework to monitor success.

Management comment
- The Acute Care Continuum project aims to streamline the pathway into mental health services for people presenting to ED, and to reduce readmissions.
- Collaboration across 3DHBs is taking place to inform the development of an integrated community mental health and wellbeing hub model.







2DHB COVID-19 Response

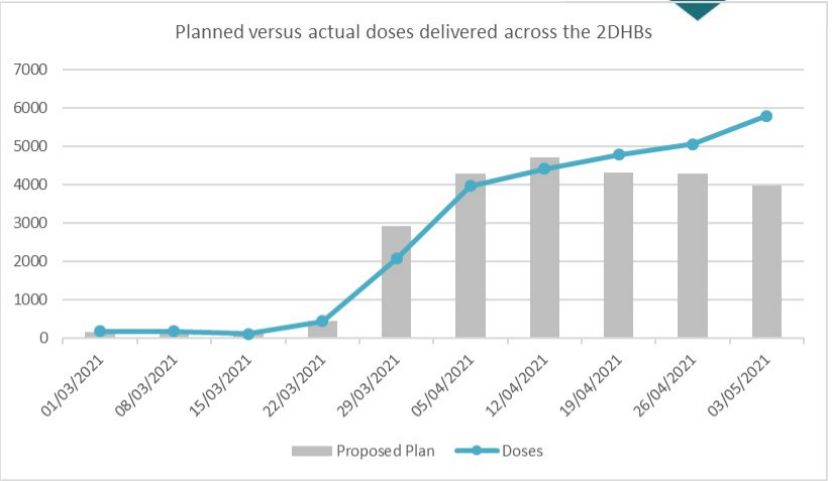
What is this measure?
- Vaccination roll-out

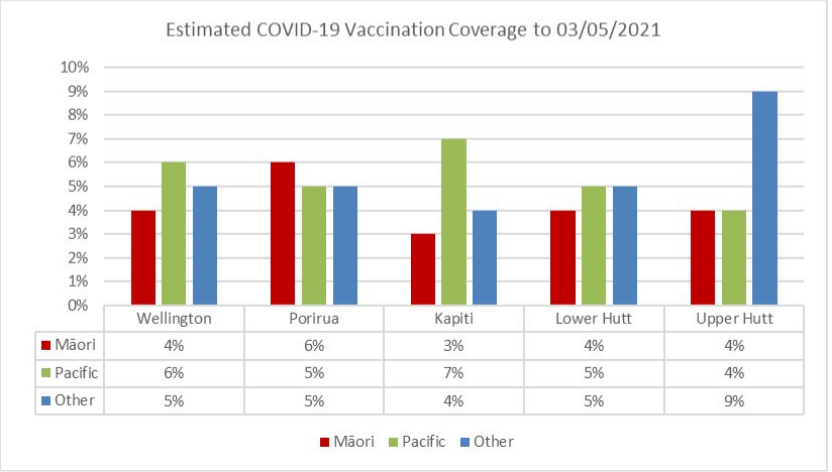
Why is this important?
- The COVID-19 vaccine rollout aims to protect Aotearoa by ensuring that everyone over 16 years old receives the two doses. Ensuring equal access to free COVID-19 vaccines is a priority for New Zealand.
- First we are protecting those most at risk of catching COVID-19 in their workplace to reduce the risk of future outbreaks and lockdowns.

How are we performing?
- **Group 1:** Border, MIFQ workers and people they live with
- **Group 2:** Frontline health workforce interacting with patients and supporting in high-risk places, residential care workers, emergency response services
- **Group 3:** people with elevated risk, including people who are 65 years or older, people with underlying conditions, disabled people, people in custodial settings
- **Group 4:** general rollout (including early vaccine access)

2DHB group	Dose 1	Dose 2
Group 1	2,591	1,458
Group 2	14,945	6,879
Group 3	275	33
Group 4 (early access)	17,83	437
CCDHB total	13,864	6,413
HVDHB total	5,767	2,397

Data Sources: COVID-19: Vaccination 2DHB Qlik App
Date Range: 22/02/2021 to 03/05/2021
Data current at: 04/05/2021 @10:18am





Section 3

Hospital Performance

Executive Summary – Hospital Performance

- In April activity remained was high over ED attendances and both discharges and caseweights for all services. As we head towards winter this peaks – our winter bed plan to increase capacity by using every available space over the winter months is nearly completion the focus being to manage across our acute pathways and ensure continuation of planned care.
- Planned care – the delivery of Specialist assessments or Treatment within 120 days continues to be a major challenge. While the total April planned care target at 101.1 % was met we are also gaining traction on our additional elective volumes. We continue to liaise weekly with the Ministry planned care team seeking support and advice as we lead out our system improvement project aimed at making progress around all aspects of managing elective flow.
- We continue with the 2D Bed & Theatre Capacity project to identify and deliver solutions for short to medium term improvement in OT capacity across 3 Hospitals (Kenepuru, Wellington & Hutt).
- Our Maternity Units across the region continue struggling with midwifery vacancies - we are continually refining and reviewing processes to manage demand during busy periods and continue to work closely with our staff and union partners on workforce planning across the region noting this issue as requiring national solutions.
- Medical and Nursing service costs remain unfavourable to budget driving the overall provider result. The impact of more complex patients/increasing one to one care, treatment related costs particularly treatment disposables and implants are high again this month taking us well ahead of plan in line with the increased acute demand for surgery. Nursing Mitigations in place include active recruitment for the required FTE to reduce overtime, casual/allocation use, completion of the CCDM roll out and continual review use of minders/cohort watches to keep the level to a reasonable safe level. Leave planning is in place for the holiday period.

Hospital Throughput

Month					Hutt Valley DHB Hospital Throughput YTD Apr-21	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							
1,182	1,044	(138)	716	(466)	Surgical	11,490	10,721	(769)	10,129	(1,361)	12,950	12,797
1,798	1,575	(223)	1,127	(671)	Medical	18,726	16,285	(2,441)	17,506	(1,220)	19,737	19,506
448	433	(15)	378	(70)	Other	4,835	4,507	(328)	4,510	(325)	5,374	5,474
3,428	**3,052**	**(376)**	**2,221**	**(1,207)**	**Total**	**35,051**	**31,513**	**(3,538)**	**32,145**	**(2,906)**	**38,061**	**37,777**
					CWD							
1,236	1,097	(138)	641	(595)	Surgical	12,266	11,552	(714)	11,057	(1,209)	13,889	12,852
936	826	(110)	615	(321)	Medical	9,804	8,929	(875)	9,410	(394)	10,719	11,991
482	508	26	501	19	Other	5,544	4,931	(613)	5,535	(9)	5,811	4,698
2,654	**2,431**	**(223)**	**1,756**	**(898)**	**Total**	**27,614**	**25,412**	**(2,201)**	**26,001**	**(1,613)**	**30,419**	**29,540**
					Other							
3,981	3,899	(82)	2,405	(1,576)	Total ED Attendances	41,559	40,358	(1,201)	39,234	(2,325)	48,696	47,491
994	909	(85)	681	(313)	ED Admissions	10,140	9,418	(722)	9,466	(674)	11,386	11,847
800	762	(38)	389	(411)	Theatre Visits	7,882	7,804	(78)	7,108	(774)	9,370	9,271
127	120	(7)	137	10	Non- theatre Proc	1,377	1,227	(150)	1,273	(104)	1,500	1,891
7,302	7,434	132	5,369	(1,933)	Bed Days	74,024	68,632	(5,393)	71,521	(2,504)	82,873	85,515
4.31	4.50	0.20	4.85	0.54	ALOS Inpatient	4.51	4.50	(0.01)	4.56	0.04	4.50	4.29
1.97	2.18	0.21	2.30	0.33	ALOS Total	2.06	2.18	0.12	2.22	0.16	2.18	2.20
6.47%	8.02%	1.55%	7.29%	0.82%	Acute Readmission	7.86%	8.02%	0.16%	7.88%	0.02%	7.31%	7.36%

For the month of April, both discharges and caseweights were much higher than budget and the same time last year during the national COVID-19 lockdown. Year to date, caseweights for Surgical services are over budget mainly due to higher General Surgery, Orthopaedics and Gynaecology volumes. For Medical year to date, discharges and caseweights are higher than budget, mainly Gastroenterology and Rheumatology compared to last year offset by lower volumes for Paediatrics. Other services are higher than budget due to more discharges under Maternity.

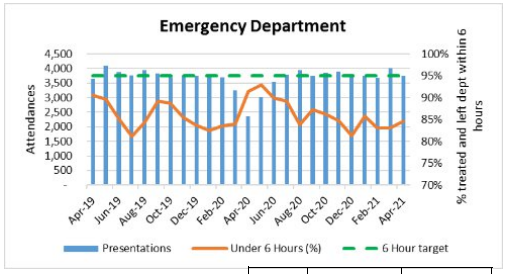
In April, ED visits were higher than budget and much higher than last year. The number of patients who were admitted from ED were higher than budget. Theatre visits were higher than budget for the month, but close to budget year to date. Non-theatre procedures were close to budget for the month but higher year to date. Bed days are lower than budget for the month but higher year to date. Inpatient ALOS in March was shorter than budget and shorter than the same time last year. The acute readmission rate was lower than budget for the month and the same time last year.

Operational Performance Scorecard – 13 mths

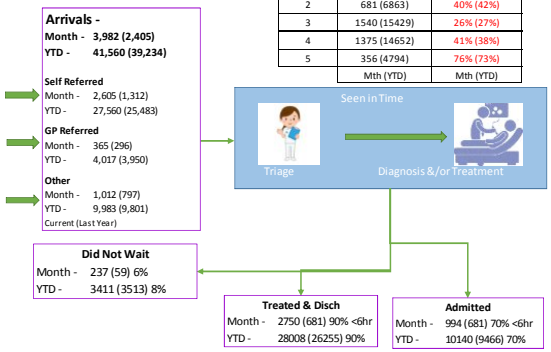
			13 Months Performance Trend													Last 4 Weeks			
Domain	Indicator (MoH KPIs highlighted yellow)	2019/20 Target	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	12/04/21	19/04/21	26/04/21	3/05/21
Safe	Serious Safety Events[1]	Zero SSEs	2	2	2	3	3	1	2	3	0	1	3	3	3				
	SABSI Cases [2]	Zero	0	0	0	1	0	1	2	1	1	1	0	1	0				
	C. difficile infected diarrhoea cases	Zero	0	2	0	3	4	1	1	4	0	1	0	1	2				
	Hand Hygiene compliance (quarterly)	≥ 80%	87%			82%			79%			79%							
	Seclusion Hours- average per event (MH Inpatient ward TWA)[3]		39.1	16.3	13.8	27.7	36.7	11.4	13.3	1.4	43.6	7.6	22.4	39.8	13.6				
Patient and Family Centred	Complaints Resolved within 35 calendar days[4]	≥90%																	
	Patient reported experience measure[5] (quarterly)	≥80%	N/a			N/a			N/a			N/a							
Timely	Emergency Presentations	49,056	2,405	3,104	3,721	4,039	4,281	3,997	4,273	4,328	4,259	4,059	4,026	4,315	3,982	946	888	948	966
	Shorter Stays in ED (SSiED) % within 6hrs	≥95%	91.4%	93.0%	89.9%	89.2%	84.0%	87.2%	86.3%	84.8%	81.3%	85.8%	83.1%	83.1%	84.6%	82.7%	83.6%	88.8%	86.4%
	SSiED % within 6hrs - non admitted	≥95%	95.7%	97.0%	94.7%	93.3%	90.7%	91.5%	91.0%	89.8%	86.9%	90.7%	89.9%	89.5%	89.7%	87.7%	88.9%	92.7%	92.8%
	SSiED % within 6hrs - admitted	≥95%	81.1%	82.4%	76.1%	78.6%	64.5%	75.1%	73.2%	71.8%	66.3%	72.0%	62.8%	65.3%	70.3%	68.3%	69.9%	76.3%	68.3%
	Total Elective Surgery Long Waits -ESPI 5	Zero Long Waits	1,012	1,077	1,130	1,082	913	915	992	1,002	1,115	1,251	1,328	1,238	1,177	1,257	1,226	1,146	1,082
	No. Theater surgeries cancelled (OP 1-8)		50	72	98	140	148	154	142	128	138	87	139	198	123	34	31	24	
	Total Elective & Acute Operations in MainTheatres 1-8[6]		389	673	733	868	792	805	824	775	744	664	712	898	800	210	180	142	
	Specialist Outpatient Long Waits- ESPI 2	Zero Long Waits	1,396	1,384	1,240	1,096	798	674	723	704	758	1,016	1,124	1,093	1,010	1,103	1,075	951	862
	Outpatient Failure to Attend %	≤6.3%	6.1%	7.4%	8.3%	6.8%	6.3%	5.4%	5.6%	6.0%	6.2%	7.7%	5.6%	5.6%	5.7%	5.1%	7.1%	N/a	N/a
	Full Year Forecast surplus / (deficit) $m - Provider (1) (2)	($2.03)	($13.04)	($13.59)	($14.20)	($10.61)	($10.61)	($15.38)	($12.54)	($14.33)	($14.64)	($14.29)	($16.06)	($19.72)	TBC				
	Full Year Forecast surplus / (deficit) $m - DHB (1) (2)	($8.14)	($14.64)	($15.64)	($21.45)	($10.65)	($10.65)	($13.37)	($12.31)	($12.87)	($14.54)	($14.33)	($14.24)	($14.25)	TBC				
	% Theatre utilisation (Elective Sessions only)[7]	≤90%	74.5%	85.2%	87.6%	85.7%	87.9%	90.4%	86.2%	88.1%	87.2%	86.4%	87.2%	87.8%	87.9%	85.5%	91.4%	88.8%	84.2%
	Overnight Patients - Average Length of Stay (days)	≤4.3	4.90	4.26	4.44	4.39	4.76	4.52	4.26	4.72	4.79	4.50	4.37	4.89	4.35	4.68	4.23	4.09	4.91
	Long Stay Patients Not Yet Discharged (>14 days)	≤5	12	15	14	16	21	17	15	21	24	21	34	20	23	23	27	24	24
	Overnight Beds (General Occupancy) - Average Occupied	≤130	105	118	136	141	151	144	130	138	144	130	149	144	150	144	139	144	150
	Overnight Beds (General Occupancy) - % Funded Beds Occupied	≤85%	65.1%	73.1%	84.2%	86.8%	93.1%	88.8%	80.4%	85.1%	93.4%	84.7%	96.5%	94.8%	92.9%	93.1%	90.1%	93.7%	97.2%
	All Beds - ave. beds occupied[8]	≤250	179	207	241	244	254	249	231	240	240	229	253	253	243	245	239	246	258
	% sick Leave v standard	≤3.5%	7.5%	6.9%	3.1%	4.3%	4.2%	4.0%	3.4%	3.4%	3.1%	2.0%	2.5%	3.5%	3.1%				
	% Nursing agency v employee (10)	≤1.49%	2.3%	3.3%	2.0%	1.6%	1.2%	2.2%	26.2%	12.7%	12.7%	12.8%	12.4%	13.0%	TBC				
	% overtime v standard (medical) (10)	≤9.22%	9.2%	9.7%	9.2%	6.7%	7.8%	8.1%	9.2%	10.7%	6.9%	11.9%	9.6%	7.9%	TBC				
	% overtime v standard (nursing)	≤5.47%	13.2%	12.6%	12.3%	10.8%	13.6%	12.3%	12.3%	14.4%	11.6%	23.7%	14.2%	11.2%	TBC				

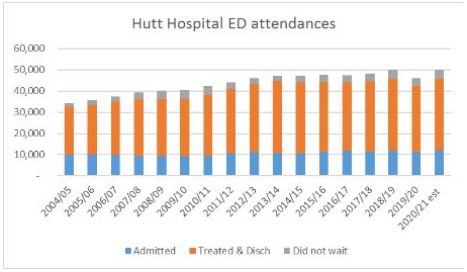
Refer to later pages for more details on HVDHB performance. Highlighted where an identified target in 20/21.

Shorter Stays in Emergency Department (ED)



Category	Volume	% Seen in time
1	30 (261)	100% (100%)
2	681 (6863)	40% (42%)
3	1540 (15429)	26% (27%)
4	1375 (14652)	41% (38%)
5	356 (4794)	76% (73%)
	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 planned of people arriving at ED, how fast ED treats them, availability of beds in the hospital and community service availability.
- **How are we performing**
  - Hutt hospital had more attendances than budget in march however due to the acuity of presentations, delay in specialty assessment and difficulty in timely disposition, the ability to discharge patients within 6 hours remained a challenge with 85% able to move through the ED within 6 hours.
  - The total ED attendances in April was higher than 2020 but similar to 2019 (Apr 20 was impacted by Covid-19) however the acuity mix was different with an increase in triage 1, 2 and 3 and decreases in triage 4 and 5 patients.
- **What is driving Performance**
  - Nursing now fully staffed
  - improved patient care. We have launched our 'Nurse First' process where those presenting are seen by a nurse in the first instance rather than a member of the administrative team.
  - Our Assessment and Planning Unit (APU) saw an increase in churn, with more assessments performed in April (379) compared to March (360) and an average length of stay decrease from 26 hours to 23.
- **Management Comment**
  - April was an opportunity for a renewed focus on quality patient care and experience for those presenting to the ED for care. Further improvements are underway with regard to our waiting room environment. Many of the planned changes in this space have come from working in partnership with our Māori Health team to improve the experience for all.

Planned Care Funding & Service delivery

Figure one: Planned care funding sources

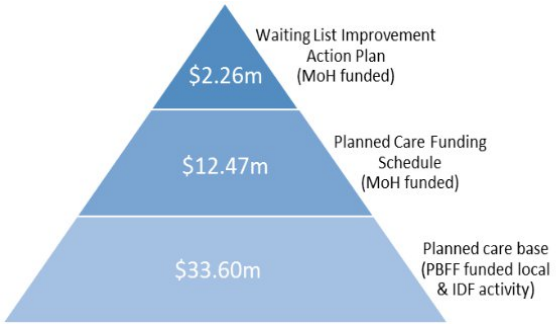
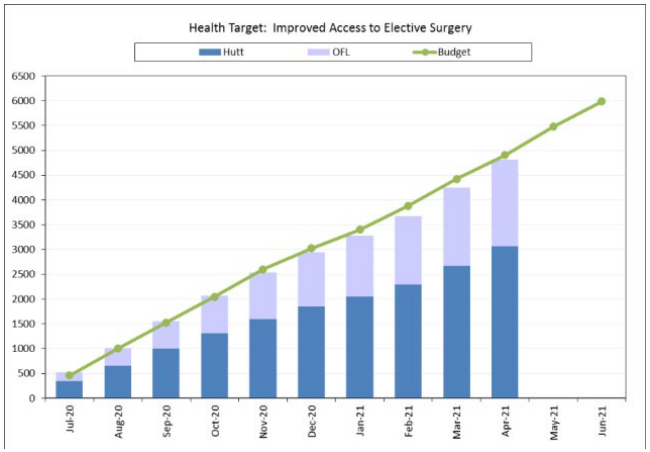
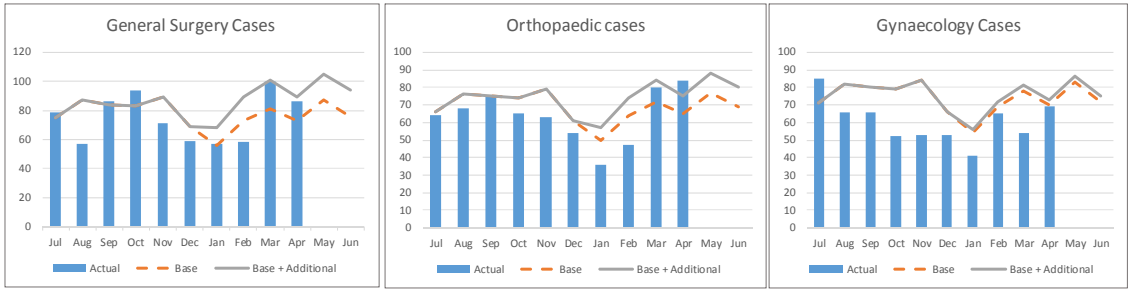


Figure two: Discharge trajectory for Planned care base and Planned care funding schedule - 101%

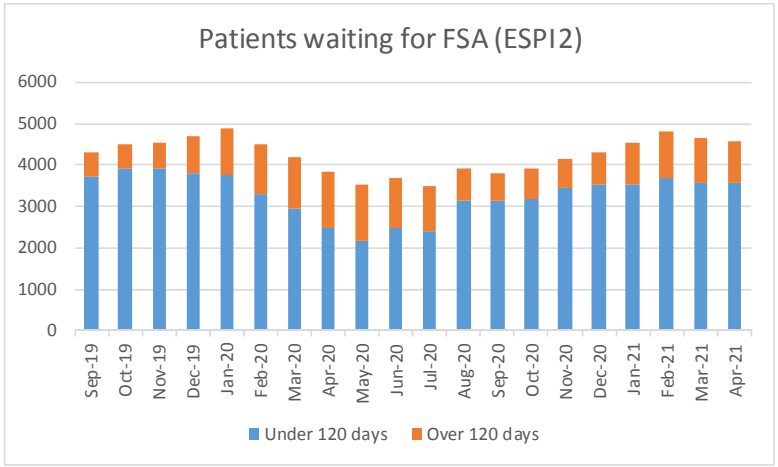


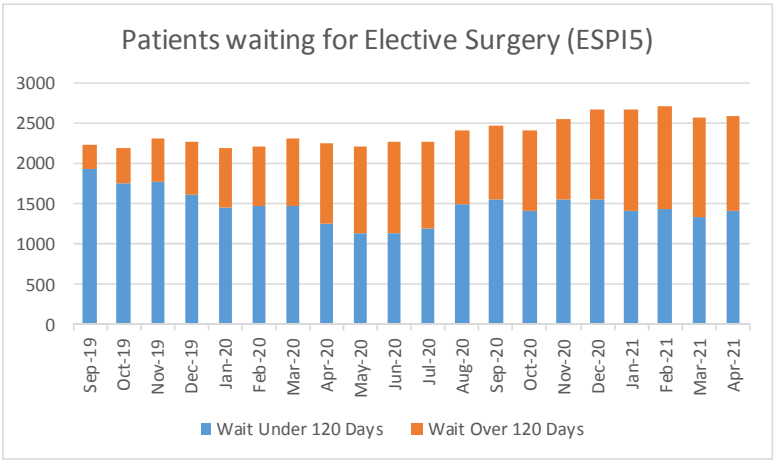
- **What is this measure?**
  - The delivery of an agreed number of inpatient surgical discharges and minor procedures to the Hutt Valley Population
  - The are three funding sources as per figure one – this is important as each has measures and deliverables required to access the funding which is paid after delivery .
- **How are we performing?**
  - Discharges are 28 ahead of plan for the Planned care base and Planned Care Funding Schedule (figure one) – this equates to 101% as per figure 2. YTD we are now making progress on delivering the Improvement action plan funding schedule focusing primarily on provision of additional surgery for general surgery and orthopaedics patients figure three despite April results reflecting the impact of two public holidays.
- **What is driving performance?**
  - General Surgery have delivered additional all day elective Saturday lists in March and operated on 18 cases. The same is planned for April, May & June, for a planned total of 7 all day elective Saturday lists to operate on 40 cases. The service is also utilising any lists released by other services with an April impact of General Surgery having an 3 more lists to operate on 7 additional cases.
  - There are 46 patients waiting for Carpal Tunnel procedure on our surgical waitlist so the service has organised weekly regular Friday PM Carpal Tunnel lists to operate on these cases by end June

Figure three: Services allocated Waiting List Improvement Action Plan funding – current delivery

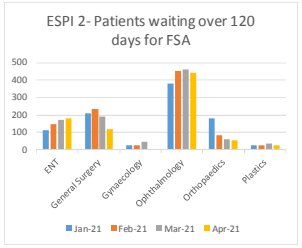


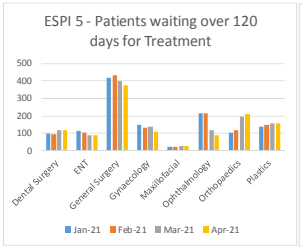
Planned Care – waiting times-

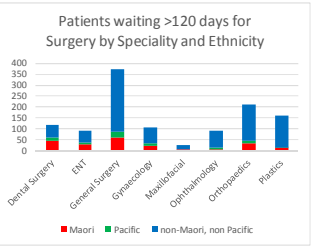




- **What is this measure?**
  - The delivery of Specialist assessments or Treatment within 120 days
- **Why is it important?**
  - It is important to ensure patients receive care at the most appropriate time to support improved health.
- **How are we performing?**
  - The total waiting for an FSA decreased by 1% this month and the number waiting over 120 days by 8% (83)
  - The number waiting for elective surgery rose by 21 to 2,598 and the number waiting over 120 days fell by 62 to 1,177
  - However the numbers of patients waiting longer than 120 days for both assessment and treatment remains high.

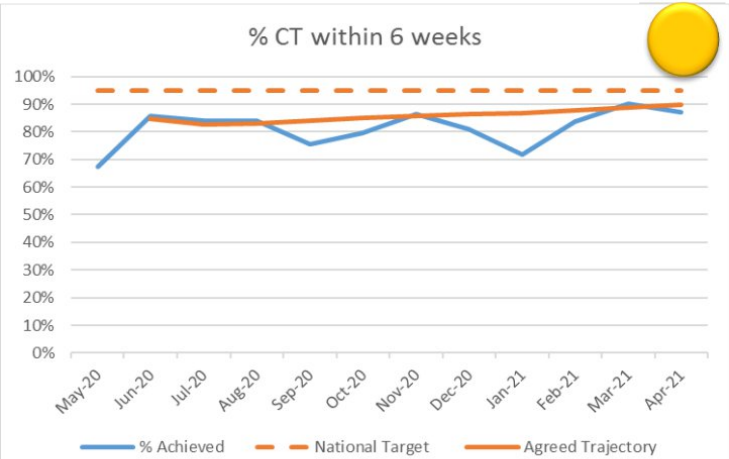


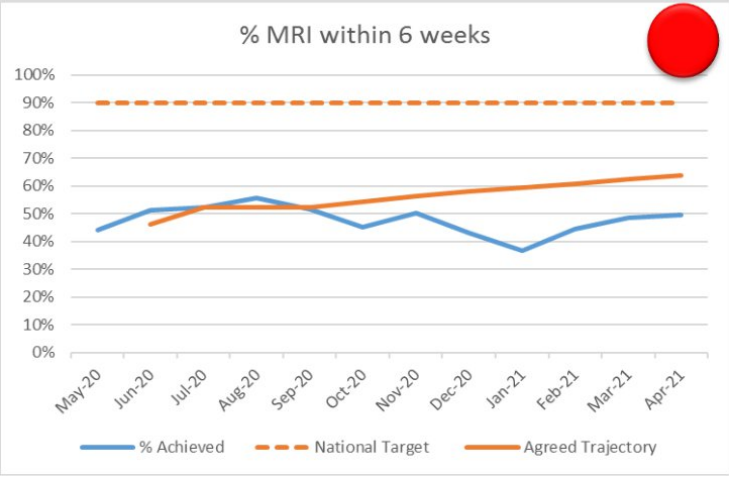




- **What is driving performance?**
  - Principally managing inflows to our waiting list and balancing against outflows is not yet robust,
  - Registered Nursing staffing in the value chain for OR production does not meet patient demand however we are moving to correct this .
  - Cancellations due to acute demand in particular General surgery
  - Wait list trajectories will take some time to correct due to acute demand and historic backlog.

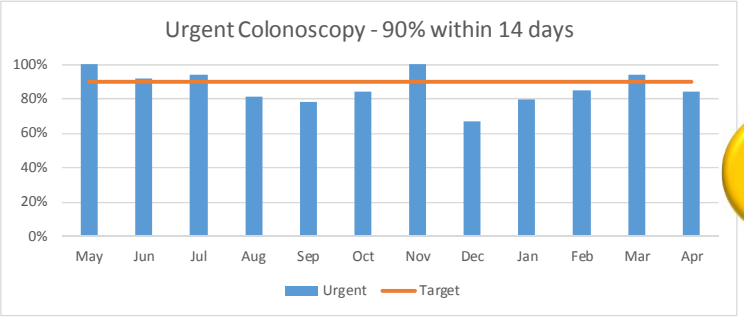
CT & MRI wait times



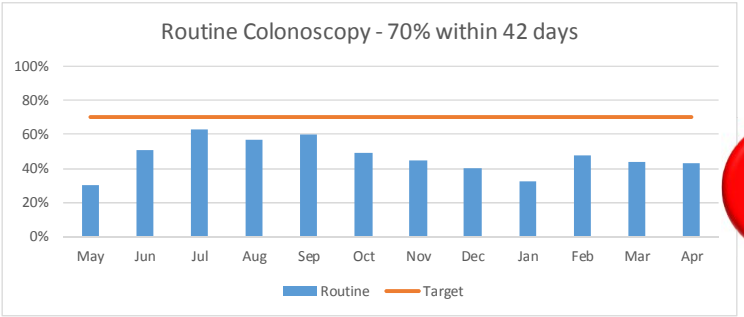


- **What is this measure?**
  - The delivery of computerised tomography (CT) scans and Magnetic Resonance Imaging (MRI) scans in a timely fashion to non-acute patients (within 42 days of referral).
- **Why is it important?**
  - Delayed diagnostic results can negatively affect health outcomes.
- **How are we performing?**
  - The % of patients receiving their MRI within 6 weeks is improving.
  - CT wait times remain close to target.
- **What is driving performance?**
  - There has been the impact of 3 Public Holidays in April which has affected CT and MRI performance.
  - MRI staff are doing some voluntary overtime weekend days shifts, and the recovery trajectory has been renegotiated with the MOH and will be reflected in next month's report. It is pleasing to note that current efforts should see us be in a compliant state in around 12 months' time.
- **Management comment**
  - Actions currently underway:
    - Managed daily outsourcing of reporting to Pacific Radiology to support in-house Radiologists.
    - All outpatient CT guided Steroid injections are no longer being provided in house which is creating more capacity for other core business
    - Voluntary weekend MRI lists – approximately 4 days per month
    - Weekend CT list to manage waitlist - approximately 4 days per month
    - MOH Planned Care funding being used to outsource 30 MRIs per month and will increase to 70 per month for the next 3 months (scan and reports) the reporting of 100 CTs per month.

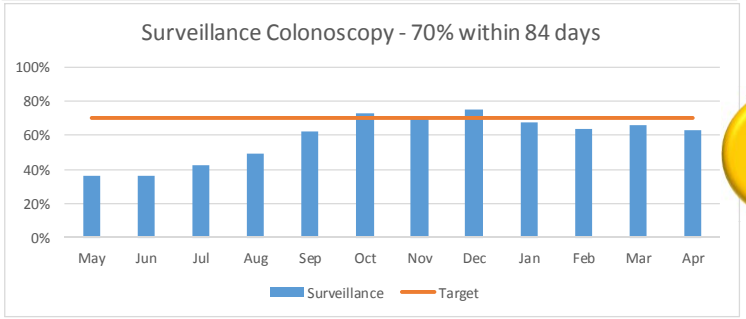
Colonoscopy Wait Times



Urgent
87% YTD



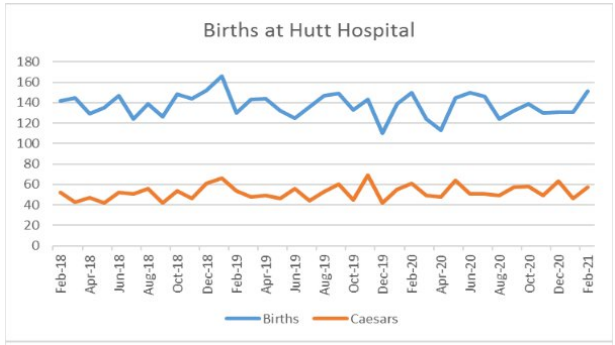
Routine
49% YTD

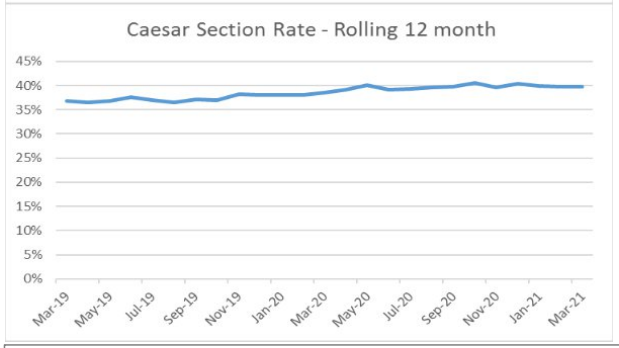


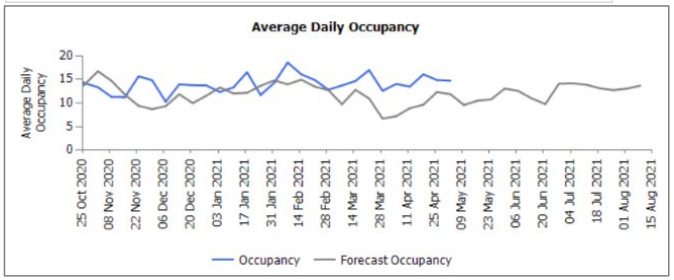
Surveil
62% YTD

- **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 have met the target for Surveillance and are close to target for Urgent colonoscopies. However we continue to struggle with routine
  - One patient is outside of the target for Urgent (Maori). They were deferred as are not medically fit. Four Maori are overdue (routine category) however they are all being actively pursued to enable a booking asap although contact is proving challenging for some.
  - There are no pacific overdue for any category
- **What is driving performance?**
  - A growing surveillance waitlist with patients continuing to move onto this from the Bowel Screening Programme.
  - There is also an overall increase in referrals, with the past 6 months being higher numbers referred compared to the past 4 years.
- **Management comment**
  - A new performance and monitoring plan has been developed. This will enable the service to effectively plan trajectories and manage capacity to meet demand and assist in priority population booking
  - The service is projecting full recovery by June 2022 with it being in a stable position from then.

Maternity

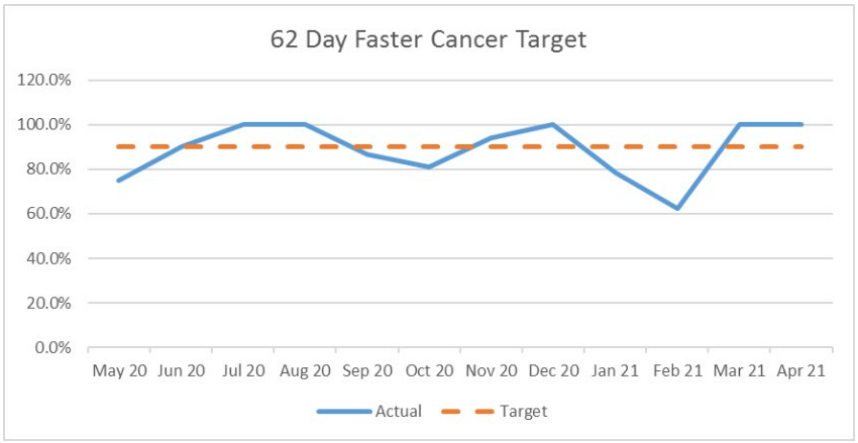


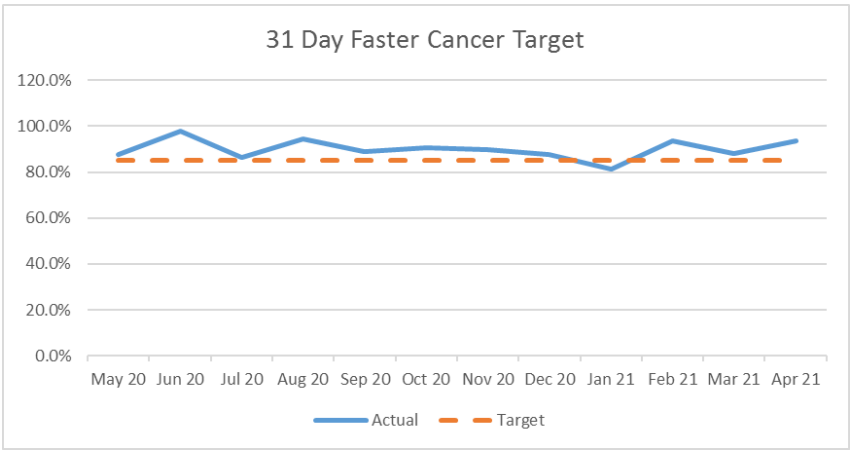




- **What is the issue?**
  - In 2019 a number of clinical and community concerns around Hutt hospital's maternity services were identified.
- **Why is it important?**
  - An external review of the service and HDC investigations showed a number of areas where improvements needed to be made.
- **How are we performing?**
  - A presentation to the CCDHB & HVDHB Boards in March focused on the maternity quality safety programme national clinical indicators – areas HVDHB is performing well in and those where improvement is being directed. We will seek to reduce Caesarean Sections through a birthing optimisation project and prospective case audit over a 3 month period will commence in April 2021
- **Management comment**
  - The Minister of Health confirmed in January 2021 approval to invest $9.47 million capital funding to upgrade the Maternity Assessment Unit, Maternity Ward and Special Care Baby Unit (SCBU).
  - The Governance Group for the facility in place and Phase One of building work (CMT space) commenced in March and is expected to complete by May.
  - Midwifery staffing was a key recognised risk in the external review; currently Hutt Valley's inpatient antenatal and post-natal ward and Delivery Suite have a combined total workforce of 35 FTE. There was a RM vacancy of around 19 FTE at the end of March and an active recruitment campaign is in place. We are employing Registered Nurses who will work in the postnatal ward.
  - We have processes to manage demand during busy periods. We continue to work closely with our staff and union partners on workforce planning across the region noting this issue as requiring national solutions.
  - We are also developing a more regional approach as both Hutt and WRH units are similarly challenged with workforce shortages.

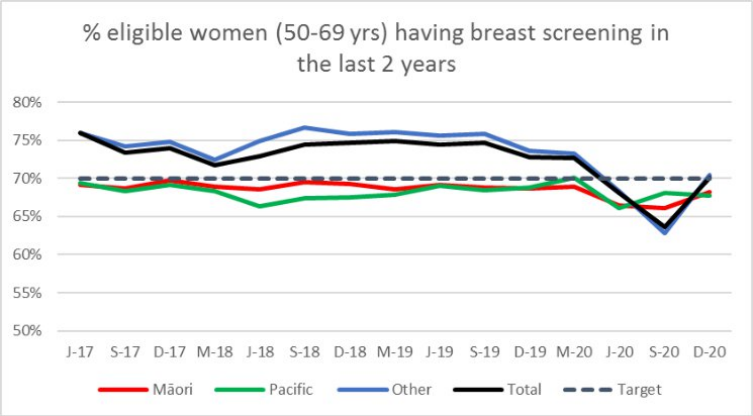
Faster Cancer Treatment

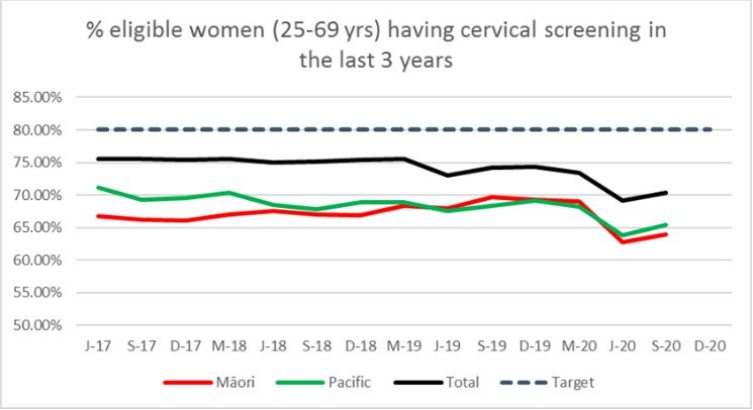




- **What is the issue?**
  - 62 day target: 90% of patients should receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks.
  - 31 day indicator: The maximum length of time a patient should have 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 it important?**
  - 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?**
  - The decline in 62 day target pathway performance across both DHBs was due to capacity. It has now improved.
- **What is driving performance?**
  - The first component of assessment from referral is well achieved and the latter part of treatment is the area needing focus.
- **Management Comment**
  - Individual breaches are viewed through MDT across both DHBs.

Screening





- **What is the issue?**
  - 80% of Women aged 25-69 have completed cervical screening in the previous three years
  - 70% of Women aged 50-69 have completed breast screening in the previous two years
- **Why is it important?**
  - By improving breast and cervical screening coverage DHBs will assist in delivery of the Government's priority to support healthier, safer and more connected communities and our health system outcome that we live longer in good health
- **How are we performing?**
  - COVID lockdowns have resulted in a backlog of 6000 women that are overdue for BreastScreening in the 20/21 year. There has been longstanding recruitment issues for both Medical Imaging Technologists (MIT) and Radiologists.
- **What is driving performance?**
  - Due to COVID an increased volume of 36,000 screens due in the 20/21 year.
  - In April we provided Saturday sessions for the full month and screening capacity has increased. This continued on a volunteer basis while Medical Imaging Technologist (MIT) recruitment is underway.
  - Maori, Pacific and Asian (cervical) women are prioritised in both Cervical and Breast
  - 5 Cervical Clinics with Primary Health in March with 84 priority women screened
- **Management Comment**
  - A permanent Regional Screening Service Manager has been recruited starting 17 May
  - MIT Recruitment has been successful and as of April 2021 only 1 MIT vacancy remains. Rostered Saturday screening continues.
  - The Breast Service now has 2 Radiologists training as Breast Specialists.
  - We have received notification that 2 Radiologists will reduce their working hours by 1 day per week. The Clinical Director will be discussing options for covering these days with the wider team.

Section 4

Financial Performance & Sustainability

Summary of Financial Performance for April 2021

Month					$000s	Year to Date					Annual					
Actual	Budget	Variance	Last Year	Variance		Actual	Budget	Variance	Last Year	Variance	Forecast	Budget	Variance	Last Year	Variance	
					Revenue											
40,952	40,313	639	39,116	1,836	Devolved MoH Revenue	407,080	403,125	3,954	376,616	30,463	487,803	483,750	4,052	454,822	32,980	
2,034	1,679	355	1,383	651	Non Devolved MoH Revenue	18,211	16,622	1,589	15,780	2,431	21,604	20,049	1,555	19,272	2,332	
474	560	(86)	473	1	ACC Revenue	5,735	6,066	(331)	5,333	402	6,888	7,219	(331)	6,457	431	
569	525	43	255	314	Other Revenue	6,373	5,265	1,108	5,076	1,297	7,017	6,309	708	6,074	943	
9,012	9,229	(216)	7,657	1,355	IDF Inflow	93,424	92,285	1,139	85,221	8,203	111,948	110,742	1,206	102,288	9,660	
1,369	303	1,066	471	898	Inter DHB Provider Revenue	10,575	3,030	7,545	3,529	7,046	12,396	3,637	8,759	4,507	7,889	
54,410	**52,608**	**1,802**	**49,355**	**5,055**	**Total Revenue**	**541,398**	**526,395**	**15,004**	**491,556**	**49,842**	**647,656**	**631,707**	**15,949**	**593,420**	**54,236**	1
					Expenditure											
					Employee Expenses											
5,352	5,362	10	5,212	(140)	Medical Employees	52,081	52,825	744	49,920	(2,162)	62,347	63,310	962	60,010	(2,337)	
6,494	6,460	(34)	6,950	456	Nursing Employees	60,988	64,138	3,150	62,404	1,416	73,089	76,767	3,677	75,339	2,249	
2,646	2,951	305	2,963	317	Allied Health Employees	24,163	28,806	4,643	26,506	2,344	29,103	34,575	5,472	32,175	3,072	
914	725	(189)	824	(90)	Support Employees	7,953	6,978	(975)	7,184	(768)	9,829	8,394	(1,435)	8,676	(1,153)	
2,507	2,601	95	2,559	52	Management and Admin Employees	22,567	25,757	3,190	23,354	788	27,092	30,842	3,749	28,166	1,074	
17,913	**18,099**	**186**	**18,508**	**595**	**Total Employee Expenses**	**167,751**	**178,505**	**10,754**	**169,369**	**1,618**	**201,461**	**213,888**	**12,426**	**204,366**	**2,905**	2
					Outsourced Personnel Expenses											
669	247	(422)	171	(498)	Medical Personnel	6,127	2,471	(3,655)	2,856	(3,271)	7,424	2,965	(4,459)	3,763	(3,662)	
677	91	(586)	158	(519)	Nursing Personnel	5,669	910	(4,759)	1,661	(4,008)	6,924	1,093	(5,832)	2,002	(4,922)	
487	87	(400)	77	(410)	Allied Health Personnel	4,045	874	(3,170)	416	(3,629)	5,098	1,049	(4,049)	583	(4,515)	
57	20	(36)	39	(18)	Support Personnel	427	203	(224)	428	1	468	244	(224)	522	54	
763	159	(604)	332	(431)	Management and Admin Personnel	5,485	1,442	(4,043)	1,458	(4,027)	6,825	1,765	(5,060)	1,671	(5,154)	
2,653	**605**	**(2,048)**	**777**	**(1,876)**	**Total Outsourced Personnel Expenses**	**21,752**	**5,901**	**(15,851)**	**6,819**	**(14,934)**	**26,739**	**7,116**	**(19,623)**	**8,541**	**(18,198)**	2
1,146	697	(449)	868	(278)	Outsourced Other Expenses	8,736	6,969	(1,767)	7,605	(1,131)	10,437	8,363	(2,074)	9,845	(592)	3
2,502	2,444	(58)	1,999	(503)	Treatment Related Costs	26,072	23,835	(2,238)	24,412	(1,661)	31,461	28,666	(2,796)	27,169	(4,292)	4
2,296	1,558	(737)	1,592	(703)	Non Treatment Related Costs	22,740	15,331	(7,409)	16,116	(6,624)	27,738	18,465	(9,273)	37,215	9,478	5
8,978	9,151	173	8,291	(687)	IDF Outflow	91,795	91,505	(289)	82,735	(9,060)	109,389	109,807	418	101,298	(8,091)	6
19,631	19,187	(444)	17,934	(1,696)	Other External Provider Costs	190,072	189,079	(993)	176,527	(13,545)	227,947	227,534	(413)	218,583	(9,364)	7
2,621	2,376	(245)	2,080	(541)	Interest, Depreciation & Capital Charge	21,390	23,765	2,375	20,925	(465)	26,494	28,517	2,023	25,186	(1,308)	8
57,740	**54,117**	**(3,622)**	**52,051**	**(5,689)**	**Total Expenditure**	**550,309**	**534,891**	**(15,418)**	**504,508**	**(45,801)**	**661,666**	**642,354**	**(19,312)**	**632,203**	**(29,463)**	
(3,329)	**(1,509)**	**(1,820)**	**(2,696)**	**(634)**	**Net Result**	**(8,911)**	**(8,496)**	**(415)**	**(12,952)**	**4,041**	**(14,011)**	**(10,647)**	**(3,363)**	**(38,784)**	**24,773**	
					Result by Output Class											
(235)	(324)	89	1,134	(1,369)	Funder	4,459	589	3,870	(541)	5,001	5,526	(9)	5,536	(7,889)	13,416	
108	22	86	45	63	Governance	869	255	613	430	438	859	310	548	634	225	
(3,203)	(1,207)	(1,995)	(3,874)	670	Provider	(14,238)	(9,340)	(4,898)	(12,840)	(1,399)	(20,396)	(10,948)	(9,447)	(31,528)	11,132	
(3,329)	**(1,509)**	**(1,820)**	**(2,694)**	**(635)**	**Net Result**	**(8,911)**	**(8,496)**	**(415)**	**(12,952)**	**4,040**	**(14,011)**	**(10,647)**	**(3,363)**	**(38,784)**	**24,772**	

There may be rounding differences in this report

Executive Summary – Financial Position

Financial performance year to date

- Total Revenue favourable $15,004k
- Personnel and outsourced Personnel unfavourable ($5,098k)
  - Medical unfavourable ($2,911k); Nursing unfavourable ($1,609k); Allied Health favourable $1,473k, Support Staff unfavourable ($1,198k); Management and Admin unfavourable ($843k); Annual leave Liability cost has increased by $952k since April 2020
- Outsourced other expenses unfavourable ($1,767k), includes Outsourced radiology and inpatient services
- Treatment related Costs unfavourable ($2,238k)
- Non Treatment Related Costs unfavourable ($7,409k), includes Holiday Act provision.
- IDF Outflow unfavourable ($289k)
- Other External Provider Costs unfavourable ($993k)
- Interest depreciation and capital charge favourable $2,375k

Analysis of Operating Position – Revenue

- **Revenue:** Total revenue favourable $1,802k for the month
  - Devolved MOH revenue $639k favourable, driven by a reduction in funding for capital charge offset by PHO and COVID-19 funding.
  - Non Devolved revenue $355k favourable driven largely by COVID-19 funding for the Public Health Unit.
  - ACC Revenue ($86k) unfavourable.
  - Other revenue $43k favourable for the month driven by Donated Assets.
  - IDF inflows unfavourable ($216k) for the month, reflecting higher than expected volumes, and wash-up adjustments for the current year.
  - Inter DHB Revenue favourable $1,066k, reflecting the use of shared 2 & 3DHB services, including recoveries from CCDHB for Mental Health. There is a corresponding increase in expenditure.

COVID–19 Revenue and Costs

YTD Result -April 2021	Funder [1] (4)	Provider (excl. Regional Public Health)	Provider - Regional Public Health (RPH) [1][3]	Total
$000s	Actual	Actual	Actual	Actual
Revenue				
MoH Revenue Recognised - COVID19 [2]	4,446	157	1,273	5,876
Expenditure				
Employee Expenses				
Medical Employees		12	91	103
Nursing Employees		39	208	248
Allied Health Employees		20	242	262
Support Employees		49	0	49
Management and Admin Employees		21	59	80
Total Employee Expenses	**0**	**142**	**601**	**742**
Expenses				
Outsourced - Provider	0	0	0	0
External Providers - Funder [5]	5,927			5,927
Clinical Expenses - Provider	0	2	6	8
Non-clinical Expenses- Provider	0	219	80	298
Total Non Employee Expenses	**5,927**	**221**	**86**	**6,234**
Total Expenditure	**5,927**	**362**	**687**	**6,976**
Net Impact	**(1,481)**	**(205)**	**586**	**(1,100)**

(1) RPH COVID19 Funding now through MoH Contract - not Devolved Funding

(2) Includes funding via Whanganui DHB

(3) Excludes overhead charges

(4) Includes technology grant

(5) Includes Additional COVID-19 Community Pharmacy Payments

- The April year to date financial position includes $7.0m additional costs in relation to COVID-19.
- Revenue of $5.9m has been received to fund additional costs for community providers and Regional Public Health.
- The net impact year to date is $1.1m additional costs currently unfunded.

Analysis of Operating Position – Personnel

- **Total Personnel** including outsourced unfavourable ($1,862k) for the month
  - Medical personnel incl. unfavourable ($411k). Outsourced costs are ($449k) unfavourable, Medical Staff Internal are $10k favourable, the MHAIDS restructure $272k.
  - Nursing incl. outsourced ($620k) unfavourable. Employee costs are ($34k) unfavourable, driven by the 3DHB MHAIDS Restructure $576k, offset by the recognition of penal payments related to public holidays. Adverse outsourced positions ($586k) is driven 3DHB MHAIDS Restructure ($590k).
  - Allied Health incl. outsourced ($95k) unfavourable, with outsourced unfavourable ($400k) and internal employees favourable $305k. Employee costs are driven by the 3DHB MHAIDS Restructure $448k, the balance is mostly due to phased recruitment of dental trainees.
  - Support incl. outsourced unfavourable ($226k), with Outsourced ($36k) unfavourable, and employee costs ($189k) unfavourable, driven by Security ($26k), Cleaners ($35k), Sterile Supply Assistants ($23k) and Tradesmen & Maintenance supervisors ($34k).
  - Management & Admin incl. outsourced unfavourable ($510k); internal staff favourable $95k, Outsourced unfavourable ($604k). This reflects the transition to 2DHB services for ITS and MHAIDS.
  - Sick leave for April was 3.1%, which is higher than this time last year.

FTE Analysis

Month					FTE Report	Year To Date					Annual	
Actual	Budget	Variance	Last Year	Variance	Apr-21	Actual	Budget	Variance	Last Year	Variance	Budget	Last Year
					FTE							
276	287	11	303	27	Medical	279	287	8	291	12	287	294
755	828	73	852	97	Nursing	765	829	65	811	46	829	818
348	418	70	440	92	Allied Health	352	417	65	396	44	417	402
149	137	(12)	151	2	Support	146	137	(9)	142	(5)	137	143
316	388	72	387	72	Management & Administration	322	388	66	361	40	388	365
1,844	**2,058**	**214**	**2,134**	**289**	**Total FTE**	**1,865**	**2,058**	**194**	**2,001**	**137**	**2,058**	**2,023**
					$ per FTE							
19,373	18,666	(707)	17,202	(2,172)	Medical	186,576	183,952	(2,625)	171,392	(15,184)	217,094	215,094
8,606	7,803	(802)	8,161	(445)	Nursing	79,742	77,335	(2,408)	76,993	(2,749)	88,153	93,878
7,600	7,057	(543)	6,733	(867)	Allied Health	68,606	69,107	501	66,942	(1,664)	69,784	85,962
6,124	5,283	(841)	5,438	(685)	Support	54,290	50,863	(3,427)	50,608	(3,681)	71,647	58,552
7,934	6,707	(1,226)	6,604	(1,329)	Management & Administration	70,098	66,413	(3,685)	64,609	(5,489)	69,856	84,428
9,713	**8,793**	**(919)**	**8,674**	**(1,038)**	**Average Cost per FTE all Staff**	**89,968**	**86,721**	**(3,247)**	**84,635**	**(5,333)**	**97,874**	**105,731**

Medical under budget for the month by 11 FTE, driven by the MHAIDS restructure 13FTE:
Excluding MHAIDS the contribution to movements were; SMOs under budget by 5FTE, offset by RMO's & House Officers combined.

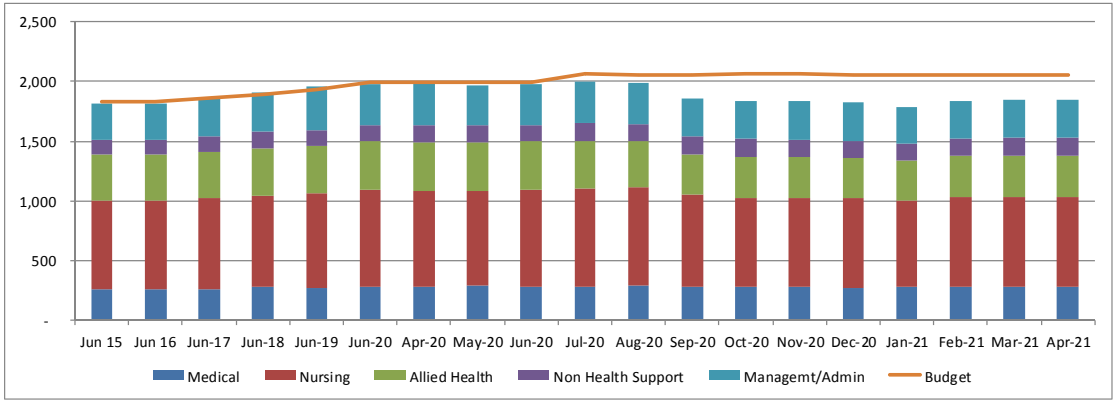
Nursing under by 73 FTE for the month, driven by MHAIDS restructure 75 FTE:
Excluding MHAIDS the movements were; Internal Bureau Nurses and HCA's over budget (19) FTE mostly driven by General Surgery (4) FTE, General Medical (3)FTE, Maternity (4), ED (4FTE) and other variances. This is offset by Midwives 24 FTE. This reflects the transition to changes made under both CCDM recommendations and the Maternity Review.

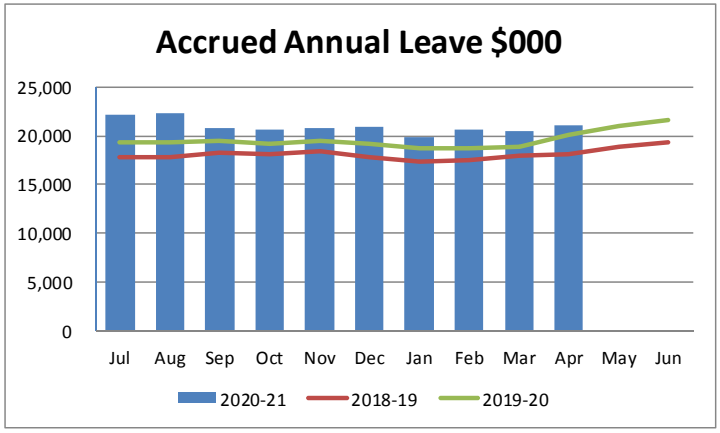
Allied FTEs are under by 70 FTEs for the month, driven by the MAHIDS restructure 62:
Excluding MHAIDS the contribution to movements were; Favourable variances in community support workers 5 FTE, Health promotion 2 FTE, Occupational Therapists 4 FTE Other Allied Health 4 FTE.

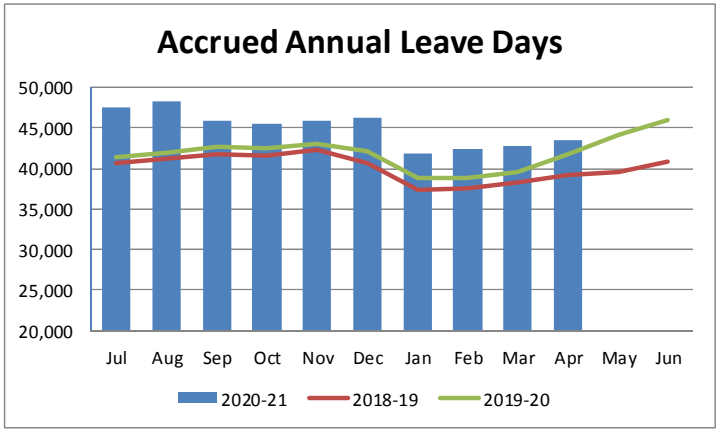
Support FTEs are (12) FTEs over budget driven by CSSD (2) FTE, Cleaning (2) FTE, Property Services (2) FTE and Orderlies (6) FTE, Food Services (4) FTE, offset by other variances.

Management & Admin are under budget by 72 FTEs driven by the MHAIDS & ITS Restructures 40 FTE.
Excluding MHAIDS and ITS changes favourable variance of 26FTE, other variances include; Executive Office 6 FTE, Project Management 4FTE, SPP 7FTE, Quality 3 FTE, Chief operating officer 2 FTE, essential support Services 2 FTE, Surgical Women's & Children's 2 FTE, Regional Public Health 3 FTE and Regional Screening 5 FTE.

FTE Analysis







The movement in Annual Leave Liability is driven by the MHAIDS & ITS restructures. The combined impact of this on Accrued Annual Leave was estimated to be a reduction of 3,175 days and $1,561k in respect of leave liability.

Analysis of Operating Position – Other Expenses

- **Other Operating Costs**
  - Outsourced other unfavourable ($449k) for the month, due to increase outsourcing of surgical and radiology.
  - Treatment related costs ($58k) unfavourable.
  - Non Treatment Related costs unfavourable ($737k) including the provision for Holidays Act Settlement provision ($227k) which is not budgeted as advised by MoH, Hotel costs ($106k), Security ($78k) related mainly to COVID-19, Facilities ($82k), Software Licensing wash-up provision (4200k), non Capital Software upgrades ($56k) , MHAIDS recoveries ($209k), and other minor variances.
  - IDF Outflows $173k favourable for the month, driven by lower than expected volumes.
  - Other External Provider costs favourable ($444k), driven largely by COVID-19 expenditure.
  - Interest, Depreciation & Capital Charge unfavourable ($245k), driven by additional provisions for asset amortisation partly offset by a decrease in Capital Charge for the month.

Section 5

Additional Financial Information & Updates

Financial Position as at 30 April 2021

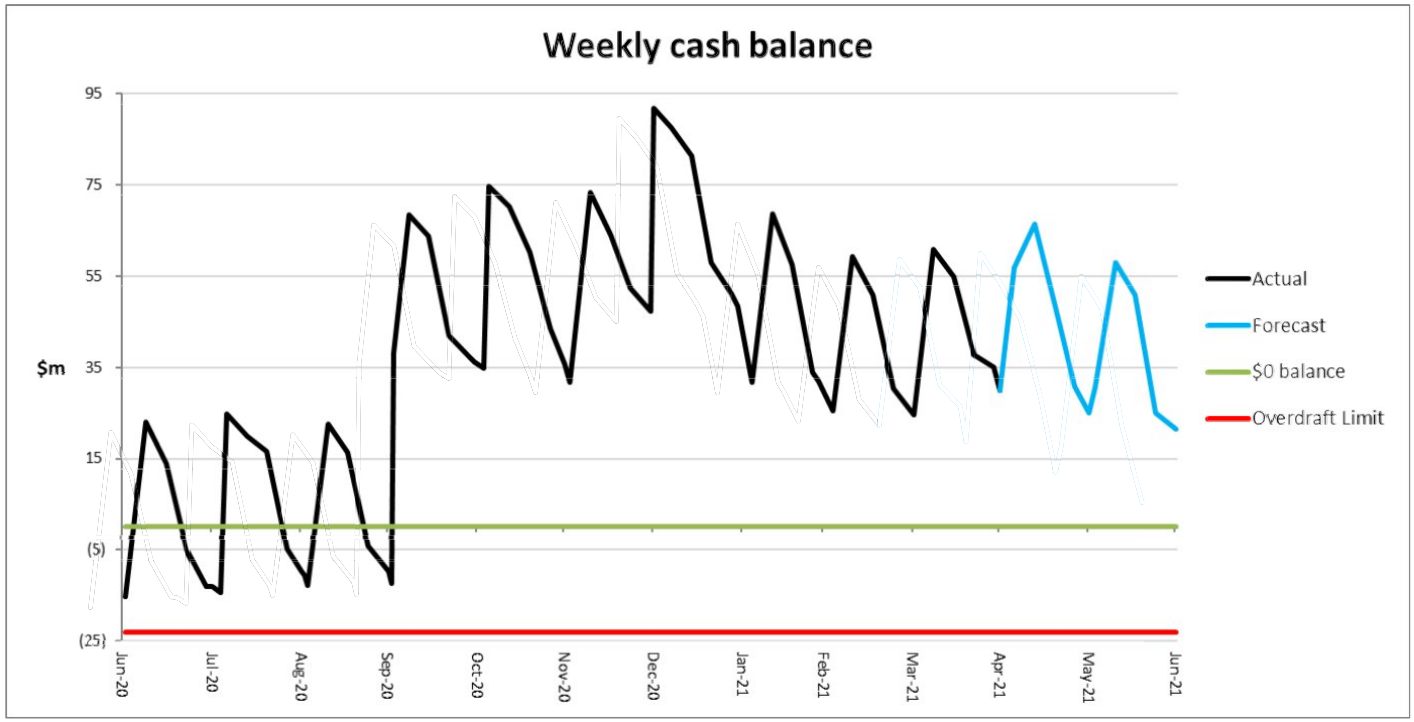
$000s	Actual	Budget	Variance	Jun 20	Variance	Explanation of Variances Between Actual and Budget
Assets						
Current Assets						
Bank	29,972	(4,194)	34,165	(10,986)	40,958	Average bank balance in Apr-21 was $51.2m ($35m equity injection received Oct-20)
Bank - Non DHB Funds *	7,273	4,927	2,346	4,927	2,346	
Accounts Receivable & Accrued Revenue	25,489	27,577	(2,088)	27,577	(2,088)	
Stock	2,146	2,200	(54)	2,199	(53)	
Prepayments	1,170	815	354	815	354	
Total Current Assets	**66,049**	**31,326**	**34,724**	**24,532**	**41,517**	
Fixed Assets						
Fixed Assets	223,561	263,159	(39,597)	229,790	(6,229)	
Work in Progress	14,616	11,001	3,614	14,001	614	
Total Fixed Assets	**238,177**	**274,160**	**(35,983)**	**243,791**	**(5,615)**	
Investments						
Investments in Associates	1,150	1,150	0	1,150	0	
Trust Funds Invested	1,339	1,347	(8)	1,347	(8)	
Total Investments	**2,489**	**2,497**	**(8)**	**2,497**	**(8)**	
Total Assets	**306,715**	**307,982**	**(1,267)**	**270,820**	**35,895**	
Liabilities						
Current Liabilities						
Accounts Payable and Accruals	76,268	62,564	(13,704)	73,615	(2,653)	Includes Holidays Act Provision of $29.8m
Crown Loans and Other Loans	7	42	35	42	35	
Capital Charge Payable	3,201	0	(3,201)	0	(3,201)	
Current Employee Provisions	28,278	26,018	(2,260)	26,518	(1,760)	
Total Current Liabilities	**107,754**	**88,624**	**(19,130)**	**100,175**	**(7,579)**	
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	7,273	4,927	(2,346)	4,927	(2,346)	
Trust Funds	1,228	1,347	119	1,347	119	
Total Non Current Liabilities	**17,651**	**15,426**	**(2,225)**	**15,424**	**(2,227)**	
Total Liabilities	**125,405**	**104,049**	**(21,356)**	**115,598**	**(9,807)**	
Net Assets	**181,310**	**203,933**	**(22,623)**	**155,222**	**26,088**	
Equity						
Crown Equity	158,916	181,123	(22,207)	123,916	35,000	Equity Deficit Support injection received $35m
Revaluation Reserve	146,289	146,289	0	146,289	0	
Opening Retained Earnings	(114,982)	(114,982)	(0)	(76,199)	(38,784)	
Net Surplus / (Deficit)	(8,912)	(8,496)	(416)	(38,784)	29,872	
Total Equity	**181,310**	**203,933**	**(22,623)**	**155,222**	**26,088**	

* NHMG - National Haemophilia Management Group

Statement of Cash Flows to 30 April 2021

$000s	Jul Actual	Aug Actual	Sep Actual	Oct Actual	Nov Actual	Dec Actual	Jan Actual	Feb Actual	Mar Actual	Apr Actual	May Forecast	Jun Forecast
Operating Activities												
Government & Crown Agency Revenue	41,434	42,012	44,384	42,820	40,032	89,077	(1,303)	40,009	43,917	44,747	42,030	42,086
Receipts from Other DHBs (Including IDF)	9,112	10,490	8,932	18,597	8,010	13,752	6,345	9,493	10,593	10,646	10,214	10,130
Receipts from Other Government Sources	721	778	753	770	863	669	501	579	880	608	638	750
Other Revenue	1,833	1,581	(2,392)	1,408	(60)	(202)	3,478	63	(4,494)	1,709	180	180
Total Receipts	**53,100**	**54,861**	**51,678**	**63,595**	**48,845**	**103,296**	**9,021**	**50,144**	**50,897**	**57,711**	**53,062**	**53,145**
Payments for Personnel	(21,092)	(16,745)	(18,276)	(19,398)	(17,779)	(20,161)	(18,805)	(18,034)	(20,320)	(18,855)	(18,953)	(19,744)
Payments for Supplies (Excluding Capital Expenditure)	(4,686)	(5,368)	(4,330)	(4,464)	(3,394)	1,140	(6,009)	(12,721)	(10,312)	(2,523)	(5,979)	(6,108)
Capital Charge Paid	0	0	0	0	0	0	0	(3,868)	0	0	0	(3,868)
GST Movement	(710)	75	230	1,030	(1,535)	1,310	2,098	(4,899)	1,241	507	(2,500)	3,350
Payment to Own DHB Provider	0	(0)	(0)	(0)	120	30	30	(180)	(0)	(0)	0	(0)
Payment to Own DHB Governance & Funding Admin	0	0	0	0	(120)	(30)	(30)	180	0	0	(0)	0
Payments to Other DHBs (Including IDF)	(9,106)	(8,637)	(8,548)	(10,119)	(9,151)	(9,151)	(9,222)	(9,137)	(9,151)	(9,244)	(8,439)	(9,156)
Payments to Providers	(18,833)	(19,317)	(19,860)	(19,353)	(16,794)	(19,316)	(19,336)	(17,311)	(19,101)	(21,389)	(19,076)	(18,798)
Total Payments	**(54,427)**	**(49,991)**	**(50,784)**	**(52,305)**	**(48,652)**	**(46,177)**	**(51,274)**	**(65,970)**	**(57,642)**	**(51,504)**	**(54,947)**	**(54,324)**
Net Cashflow from Operating Activities	**(1,327)**	**4,871**	**894**	**11,290**	**193**	**57,119**	**(42,253)**	**(15,826)**	**(6,745)**	**6,206**	**(1,885)**	**(1,179)**
Investing Activities												
Interest Receipts	0	0	0	28	35	39	44	27	26	29	21	21
Dividends	0	0	0	0	0	0	0	0	0	0	4	4
Total Receipts	**0**	**0**	**0**	**28**	**35**	**39**	**44**	**27**	**26**	**29**	**25**	**25**
Capital Expenditure	(913)	(1,399)	(964)	(512)	(595)	(1,028)	(1,226)	(567)	(604)	(870)	(2,472)	(3,273)
Increase in Investments and Restricted & Trust Funds Assets	99	57	13	(58)	(15)	(48)	17	(8)	(11)	(38)	0	0
Total Payments	**(814)**	**(1,343)**	**(951)**	**(571)**	**(610)**	**(1,076)**	**(1,208)**	**(575)**	**(616)**	**(907)**	**(2,472)**	**(3,273)**
Net Cashflow from Investing Activities	**(814)**	**(1,343)**	**(951)**	**(542)**	**(575)**	**(1,038)**	**(1,164)**	**(548)**	**(590)**	**(878)**	**(2,447)**	**(3,248)**
Financing Activities												
Equity Injections - Deficit Support	0	0	0	35,000	0	0	0	0	0	0	0	0
Total Receipts	**0**	**0**	**0**	**35,000**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Interest Paid on Finance Leases	(9)	(5)	(3)	(3)	(0)	(3)	(0)	0	(0)	0	(5)	(5)
Total Payments	**(9)**	**(5)**	**(3)**	**(3)**	**(0)**	**(3)**	**(0)**	**0**	**(0)**	**0**	**(5)**	**(5)**
Net Cashflow from Financing Activities	**(9)**	**(5)**	**(3)**	**34,997**	**(0)**	**(3)**	**(0)**	**0**	**(0)**	**0**	**(5)**	**(5)**
Total Cash In	53,100	54,861	51,678	98,624	48,880	103,335	9,065	50,171	50,923	57,740	53,087	53,170
Total Cash Out	(55,250)	(51,338)	(51,738)	(52,878)	(49,262)	(47,256)	(52,482)	(66,544)	(58,258)	(52,412)	(57,424)	(57,602)
Net Cashflow												
Opening Cash	(10,986)	(13,136)	(9,613)	(9,673)	36,073	35,691	91,770	48,352	31,979	24,644	29,972	25,635
Net Cash Movements	(2,150)	3,523	(60)	45,746	(382)	56,079	(43,417)	(16,374)	(7,335)	5,328	(4,337)	(4,432)
Closing Cash	**(13,136)**	**(9,613)**	**(9,673)**	**36,073**	**35,691**	**91,770**	**48,352**	**31,979**	**24,644**	**29,972**	**25,635**	**21,203**

Weekly Cash Flow – Actual to 30 April 2021



Note

- the overdraft facility shown in red is set at $23 million as at April 2021
- the lowest bank balance for the month of April was $30.0m

Summary of Leases – as at 30 April 2021

		Original Cost	Monthly Amount	Annual Amount	Total Lease Cost	Start Date	End Date	Lease type
Rental Property Leases	**Occupants**							
Wainuiomata Health Centre	District Nurses (*Lease renewal currently in negotiation)		1,149	13,787		1/11/2017	31/10/2020*	Operating
Public Trust House Lower Hutt	Community Mental Health		23,915	286,976		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		10,241	122,887		15/03/2015	14/03/2025	Operating
Criterion Lane, Lagan Building, Upper Hutt	Physiotherapy & Counselling		2,573	30,879		5/01/2021	31/12/2023	Operating
Criterion Lane, Lagan Building, Upper Hutt	Midwives		575	6,897		16/06/2020	16/05/2023	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
			54,651	**655,796**				
Car Park Leases								
CBD Towers Upper Hutt			542	6,500		8/06/2015	7/06/2021	Operating
			542	**6,500**				
Motor Vehicle Leases								
Motor Vehicle Lease plus Management Fees (120 Vehicles)			36,215	434,575		Ongoing	Ongoing	Operating
Custom Fleet (Nissan Leaf electrical vehicle)			579	6,948		1/10/2020	1/06/2024	Operating
			36,794	**441,523**				
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		7,315	87,782	153,618	28/09/2020	28/06/2022	Operating
1 x Ultrasound Epiq (Equigroup)	Philips NZ Commercial Ltd		1,761	21,129	40,498	28/09/2020	28/08/2022	Operating
CT Scanner 128 Slice (Equigroup)	Toshiba Medical Systems		24,976	299,711	499,518	28/09/2020	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
Philips Digital Diagnost C90 (ED)	De Lage Landen (paid monthly in arrears)		6,177	74,118	370,592	30/09/2020	30/09/2025	Operating
Philips Digital Diagnost C90 (Resus)	De Lage Landen (paid monthly in arrears)		3,877	46,520	232,601	31/08/2020	31/08/2025	Operating
Logiq E10 4D Ultrasound (Equigroup)	GE Healthcare Ltd		3,649	43,794	218,969	28/01/2021	28/01/2026	Operating
		293,188	**109,901**	**1,318,834**	**5,377,512**			
Total Leases			**201,887**	**2,422,653**				

Treasury as at 30 April 2021

1) Short term funds / investment ($000)

NZHP banking activities for the month	Current month ($000)	Last month ($000)
Average balance for the month	$51,234	$44,684
Lowest balance for the month	$29,967	$24,634
Average interest rate	0.69%	0.68%
Net interest earned/(charged) for the month	$29	$26

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	2
Total value of transactions	$2,740 NZD
Largest transaction	$2,442 NZD

	No. of transactions	Equivalent NZD
AUD	1	$298
GBP	1	$2,442
SGD		
USD		
Total	**2**	$2,740

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	$8,905	$351	$3,763	$1,530	$283	$272	$39	$2,666
Accident Compensation Corporation	$773	$518	($53)	($34)	$1	$64	$24	$255
Wairarapa District Health Board	$469	$112	$0	$133	$0	$0	($2)	$226
Ministry of Health	$464	$291	$37	$8	$133	$0	$18	($22)
Auckland District Health Board	$82	$68	$0	$26	$0	$7	($20)	$0
ESR Limited	$63	$63	$0	$0	$0	$0	$0	$0
Non Resident	$54	$0	$0	$0	$0	$0	$0	$54
Non Resident	$50	$0	$1	$49	$0	$0	$0	$0
Wellington Southern Community Laboratories	$43	$0	$0	$0	$0	$0	($0)	$43
Non Resident	$40	$0	$0	$0	$8	$0	$0	$33
Total Top 10 Debtors	**$10,943**	**$1,404**	**$3,747**	**$1,712**	**$424**	**$343**	**$59**	**$3,254**

Concurrent Board Information

7 July 2021

April 2021 Financial and Operational Performance Report – Capital & Coast DHB

Action Required

Both Boards note:

(a) The DHB had a ($6.6m) deficit for the month of April 2021, being $306k favourable to budget before excluding COVID-19 and Holidays Act [2003]

(b) The DHB year to date had a deficit of ($41.7m), being ($11.1m) unfavourable to budget before excluding COVID-19 and Holidays Act [2003]

(c) In the ten months we have incurred $13.1m additional net expenditure for COVID-19 and $6.8m against provision for Holidays Act [2003]

(d) This means that the DHB has an overall YTD deficit of ($21.8m) from normal operations (excluding COVID-19 and Holidays Act) being $8.9m favourable to our underlying budget.

Strategic Alignment	Financial Sustainability
Authors	2DHB Chief Financial Officer - Rosalie Percival 2DHB Director of Provider Services - Joy Farley Director Strategy Planning & Performance - Rachel Haggerty
Endorsed by	Chief Executive, Fionnagh Dougan
Purpose	To update the Board and FRAC in relation to the financial performance and delivery 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 ten months to 30 April 2021 is $21.8m deficit, versus a budget deficit of $30.7m.

Additional net COVID related expenditure above funding, year to date is $13.1m.

The monthly provision for increasing Holidays Act liability is $721k and year to date the impact on the result is $6.8m

For the ten months to 30 April 2021 the overall DHB year to date result, including COVID and Holidays Act costs is $41.7m 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 Cash Flow Expenditure was $50 million year to date.

We had a negative cash Balance at month-end of $35.1 million offset by positive "Special Funds" of $13.3 million, net negative cash balance of $21.8 million. 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.

Our winter planning is well underway to manage through the winter months. We continue with two projects to increase capacity through our front door and inpatient services in a more sustainable way. Front of Whare and 2D Bed & Theatre Capacity are projects to identify and deliver solutions for implementation over the coming two years. Importantly, changes that can be made now, will be. These projects aim to increase capacity in the short term, while we continue to work on our medium-long term plan and Hospital Network configuration.

CCDHB is currently achieving caseweights and minor procedure volumes but not surgical discharge volumes with significant number of patients waiting longer than four months for surgical treatment. Balanced against this is that there is significantly more activity than planned for this financial year and most of it is acute. The majority of the acute activity is surgical and this is impacting elective surgery provision. This is however slow but steady progress on addressing wail times for patient waiting for assessment.

Our bowel screening programme – already in place in the Hutt Valley and Wairarapa – started in Wellington this month, with the first invitations expected to receive some people this month. Over the next two years, around 45,000 people across the district will be invited for screening around their birthday. Staff have worked very hard to implement this and it presents a major step forward in detecting this disease.

Recruitment of anaesthetists to our current vacancies another key limiting factor, making limited progress. We continue to recruit to cover both fixed term and permanent positions.

Our Maternity Units across the region continue to struggle with midwifery vacancies and high occupancies - we are continually refining and reviewing processes to manage demand during busy periods and continue to work closely with our staff and union partners on workforce planning within the national frameworks.

The provider arm remains within budget YTD outside two extraordinary items (additional costs during COVID-19 and Holidays Act Provisions) not included within the budget. Targeted efficiency measures are in place however the pressure of clinical service demands and FTE management especially around annual leave continues 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 173 FTE above our annual budget (however note lead DHB roles).
Financial	The YTD result for the DHB was ($21.8m) deficit from normal operations, against our DHB budget of ($30.7m). An additional ($13.1m) was spend on unfunded COVID-19 costs split between the provider and funder arm, and ($6.8m) was recognised for Holidays Act provisions.
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	Rosalie Percival, Chief Financial Officer	Currently on track but will be impacted by current events	Major (but no payment impacts)	Major (no operational impacts)

Attachment/s

3.1.1 Capital & Coast DHB April 2021 Financial and Operational Performance Report

Capital & Coast District Health Board

Monthly Financial and Operational Performance Report

For the period ending 30 April 2021

Presented in May 2021

Capital & Coast District Health Board
ŌPOKO KI TE URU HAUORA

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Section 1

Financial and 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 ten months to 30 April 2021 is $21.8m deficit, versus a budget deficit of $30.7m.

- Additional net COVID related expenditure above funding, year to date is $13.1m.

- The monthly provision for increasing Holidays Act liability is $721k and year to date the impact on the result is $6.8m

- For the ten months to 30 April 2021 the overall DHB year to date result, including COVID and Holidays Act costs is $41.7m deficit.

- The DHB has submitted an Annual baseline budget of $39.8 million deficit, with a two year path to breakeven and the Annual Plan for 2020/21 has now been signed.

- Capital Expenditure including equity funded capital projects was $51m year to date.

- We had a negative cash Balance at month-end of $35.2 million offset by positive "Special Funds" of $13.3 million (net $21.9 million). It should be noted that there is a significant amount of the COVID response that remains unfunded by the crown at this time and this has a cash impact on the DHB. Overall the DHB cash balance is better than was budgeted for this point in time however the equity injection of $39.8m signalled in the 2021/22 Annual Plan will be requested for the last quarter of the year.

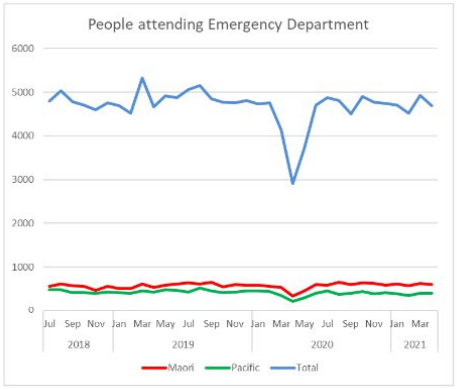
Executive Summary continued

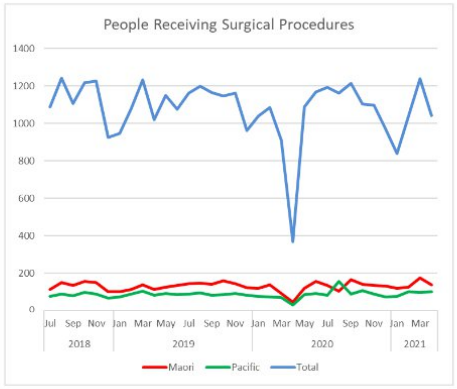
- We know that every year the pressure on our emergency department increases with the number of people presenting, their acuity and the delays to access for inpatient care. Over winter this peaks and so each year we create winter bed plans to increase capacity by using every available space over the winter months. We are now planning for this 365 days of the year. This plan is in development with the first draft due late April.
- We continue with two projects to increase capacity in a more sustainable way. Front of Whare and 2D Bed & Theatre Capacity are projects to identify and deliver solutions for implementation over the coming two years. Importantly, changes that can be made now, will be. These projects aim to increase capacity in the short term, while we continue to work on our medium-long term plan and Hospital Network configuration.
- The increase in acute discharges both IDF and non IDF and elective discharges is having some impact on planned care patient flow. Both in-house elective surgical discharges and outsourced delivery are adverse to plan, the latter due to private capacity. The number of patients waiting beyond 120 days for treatment remains static; total planned care results at March month end are unfavourable to the tune of 44 discharges cf plan of 968, YTD unfavourable (711) to our planned target of 8,115.. Our focus remains on scheduling our longest waiting patients in all specialities, and ensuring our theatre sessions are fully utilised.
- Our Maternity Units across the region continue to struggle with midwifery vacancies and high occupancies - we are continually refining and reviewing processes to manage demand during busy periods and continue to work closely with our staff and union partners on workforce planning within the national frameworks.
- The provider arm remains within budget YTD outside two extraordinary items (additional costs during COVID-19 and Holidays Act Provisions) not included within the budget. Targeted efficiency measures are in place however the pressure of clinical service demands and FTE management especially around annual leave continues 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.

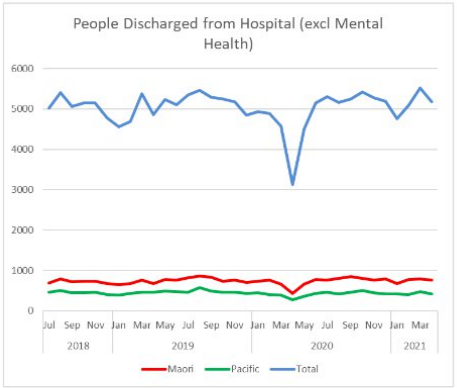
Performance Overview: Activity Context (People Served)

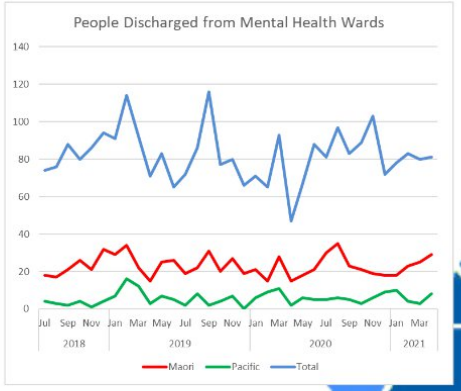
CCDHB funds services that touch thousands of people in our community every month. Unless otherwise indicated, the numbers below count individuals once and are based on CCDHB being the DHB of Service. Our services have returned to delivering services to our population without the restrictions due to COVID-19.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

People attending ED	**4,688**	599 Maori, 407 Pacific
People receiving Surgical Procedures (in main theatres)	**1,044**	136 Maori, 100 Pacific
People discharged from Kenepuru Community Hospital or Wellington Regional Hospital (excl Mental Health)	**5,182**	763 Maori, 425 Pacific
People discharged from Mental Health Wards	**81**	29 Maori, 8 Pacific



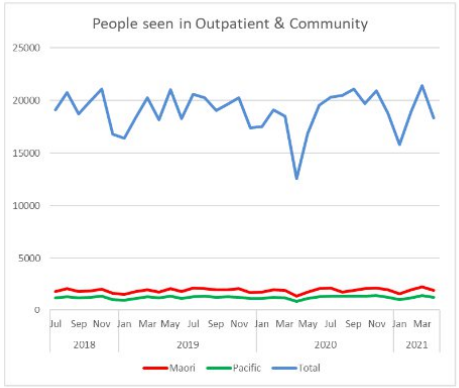


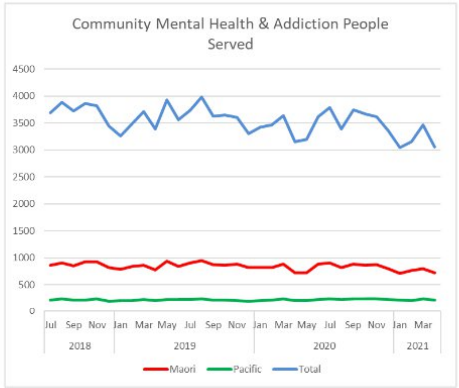


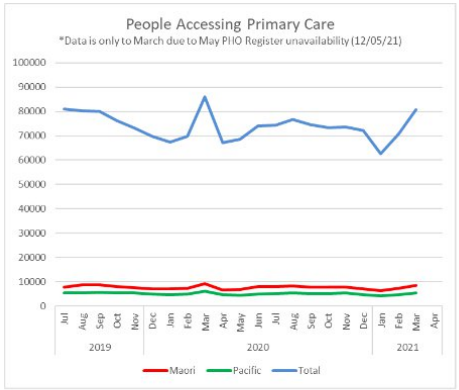


Performance Overview: Activity Context (People Served)

People seen in Outpatient & Community	**18,333**	1,948 Maori, 1,290 Pacific
Community Mental Health & Addiction People Served	**3,052**	726 Maori, 221 Pacific
People accessing primary care	**80,834 (Mar)**	8,423 Maori, 5,411 Pacific (Mar)
People in Aged Residential Care	**1,921**	77 Maori, 62 Pacific







Financial Overview – April 2021

YTD Operating Position	YTD Provider Position	YTD Funder Position	YTD Capital Exp
$41.7m deficit Incl. $13.1m COVID-19 costs Incl. $6.8m Holidays Act	$51.2m deficit Incl. $13.1m COVID-19 costs Incl. $6.8m Holidays Act	$8.7m surplus Incl. $16.5m COVID-19 costs	$50.1m spend Incl. $28.1m strategic capex
Against a budgeted YTD deficit of $30.7m. BAU Month result was $306k Favourable. YTD $8.9m Favourable BAU variance.	Against a budgeted deficit of $39.6m. BAU Month result was $3.9m Favourable. BAU YTD $8.4m favourable variance.	Against a budgeted Surplus of $9m. BAU Month result was $1.4m Favourable result. YTD $265k unfavourable BAU variance.	Against a KPI of a budgeted baseline (non-strategic) spend of $55.1m. Strategic incorporates funded project such as Children's Hospital

YTD Activity vs Plan (CWDs)	YTD Paid FTE	Annual Leave Taken
0.99% ahead[1]	5,622[3]	($8.8m) annualised[4]
586 CWDs ahead PVS plan (-251 IDF CWDs , but 201 Hutt ahead). Month result -202 CWDs excluding work in progress.	YTD 173 above annual budget of 5,449 FTE (budget excludes lead DHB). There is 605 FTE vacancies at end March inclusive of lead DHB transfers.	Underlying YTD annual leave taken is under by 3.1 days per FTE and Lieu leave taken for public holidays is short by 3.1 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 2132 cwd outsourced (1055 events) ~$10.7m 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 10FTE worse than budgeted growth, Outsourced staff are also not counted in this metric which is currently $6.5m 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 – April 2021

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

ED (SSIED) 6 Hour rule	ESPI 5 Long Waits	Specialist Outpatient Long Waits	Serious Safety Events[2]
63.3%	524	244**	5
33.4% below the ED target of 95% Monthly -3.0%	Against a target of zero long waits a monthly movement of -6	Against a target of zero long waits, a monthly movement of -20 .**internal figures	An expectation is for nil SSEs at any point.

YTD Activity vs Plan (CWDs)	YTD Paid FTE	YTD Cost per WEIS
0.99% ahead[1]	3,673[3]	$5,953*
586 CWDs ahead PVS plan (-251 IDF CWDs , but 201 Hutt ahead). Month result -202 CWDs excluding work in progress.	YTD 2 below annual budget of 3,675 FTE. 276 FTE vacancies at month end.	Against a national case-weight price per WEIS of $5,545 (7% above).*to Mar 2021

[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 2123 cwd outsourced (1055 events) ~$10.7m 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 12 FTE worse than budgeted, Outsourced staff are also not counted in this metric which is currently $1.3m 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 YTD unfavourable variance of ($0.3m). Revenue is $16.7m ahead of budget most of which is mainly due to CCDHB having additional COVID accrued revenue of $18m. This includes additional revenue for Pharmaceuticals to offset the effect of COVID in the unstable international market. Offsetting COVID costs are ($15m). Recovery of all costs remains the subject of negotiations with MoH seeking a full cost recovery. The ongoing demand for managed isolation facilities, and community surveillance will continue. Vaccination rollout started in March 2021. A funding recovery model has been received from MoH and the DHBs are working with the PHOs, Pharmacies and Aged Care Facilities to rollout the programme.
- An revenue amount of ($3.3m) was held back and not paid to the Provider Arm due to under achievement of the IDF targets at YTD Apr 2021. Reduced revenue of ($3.3m) from the Ministry for capital charge costs offsets a reduced cost in the Provider Arm.
- Funding for community services are ($8.1m) unfavourable with Pharmaceuticals being ($7.5m) over budget. Of this overspend ($4.5m) is an unplanned budget saving that will not be achieved. The year end position will reflect the impact of COVID related costs. Age residential care reflects 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.
- There remains risk in the loss of inter-district flow revenue, planned care for the provider arm and pharmaceutical costs in a post-covid environment. All of these elements are being closely managed.
- The COVID Vaccine programme is progressing well and in line with MoH targets. There is a strong focus on equity for Māori and for our Pacific and Disability communities. We are preparing for the significant increase in planned activity from July.
- 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:
  - To reduce ASH rates we have trialed after-hour GP video consults, expanding school-based health services in pre-schools and reviewing relevant respiratory health pathways.
  - Our vaccine decline insights work has commenced. Mokopuna Solutions is exploring the thoughts, feelings and beliefs of our Māori and Pacific whānau towards childhood immunisations. The report is due in June.
  - The Diabetes Clinical Network have identified opportunities to reconfigure Network membership and apply and equity lens to work going forward to implement Quality Standards of Diabetes Care 2020
  - There are a range of Pacific providers working collaboratively to address inequities and the level of high unmet needs in Pacific communities; focused on supporting Pacific families with complex health and social needs to access primary health care services.
  - CCDHB has chosen to focus our $4.2 million service delivery funding in areas of greatest need, and are focused on areas of increasing demand, inequities and historical performance.
  - The 2DHBs are focusing on a bed and theatre capacity project to ensure access to planned care is maintained in 2021 and beyond.

Funder Financial Statement of Performance

Month			Variance		Capital & Coast DHB Funder Result - $000 Apr 2021	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	728,850	728,850	681,381	0	47,469
5,045	4,665	6,199	380	(1,154)	Other MOH Revenue - Funder	50,760	46,649	56,713	4,111	(5,952)
2,173	0	0	2,173	2,173	COVID Revenue from MOH	14,286	0	0	14,286	14,286
81	45	72	35	9	Other Revenue	1,297	453	716	844	581
3,119	2,936	2,743	184	376	IDF Inflows PHOs	30,192	29,359	28,119	834	2,074
17,562	18,517	16,489	(955)	1,073	IDF Inflows 20/21 Wash-up Prov	181,817	185,165	169,790	(3,348)	12,027
100,864	**99,048**	**93,640**	**1,817**	**7,224**	**Total Revenue**	**1,007,203**	**990,476**	**936,718**	**16,727**	**70,485**
					Internal Provider Payments					
824	824	958	0	134	DHB Governance & Administration	8,236	8,236	9,581	0	1,345
46,277	49,782	47,553	3,505	1,275	DHB Provider Arm Internal Costs - HHS	525,947	528,604	477,068	2,657	(48,879)
7,767	7,752	8,836	(16)	1,069	DHB Provider Arm Internal Costs - MH	77,675	77,516	87,611	(159)	9,936
1,858	1,942	2,118	84	260	DHB Provider Arm Internal costs - Corp	10,161	13,688	17,928	3,527	7,767
2,850	0	0	(2,850)	(2,850)	DHB Provider Arm Internal costs - COVID	2,850	0	0	(2,850)	(2,850)
59,576	**60,299**	**59,465**	**723**	**(111)**	**Total Internal Provider**	**624,869**	**628,044**	**592,187**	**3,175**	**(32,682)**
					External Provider Payments:					
6,215	5,703	5,698	(512)	(516)	- Pharmaceuticals	64,608	57,028	59,533	(7,580)	(5,075)
6,732	6,645	6,451	(87)	(281)	- Capitation	67,030	66,452	63,978	(578)	(3,052)
7,257	7,354	7,077	97	(181)	- Aged Care and Health of Older Persons	72,039	73,544	69,989	1,506	(2,050)
2,947	2,862	2,566	(85)	(382)	- Mental Health	29,675	28,620	25,210	(1,055)	(4,466)
892	807	710	(85)	(182)	- Child, Youth, Families	8,530	8,071	7,083	(459)	(1,446)
746	945	713	199	(33)	- Demand driven Primary Services	5,680	6,553	6,431	873	752
2,271	2,356	2,089	85	(182)	- Other services	23,864	23,564	22,560	(300)	(1,304)
3,727	3,725	3,456	(1)	(271)	- IDF Outflows Patients to other DHBs	37,267	37,253	34,978	(13)	(2,288)
5,284	5,240	4,944	(44)	(341)	- IDF Outflows Other	52,885	52,400	49,695	(484)	(3,190)
36,072	**35,638**	**33,704**	**(434)**	**(2,368)**	**Total External Providers**	**361,576**	**353,486**	**339,456**	**(8,090)**	**(22,120)**
748	0	914	(748)	166	- COVID in Community PHO, Pharms, ARC	12,076	0	3,921	(12,076)	(8,155)
96,396	**95,937**	**94,083**	**(458)**	**(2,479)**	**Total Expenditure**	**998,521**	**981,530**	**935,564**	**(16,991)**	**(62,957)**
4,469	**3,110**	**(443)**	**1,358**	**4,911**	**Net Result**	**8,682**	**8,946**	**1,154**	**(264)**	**7,528**

Funder Financials – Variance Explanations

Revenue

SPP Funder Revenue Variances	Mth $000's	YTD $000's
COVID-19 Community funding	660	11,797
COVID-19 Pharmaceuticals	347	3,465
COVID-19 MIQ and Vaccine rollout	565	2,849
PHOs volume change funding	277	1,637
Mental Health, Aged Care, Family CFAs	1,279	3,626
CWD IDF 2020/21 below target	(955)	(3,348)
Capital Charge reduced funding	(356)	(3,299)
Year to Date Revenue Variances	**1,817**	**16,727**

External Revenue Variances

- COVID-19 actual funding and accrued provision of $18.1m YTD in support of GP assessment testing, pharmaceutical costs, vaccine rollout, quarantine hotel staffing & response funding for Maori and Pacific groups. Cost offsets currently exceed paid funding. Ongoing discussions with the Ministry indicate that the DHB will be fully funded for all COVID community, MIQ and Vaccine rollout costs.
- PHO additional wash-ups and volume funding of $1.6m. There are increased costs of ($1.2m) offsetting this revenue. New funding for Mental Health and Child & Youth services of $3.6m has been contracted to NGO Providers.

Internal Revenue Variances

- Provision for 20/21 IDF wash up revenue is down by ($3.3m) due to Provider Arm not achieving the targets set. The ministry reduced the capital charge funding due to a reduction in the interest rate charged. YTD reduction is ($3.3m).

Payments to Internal and External Providers

SPP Funder Payment Variances	Mth $000's	YTD $000's
COVID-19 Community funding	(748)	(12,076)
Pharms increased volumes incl COVID	(65)	(3,111)
Pharms savings not achieved	(447)	(4,469)
COVID-19 MIQ & Vaccine HHS	(565)	(2,849)
PHOs volume variances offset	(180)	(1,253)
Other Community NGOs	235	120
Provider PVS below target	955	3,348
Capital Charge reduced funding	356	3,299
Year to Date Payment Variances	**(458)**	**(16,991)**

External Provider Payments:

- Community, MIQ and Vaccine rollout COVID-19 response costs ($15m) mainly due to ongoing GP test assessment claims in support of the COVID-19 response as directed by the Ministry.
- Pharmaceuticals costs have been impacted by COVID-19 with increasing costs unfavourable to budget by ($3.1m). The DHB has received additional COVID funding which offsets this cost pressure. The DHB had budgeted for pharmaceutical savings in 2020/21 pre COVID. Budgeted YTD savings of ($4.5m) have not been achieved.
- PHO Capitation expenses are ($1.2m) unfavourable. Additional costs due to volume changes are offset by additional revenue. Effect is expected to be neutral at year end.
- Other Community NGO contracts have a net YTD variance of $120k. New funded NGO contracts offset lower volume trends due to COVID in NGO contracted services such as immunisations and aged care costs.

Internal Provider Payments:

- An amount of $3.3m, was not paid to the Provider Arm due to under achievement of targets at YTD Apr 2021. Reduced capital charge funding of $3.3m as per the Ministry has been passed through to Provider.

Inter District Flows (IDF)

IDF Inflow Categories	YTD April 2021
Inpatient CWD	(1,396)
Outpatient Non DRG	(456)
PCT Pharms	(1,436)
PHO Volume changes	741
Other IDF Inflows	34
Total per Financials	**(2,514)**

Inter District Revenue Inflows

We have recognised changes in IDF inflows which has resulted in an unfavourable variance of ($2.5m) YTD, a ($800k) increase to last month. Breakdown of the variance commented below:

- Inpatient Case weight IDF inflows are unfavourable by ($1.4k) which is driven by lower elective IDF flows.
- The majority of the lower IDF inflows (actuals) are caused by planed care inpatient lower volumes:
  - Acute: ($590k): Cardiology ($1.5m), followed by Gen Med ($719k), Neurosurgery ($748k) and Oncology ($706k) Offset by Cardiothoracic $920k (with significant outsource earlier in the year), NICU $1.4m, Neurology $1.1m
  - Planned Care: ($806); Vascular $913k, followed by Cardiology $741k & Paediatric $486k offset by Cardiothoracic ($2m), Orthopaedic ($512k) & General Surgery ($327k)
- Outpatient Non DRG inflow relates to all IDF patient visits that do not require a overnight stay
- PCT Pharms under target inflow is offset by a equivalent reduction in Pharmaceutical expenditure causing a nil impact on the bottom line
- PHO Volume change inflows relates to a increase in PHO enrolments through a quarterly wash-up by the Ministry

Note: negative is CCDHB not delivering services to other DHBs therefore unfavourable from both a patient treatment and P&L perspective

Commissioning: Families & Wellbeing

What is this measure?

- Decrease in the ambulatory sensitive hospitalisation rate (0-4 years)
- 95% of children fully immunised at 5 years
- 90% of children have their B4SC completed

Why is this important?

- Ambulatory sensitive hospitalisations (ASH) are hospitalisations that could have been avoided through preventative care and coordinated care in the community and primary care setting.
- Children who receive the complete set of age-appropriate vaccinations are less likely to become ill from certain diseases.
- The B4 School Check aims to identify any health, developmental or behavioural problems that may have a negative impact on the child's ability to learn and take part at school.

How are we performing?

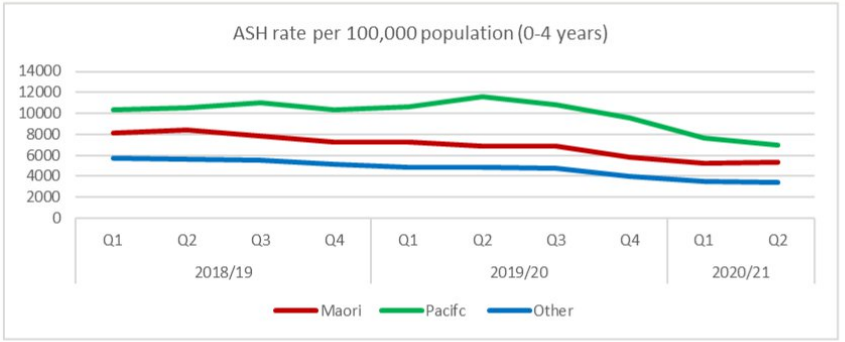
- ASH rates in 0-4 year olds have decreased across all groups since 2019/20, with the largest decrease for Pacific. However, rates for Pacific and Māori remain significantly above non-Māori, non-Pacific.
- Immunisation coverage in 5 year olds has decreased for Māori and Pacific children and coverage is now below non- Māori, non-Pacific children. The target is not met across all ethnicities.
- The B4SC programme was interrupted in 2019/20 due to COVID. We are recovering, however recovery is slower for Māori and Pacific 4 year olds. The equity gap is widening.

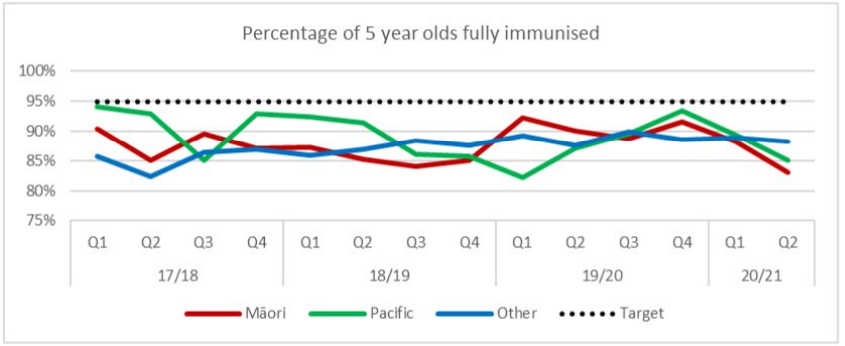
What is driving performance?

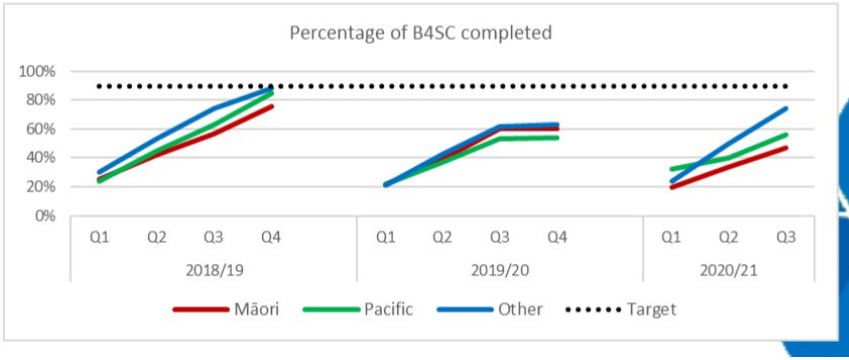
- Increases in hand hygiene and border closures have had the most significant impact on reducing ASH rates.
- The 1 October change to the schedule (which changed the two MMR doses from 12 months and 4years to 12 months and 15 months) is having a significant impact on immunisation coverage.
- Plunket subcontracts part of its service to Ora Toa PHO to meet part of the needs for Tamariki Māori.

Management comment

- To reduce ASH rates we have trialed after-hour GP video consults, expanding school-based health services in pre-schools and reviewing relevant respiratory health pathways.
- Our decline insights work has commenced. Mokopuna Solutions is exploring the thoughts, feelings and beliefs of our Māori and Pacific whānau towards childhood immunisations. The report is due in June.
- We are looking at a more cohesive and collaborative approach to the B4SC programme to ensure provision of an equitable service for Tamariki Māori.







Commissioning: Primary & Complex Care

What is this measure?

Management of Long-Term Conditions (LTC):

- 60% of people with diabetes and HbA1c ≤64mmol/mol and no inequity
- ASH admissions rate for cardiovascular conditions (45-64)
- ASH admissions rate for respiratory conditions (45-64)

Why is this important?

- LTCs comprise the major health burden for New Zealand now and into the foreseeable future, and are the leading cause of morbidity. Māori and Pacific people are disproportionately affected by LTC.
- Cardiovascular diseases (CVD) and diabetes are substantially preventable with lifestyle changes for those at moderate or higher risks, and good control of diabetes reduces long-term complications.
- People living with LTC are regarded as leading partners in their own care, and early detection and diagnosis enables treatment and management to begin as soon as possible.

How are we performing?

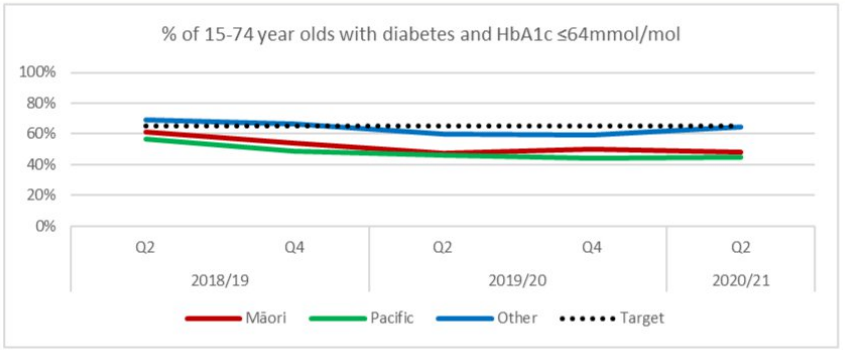
- The proportion of people with HbA1c ≤64mmol/mol has been consistently below target for Māori and Pacific 15-74 year olds, and both groups are below non-Māori, non-Pacific.
- ASH rates for cardiovascular conditions have decreased in all groups since the beginning of 2019/20, they remain significantly higher for Pacific and Māori 45-64 year olds.
- ASH rates for respiratory conditions in 45-64 year olds is significantly higher in Māori and Pacific. Rates have remained largely the same for Māori, but have decreased for Pacific .

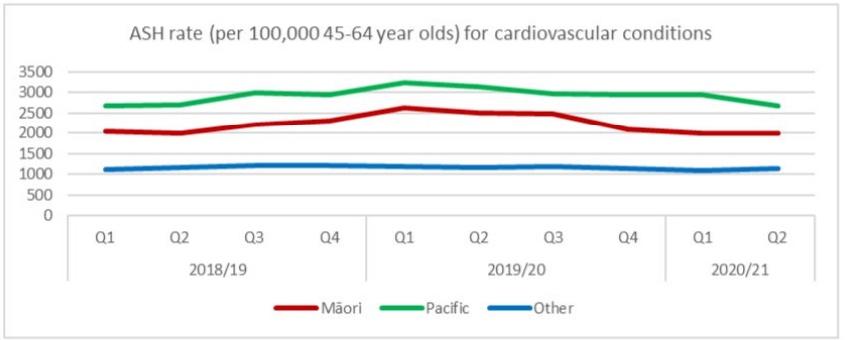
What is driving performance?

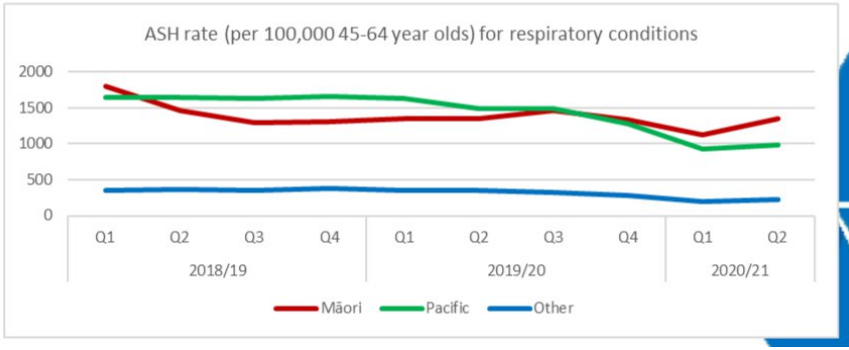
- PHOs invite eligible patients to manage their diabetes and assess their cardiovascular risk. Practice and community teams are available to provide flexible options for diabetes management and cardiovascular risk assessments. Ora Toa PHO invites Māori men (30+ years) to attend Saturday screenings
- Increases in hand hygiene and border closures have had the most significant impact on reducing ASH rates.

Management Comment

- The Diabetes Clinical Network have identified opportunities to reconfigure Network membership and apply and equity lens to work going forward to implement Quality Standards of Diabetes Care 2020
- There are a range of Pacific providers working collaboratively to address inequities and the level of high unmet needs in Pacific communities; focused on supporting Pacific families with complex health and social needs to access primary health care services.







Commissioning: Hospital & Speciality Services

	% achieved year to date
Surgical volumes	93.5%
Surgical caseweights	99.1%
Minor procedure volumes	143.8%

What is this measure?

- Planned care waiting list improvement action plan to recover waiting lists post COVID-19 level 4 lockdown in 2020. Performance against 3 measures within the $4.2 million service delivery funding are shown.

Why is this important?

- Access to planned care was disrupted during the COVID-19 level 4 lockdown in 2020. In Budget 2020 the Government made available investment for DHBs to recover waiting lists by providing additional surgery, appointments, and radiology visits. CCDHB requested to focus our $4.2million service delivery investment on the following areas which had long waiting lists as a result of or exacerbated by the lockdown:

General Surgery elective discharges	Dermatology and respiratory first specialist appointments;	Ophthalmology and respiratory follow up assessments	CT and MRI scans	Sleep apnoea assessments and intraocular injections

How are we performing?

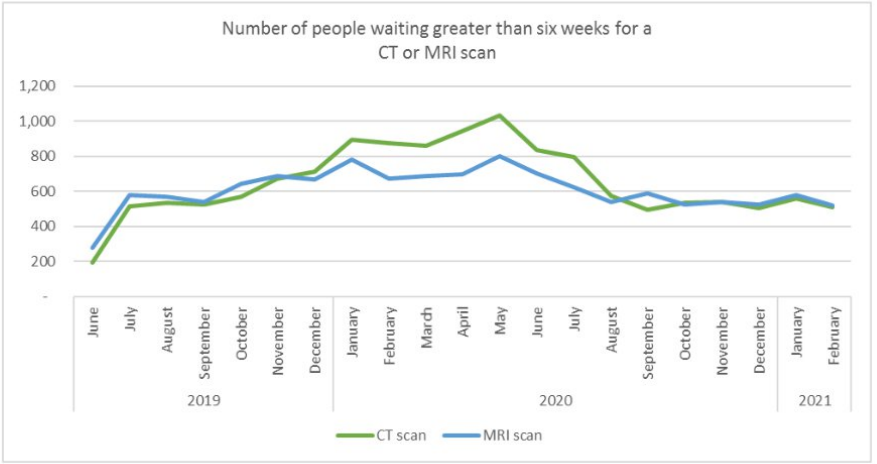
- CCDHB is currently achieving caseweights and minor procedure volumes but not surgical discharge volumes
- People waiting more than six weeks for their CT or MRI scan has decreased by 40% compared to last year.
- The majority of people waiting for an FSA now are respiratory patients
- More people are waiting longer than four months for surgical treatment than in March-April 2020.

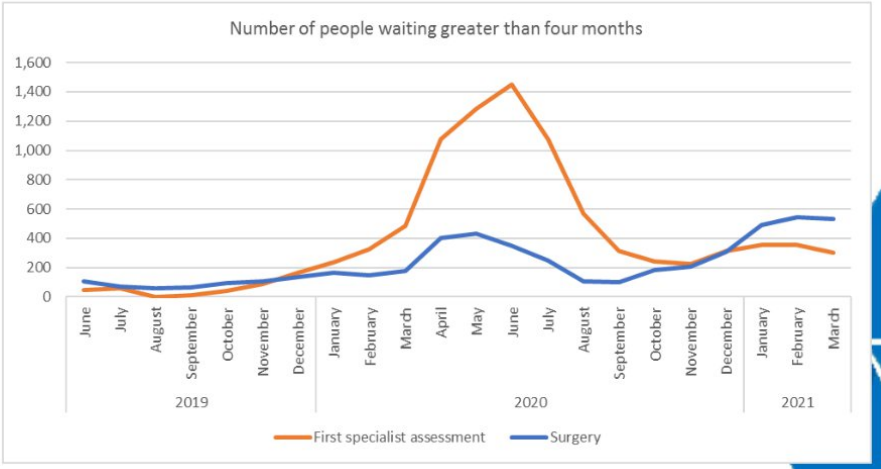
What is driving performance?

- There is significantly more activity than planned for this financial year and most of it is acute. The majority of the acute activity is surgical and this is impacting elective surgery provision.
- Kenepuru theatres are undergoing light and pendant replacement, taking one theatre out at all times until 30 June 2021. The procedure suite at Kenepuru was also unavailable earlier in the year as it was being upgraded for bowel screening to commence.
- Outsourcing of surgery to private hospital providers has been challenging since the COVID-19 lockdown and currently the DHB is 498 discharges behind plan for the year to 31 March 2021

Management comment:

- CCDHB has chosen to focus our $4.2 million service delivery funding in areas of greatest need, and are focused on areas of increasing demand, inequities and historical performance.
- The 2DHBs are focusing on a bed and theatre capacity project to ensure access to planned care is maintained in 2021 and beyond.
- Destravis has been engaged to provide options on the best use of facilities across HVDHB and CCDHB in the 2DHB Hospital Network in the medium to long term.





Commissioning: Mental Health & Addictions

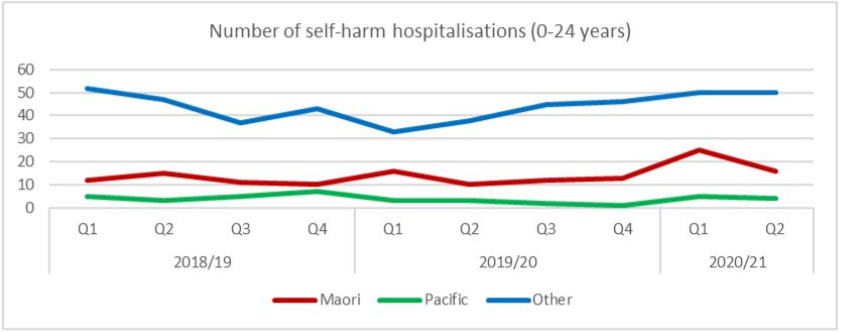
What is this measure?
- Self-harm hospitalisations (0-24 years)
- Adoption of technology-enabled services
- Referrals to Access and choice

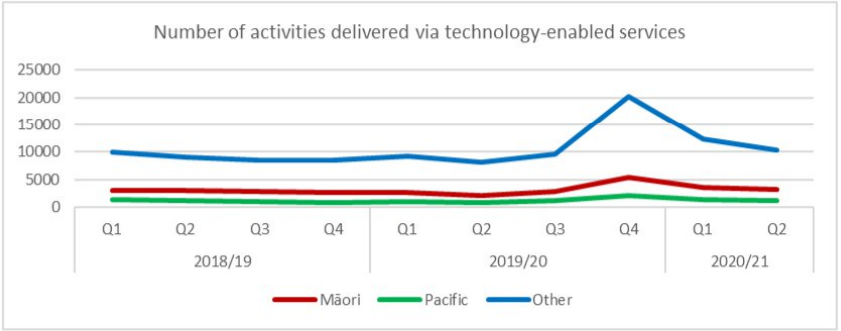
Why is this important?
- Intentional self-harm is a response to distress, and rates are particularly high in young people. Supporting people experiencing distress requires proactive and coordinated referral pathways and community services.
- Technology-enabled services, such as video-counselling, enabled services to remain available during the COVID-19 lockdown. Long-term, wider adoption of telehealth will continue to improve access.
- Access and Choice is a free, primary mental health and addiction service based in general practices. Qualified mental health practitioners are placed in general practices, making it faster and easier to access care.

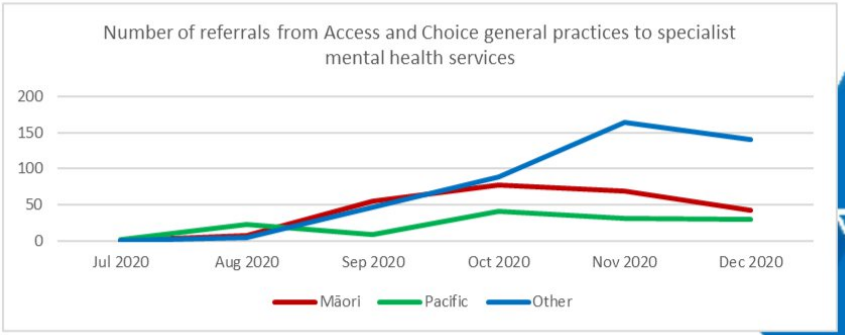
How are we performing?
- Self-harm hospitalisations increased for Māori youth in 20/21 Q1; significant volume decreases have not been observed in all groups.
- Adoption of telehealth services increased rapidly in response to the COVID-19 lockdown, utilisation of these services has decreased as restrictions have eased but remain higher than pre-lockdown.
- Access and Choice referrals from primary care have been increasing in the 20/21 financial year. Referrals have slowed earlier for Māori and Pacific.

What is driving performance?
- Partnerships between PHOs and NGOs such as Piki Services have seen improvements in 20/21. Further progress is anticipated following the investment in primary mental health and primary liaison services.
- We are embedding some of the learnings from our COVID-19 experience. We are working to ensure technology is well-utilised and supports clients on their wellbeing journey.
- We are expanding primary mental health and addiction support across the 3DHBs through the **Access and Choice** initiative (implemented in July 2020). We are developing a evaluation framework to monitor success.

Management comment
- The Acute Care Continuum project aims to streamline the pathway into mental health services for people presenting to ED, and to reduce readmissions.
- Collaboration across 3DHBs is taking place to inform the development of an integrated community mental health and wellbeing hub model.







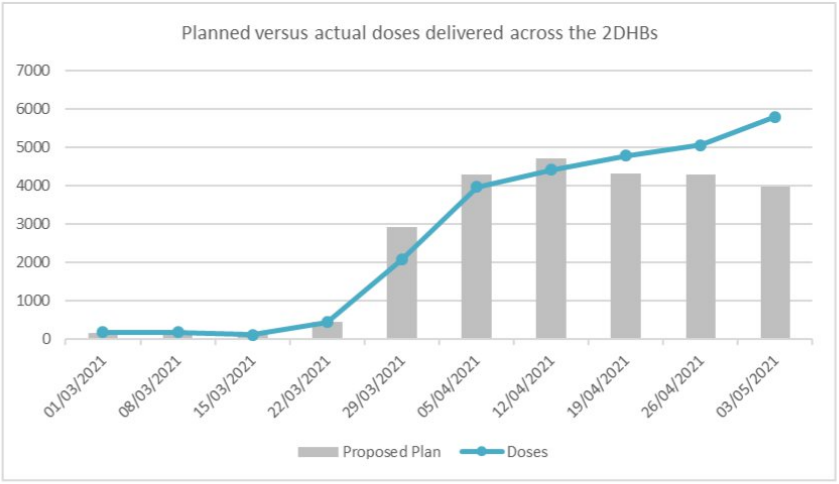
2DHB COVID-19 Response

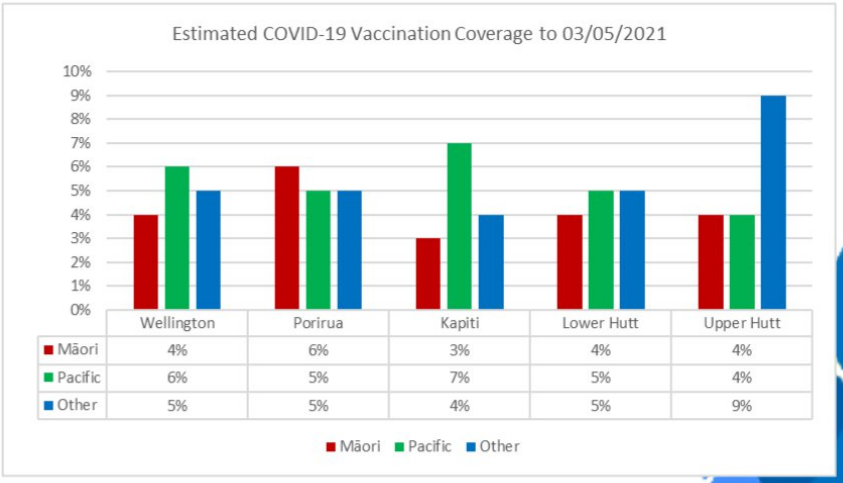
What is this measure?
- Vaccination roll-out

Why is this important?
- The COVID-19 vaccine rollout aims to protect Aotearoa by ensuring that everyone over 16 years old receives the two doses. Ensuring equal access to free COVID-19 vaccines is a priority for New Zealand.
- First we are protecting those most at risk of catching COVID-19 in their workplace to reduce the risk of future outbreaks and lockdowns.

How are we performing?
- **Group 1:** Border, MIFQ workers and people they live with
- **Group 2:** Frontline health workforce interacting with patients and supporting in high-risk places, residential care workers, emergency response services
- **Group 3:** people with elevated risk, including people who are 65 years or older, people with underlying conditions, disabled people, people in custodial settings
- **Group 4:** general rollout (including early vaccine access)

2DHB group	Dose 1	Complete
Group 1	2,591	1,458
Group 2	14,945	6,879
Group 3	275	33
Group 4 (early access)	17,83	437
CCDHB total	**13,864**	**6,413**
HVDHB total	**5,767**	**2,397**





Data Sources: COVID-19: Vaccination 2DHB Qlik App
Date Range: 22/02/2021 to 03/05/2021
Data current at: 04/05/2021 @10:18am

Section 2.2

Hospital Performance

Executive Summary – Hospital Performance

- We know that every year the pressure on our emergency department increases with the number of people presenting, their acuity and the delays to access for inpatient care. Over winter this peaks and so each year we create winter bed plans to increase capacity by using every available space over the winter months. We are now planning for this 365 days of the year. This plan is in development with the first draft due late April.
- We continue with two projects to increase capacity in a more sustainable way. Front of Whare and 2D Bed & Theatre Capacity are projects to identify and deliver solutions for implementation over the coming two years. Importantly, changes that can be made now, will be. These projects aim to increase capacity in the short term, while we continue to work on our medium-long term plan and Hospital Network configuration.
- Looking at our Activity Performance report the increase in acute discharges both IDF and non IDF and elective discharges is having some impact on planned care patient flow. Both in-house elective surgical discharges and outsourced delivery are adverse to plan, the latter due to private capacity. The number of patients waiting beyond 120 days for treatment remains static; total planned care results at March month end are unfavourable to the tune of 44 discharges cf plan of 968, YTD unfavourable (711) to our planned target of 8,115. Our focus remains on scheduling our longest waiting patients in all specialities, and ensuring our theatre sessions are fully utilised.
- Recruitment of anaesthetists to our current vacancies another key limiting factor, a key limit is making limited progress. We are projecting a 1.5 FTE vacancy for anaesthesia SMOs - workforce numbers vary month on month due to locum cover requirements for fixed term for parental leave cover and fellowships. In addition we are anticipating future retirements later this year and early 2022 that will require replacement with permanent appointments. We continue to recruit to cover both fixed term and permanent positions.
- Our Maternity Units across the region continue to struggle with midwifery vacancies and high occupancies - we are continually refining and reviewing processes to manage demand during busy periods and continue to work closely with our staff and union partners on workforce planning within the national frameworks.
- The provider arm remains within budget YTD outside two extraordinary items (additional costs during COVID-19 and Holidays Act Provisions) not included within the budget. Targeted efficiency measures are in place however the pressure of clinical service demands and FTE management especially around annual leave continues 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.

CCDHB Contract Activity Performance

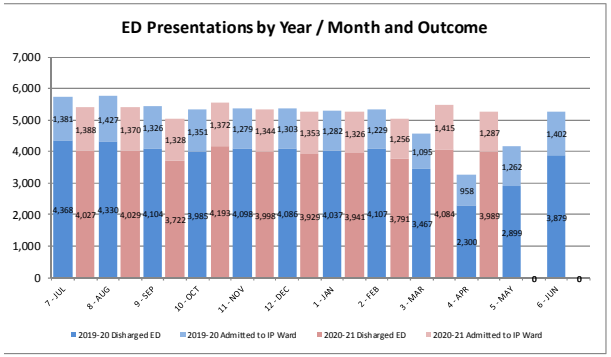
Capital and Coast DHB: April 2021

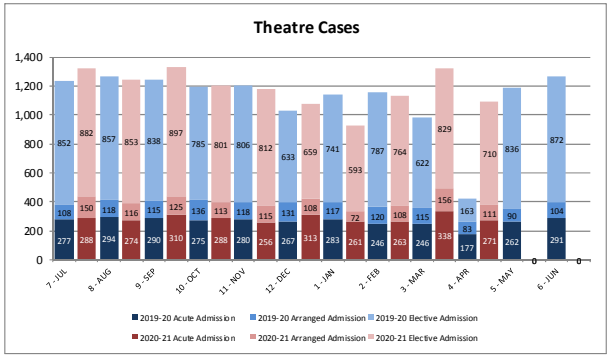
ED Presentations

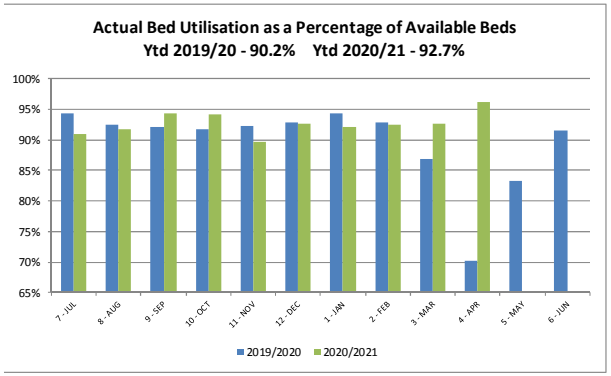
	2019/20	2020/21
YTD Totals	51,513	53,142
Change		1,629
% Change		3%

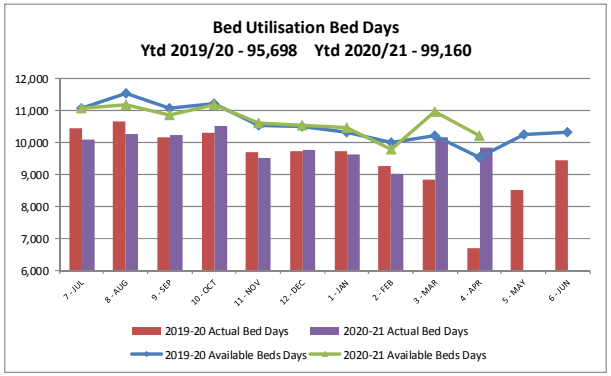
Theatre Cases

	2019/20	2020/21
YTD Totals	10,880	11,836
Change		956
% Change		9%









- The total number of presentations to ED in April 2019 was 5,279 (this includes 340 DNWs)
- The total number of presentations to ED in April 2020 was 3,269 (this includes 58 DNWs)
- The total number of presentations to ED in April 2021 was 5,284 (this includes 487 DNWs)
- The volumes in 2020 were massively impacted by COVID-19 lockdown so comparison between the two periods is of limited value but the numbers for April 2019 are similar to April 2021. The average number of daily presentations April 2021 was 176.1, this is slightly higher than April 2019 176.0.
- The utilisation of available of adult beds in core wards in April 2021 was 96.3% making it one of the busiest month this year. For comparison the utilisation in March 2021 was 92.6% and April 2019 had a utilisation of 94.9%.
- The number of Elective theatre cases has decreased for the month of April 2021 by 1.5% (11 cases) when compared to April 2019. The decreases are spread across a number of specialties in particular Gynaecology (-25), Vascular Surgery (-15) and ENT (-147) but countered by increases in Urology (38) and Dental (11).

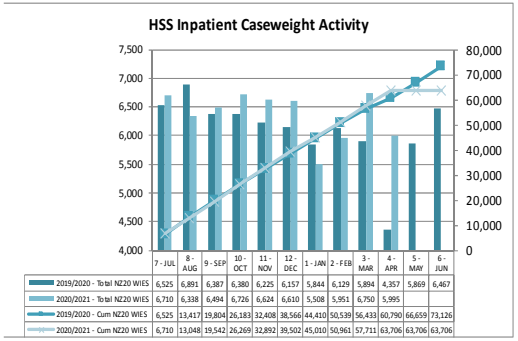
CCDHB Activity Performance

Capital and Coast DHB: April 2021

HSS Inpatient Caseweight Activity

	2019/20	2020/21
YTD Totals	60,790	63,706
Change		2,916
% Change		4.8%

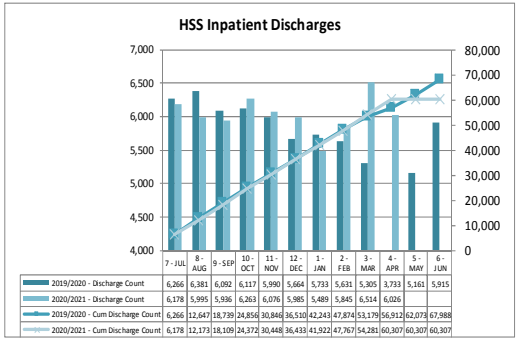
** This includes all Hospital Acitivty including ACC, Non Resident, Non-Casemix but excludes Mental Health*



HSS Inpatient Discharges

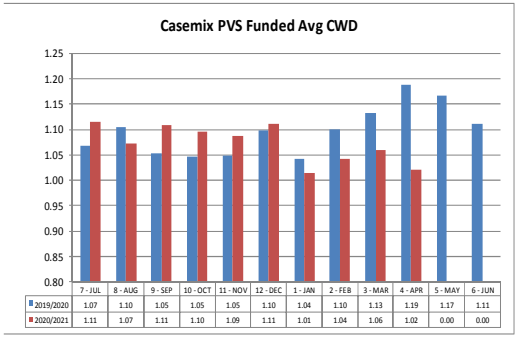
	2019/20	2020/21
YTD Totals	56,912	60,307
Change		3,395
% Change		6.0%

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



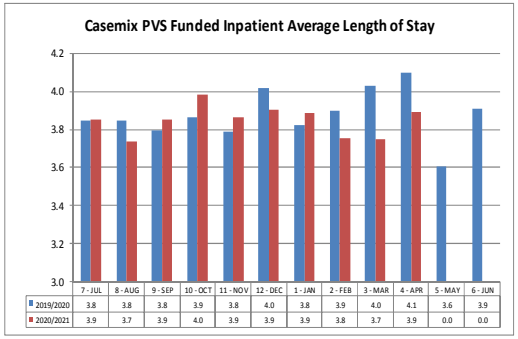
Casemix PVS Funded Avg CWD

	2019/20	2020/21
YTD Totals	1.09	1.07
Change		-0.02
% Change		-2%



Casemix PVS Funded Inpatient Length of Stay

	2019/20	2020/21
YTD Totals	3.87	3.85
Change		-0.02
% Change		-0.6%



Comparisons with same period last year:

- Local acute CWDs are higher than then previous financial year (726 CWDs) with an increase in discharges; a lower ALOS and a similar average CWD. The discharge increase is driven primarily by Emergency Medicine and Orthopaedics. The CWD increase is driven primarily by Emergency Medicine, General Surgery and Neurology.
- Local Elective CWDs are higher than the previous financial year (725 CWDs) with an increase in discharges; a lower ALOS and a similar average CWD. The discharge increase is driven primarily by General Surgery, Cardiology and Dental. The CWD increase is driven primarily by General Surgery, Ophthalmology, Cardiology, and Neurosurgery.
- IDF acute CWDs are higher (541 CWDs) than the previous financial year also with an increase in discharges; a lower ALOS and average CWD. The discharge increase is driven primarily by Emergency Medicine, Haematology and Urology. The CWD increase is driven primarily by Neonatal, Neurology and Emergency Medicine.
- IDF Elective CWDs are higher than the previous financial year (786 CWDs) with more discharges; a lower ALOS and a similar average CWD. The discharge increase is driven primarily by Ophthalmology, Paediatric Surgery, Vascular Surgery and Neurosurgery. The CWD increase is driven primarily by Cardiology, Cardiothoracic and Neurosurgery.
- In combination these four admission groups equate to an increase of 2,778 CWDs compared to the previous year. The services that most significantly impact this shift are Emergency Medicine (614), Neurology (297), Haematology (268), General Surgery (256), Cardiothoracic (256) but countered by deceases in Paediatric Medicine (-185) and General Medicine (-76).
- The reduction in General Medicine (-267 CWDs) will have been impacted in the WRH AHOP counting change (357 CWDs not counted as bed days) and Paediatric Medicine (-185 CWDs) who will be heavily impacted by the reduction in the number of presentations to the Emergency department (598 Ytd).

Discharges:

- The impact of lockdown can be seen in the number of publicly funded casemix discharges for the month of April 2021 have increased by 2,188 (23.2%) in comparison to the number of discharges recorded in April 2020.
- The number of outsourced discharges recorded in April 2021 was 132 and is consistent with volumes in previous months during 2020/21 with CCDHB now utilising Boulcott Hospital, Bowen Hospital, Southern Cross Hospital and Wakefield Hospital.

HHS Operational Performance Scorecard – period Apr 20 to Apr 21

Domain	Indicator	2020/21 Target	2020-Apr	2020-May	2020-Jun	2020-Jul	2020-Aug	2020-Sep	2020-Oct	2020-Nov	2020-Dec	2021-Jan	2021-Feb	2021-Mar	2021-Apr
Care	Serious Safety Events	Zero SSEs	7	10	5	16	9	11	5	22	6	11	11	3	5
	Total Reportable Events	TBD	725	907	1,086	1,167	1,269	1,370	1,359	1,417	1,511	1,421	1,481	1,446	1,372
Patient and Family Centred	Complaints Resolved within 35 calendar days	TBD	100.0%	93.5%	91.8%	86.4%	94.3%	93.9%	94.9%	92.0%	83.3%	93.1%	95.5%	91.6%	95.5%
	% Discharges with an Electronic Discharge summary	TBD													
Access	Emergency Presentations		3,258	4,161	5,281	5,415	5,399	5,050	5,565	5,342	5,282	5,267	5,047	5,499	5,276
	Emergency Presentations Per Day		109	134	176	175	174	168	180	178	170	170	180	177	176
	Emergency Length of Stay (ELOS) % within 6hrs	≥95%	84.7%	82.8%	74.6%	72.6%	68.5%	65.6%	65.1%	67.6%	65.9%	68.6%	62.5%	66.3%	63.3%
	ELOS % within 6hrs - non admitted	TBD	90.7%	90.4%	82.6%	79.8%	76.8%	75.2%	73.6%	73.7%	73.7%	75.8%	70.3%	75.6%	71.7%
	ELOS % within 6hrs - admitted	TBD	70.5%	66.3%	54.6%	53.5%	46.8%	41.3%	42.3%	51.3%	46.0%	49.6%	42.4%	42.6%	40.6%
	Total Elective Surgery Long Waits	Zero Long Waits	400	433	350	247	107	99	184	208	307	491	540	525	524
	Additions to Elective Surgery Wait List		553	1,091	1,505	1,520	1,376	1,542	1,397	1,389	1,284	920	1,235	1,416	1,030
	% Elective Surgery treated in time	TBD	92.7%	76.3%	71.3%	73.0%	84.2%	90.3%	89.0%	86.3%	88.5%	75.4%	75.6%	72.1%	72.1%
	No. surgeries rescheduled due to specialty bed availability	TBD	1	1	12	5	9	13	14	1	6	2	6	11	7
	Total Elective and Emergency Operations in Main Theatres	TBD	378	1,103	1,202	1,237	1,192	1,254	1,130	1,118	1,002	878	1,076	1,270	1,063
	Faster Cancer Treatment 31 Day - Decision to Treat to Treat	85%	91.0%	92.0%	91.0%	93.0%	85.0%	87.0%	82.0%	85.0%	87.0%	82.0%	90.0%	88.0%	81.0%
	Faster Cancer Treatment 62 Day - Referral to Treatment	90%	92.0%	77.0%	85.0%	94.0%	83.0%	88.0%	88.0%	83.0%	89.0%	87.0%	83.0%	95.0%	77.0%
	Specialist Outpatient Long Waits	Zero Long Waits	1,079	1,286	1,450	1,076	571	314	185	225	314	353	355	302	244
	% Specialist Outpatients seen in time	Zero Long Waits	87.1%	81.0%	74.2%	74.1%	84.9%	90.0%	88.7%	92.1%	92.9%	89.1%	88.1%	85.8%	80.3%
	Outpatient Failure to Attend %	TBD	4.4%	7.1%	6.6%	7.1%	6.7%	7.0%	7.6%	7.7%	7.9%	7.3%	7.5%	7.1%	6.9%
	Maori Outpatient Failure to Attend %	TBD	8.1%	14.0%	13.6%	14.7%	13.9%	15.2%	15.4%	16.1%	16.6%	16.2%	16.1%	15.6%	15.3%
	Pacific Outpatient Failure to Attend %	TBD	7.8%	16.5%	16.2%	16.9%	14.4%	14.6%	16.3%	16.3%	18.8%	19.6%	17.7%	16.8%	15.4%
Financial Efficiency	Forecast full year surplus (deficit) ($million)		($47.5m)	($47.5m)	($44.2m)	($39.8m)	($39.8m)	($62.0m)	($62.0m)	($62.0m)	($62.0m)	($62.4m)	($62.4m)	($62.4m)	($58.4m)
	Contracted FTE (Internal labour)		4,893	4,930	4,976	4,976	5,035	5,237	5,267	5,263	5,257	5,255	5,343	5,345	5,362
	Paid FTE (Internal labour)		5,188	5,199	5,317	5,317	5,368	5,607	5,607	5,650	5,692	5,693	5,810	5,725	5,760
	% Main Theatre utilisation (Elective Sessions only)	85.0%	78.1%	82.0%	81.0%	83.0%	82.0%	82.0%	82.0%	80.0%	78.2%	81.0%	80.0%	83.0%	83.0%
Discharge and Occupancy	% Patients Discharged Before 11AM	TBD	19.3%	20.4%	21.9%	24.0%	22.8%	24.8%	22.2%	25.1%	22.6%	22.3%	22.1%	23.3%	25.3%
	Adult Long Stay Patients Not Yet Discharged (>14 days) WLG	TBD	19	24	29	30	35	51	33	34	37	37	38	41	37
	Adult Overnight Beds - Average Occupied WLG	TBD	273	323	357	362	363	382	378	363	360	355	373	381	381
	Adult Long Stay Patients Not Yet Discharged (>14 days) KEN	TBD	17	16	17	19	19	18	23	18	17	16	14	19	22
	Adult Overnight Beds - Average Occupied KEN	TBD	46	55	63	71	72	74	76	67	64	67	71	69	72
	Child Overnight Beds - Average Occupied	TBD	15	18	23	24	23	22	23	24	22	17	19	22	22
	NICU Beds - ave. beds occupied	36	38	30	29	28	31	38	36	33	35	38	39	44	39
ALOS	Overnight Patients - Average Length of Stay (days)	TBD	4.10	3.61	3.91	3.85	3.74	3.85	3.98	3.86	3.90	3.88	3.75	3.75	3.89
Care	Rate of Presentations to ED within 48 hours of discharge	TBD	4.1%	3.3%	3.8%	3.7%	3.7%	4.3%	4.6%	3.2%	3.2%	4.1%	4.0%	3.5%	4.7%
	Presentations to ED within 48 hours of discharge	TBD	133	139	203	199	201	215	254	171	170	218	202	194	247
Staff Experience	Staff Reportable Events	TBD	91	109	161	140	156	138	180	173	175	147	183	160	152
	% sick Leave v standard	TBD	2.2%	2.5%	3.5%	4.0%	4.0%	3.6%	3.4%	3.4%	3.1%	2.0%	2.7%	3.1%	2.8%
	Nursing vacancy	TBD	193.0	171.0	157.6	248.1	265.3	251.1	247.4	267.5	268.5	267.8	223.4	234.4	235.0
	% overtime v standard (medical)	TBD	1.4%	1.4%	1.6%	1.7%	1.9%	2.1%	1.9%	2.0%	1.8%	1.8%	2.0%	1.9%	1.8%

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 Ministry of Health (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?

- Please note the volumes in 2020 were massively impacted by COVID-19 lockdown so comparison between the two periods is of limited value but the numbers for April 2019 are similar to April 2021.
- In April 2021, CCDHB SSIED performance for this measure was 63.2%. This result is a decrease on the 66.3% recorded last month in March 2021 and a decrease on the 81.1% recorded in April 2020. The performance measure of patients who were seen, treated and discharged by ED for April 2021 was 74.1%.

What is driving performance?

- Our performance being less than target continues to be due to the increase of elective and acute surgical work, as well as increased acuity of acutely admitted patients. There has also been the usual seasonal increase in admissions. We also have in place ongoing processes related to COVID-19 screening and precautions.
- We continue to operate parallel processes in our inpatient 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, to enable patients being admitted from ED to move to the ward in a timelier manner and thus improves our SSiED performance. Unfortunately, this continues to be a major challenge with only negligible improvement for patient waiting times and patient flow from ED.

Table One: ED performance 2019/20 and 2020/21

Performance	FEB	MAR	APR
2018-19	83%	81%	81%
2019-20	76%	79%	85%
2020-21	63%	66%	63%

Breaches	FEB	MAR	APR
2018-19	805	1,032	887
2019-20	1,180	919	498
2020-21	1,678	1,686	1,766

ED Volumes	FEB	MAR	APR
2018-19	4,725	5,456	4,939
2019-20	4,822	4,285	3,211
2020-21	4,490	5,010	4,797

Management Comment

CCDHB is facing a significant capacity issue as demonstrated by the consistently high occupancy rate and the bed blockage experienced across hospital flow as a consequence. The very small footprint of the Emergency Department cannot readily tolerate delays in moving patients from ED to the ward and this, combined with the high hospital occupancy, contributes significantly to the unsafe level of overcrowding in the ED.

The following work streams continue to be progressed and implemented including:

• The Acute Frailty Unit will be available again from 10 May 2021.

• The Advancing Wellness at Home Initiative (AWHI) project facilitates 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 and reducing need for in-hospital stay.

• A project group to review patients who have been in hospital more than 10 days, continues to identify barriers to discharge and address these with our teams.

• Activities continue across the organisation to improve discharge processes.

• A working group has been established to identify space to create additional acute assessment beds. This is the biggest challenge facing CCDHB at present as there is little further opportunity to create additional space on the current physical footprint.

• Work is underway to relocate the Kenepuru Day Ward creating additional surgical and rehabilitation beds on the Kenepuru Hospital site. This requires building work and will not be completed and provide additional beds this winter.

It is important to note that while these initiatives are all very important and will continue, it is unlikely to make a significant impact on the very poor SSiED performance at CCDHB, without a complete revamp of the way in which acute patients present and are processed from the front door (including transition to assessment and observation units). We are embarking on a Front of Whare project that will identify the barriers and likely confirm the need for improved resources (facilities and personnel). This work is inextricably linked to other ongoing work to assess and address overall hospital capacity.

During the month of April 2021 there were nil presentations where the patient(s) was suspected of having COVID-19

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?

- Total planned care results year to date is unfavourable 725 to our planned target of 8,976.
- April month end result is unfavourable 12 to a plan of 861. The main driver of this result is our outsource delivery which was 60 adverse to planned target. Although we continue to be affected by contractual constraints, we are still managing to get a high volume of patients treated with our private providers.
- Our in-house elective surgical discharges was 513, 24 discharges ahead of our planned 489 for April. This occurred despite the high cancellation rate for acute work.
- Our IDF outflow position is positive for April resulting in 22 ahead of the planned 88 for April, our elective surgical discharges were 39 over the planned 65 for April, which has offset under delivery in arranged and non-surgical measures.

What is driving performance?

- High volumes of cancellations due to acute demand is the main reason we did not meet our planned care targets, coupled with inability to outsource the planned volumes each month.

Management Comment

- Our focus remains on scheduling our longest-waiting patients in all specialities, and ensuring our theatre sessions are fully utilised. At Kenepuru the installation of theatre lights is on track and due to be completed by the end of June. One theatre will be closed until completion of this work. Where possible we relocate theatre sessions from Kenepuru to Wellington, however we do not have sufficient spare capacity in Wellington to cover off all lost lists.
- Outsource contracts are still being negotiated although there may be a delay with the announcement of a new health structure. We have interim agreements on some procedures but will not manage the required volume to meet our planned care target this year.
- 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?

- A percentage measure that shows the proportion of CT or MRI outpatient referrals that are scanned within of a 42-day time period. The 'clock' begins from 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. The period of 6 weeks (i.e. 42 days) 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. Subsequently, the percentage measure is low and has been for a long time but are slowly trending up (see linear trend line for CT performance in Figure Two below).
- With planned care funding from the MOH confirmed December 2020, increased outsourcing and improved performance can be expected throughout the remainder of FY 20/21.

What is driving performance?

- Long-term growth in demand for Radiology services has not been matched with Radiology capacity (internal resource or outsourcing capacity).

Figure Two: CT wait times

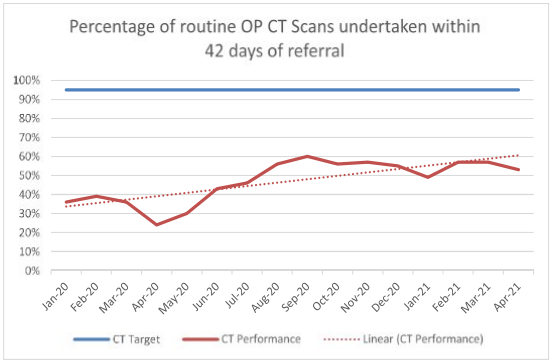
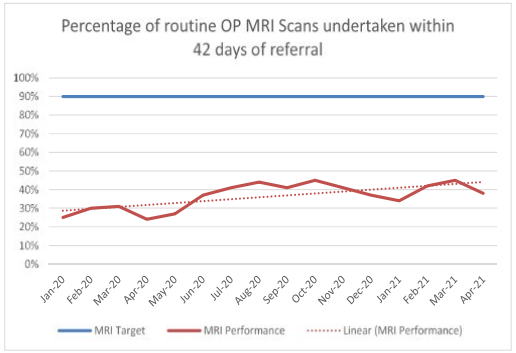


Figure Three: MRI wait times



Management Comment

- With current waiting times, there is still serious risk of patient harm including disease progression while waiting for imaging appointments. The service continues to prioritise based on clinical urgency and processes images for inpatient and ED patients within expected timeframes in order to maximise inpatient flow.

- Despite an increase in output for the last 6 months in CT and MRI, increased referral demand continues to outstrip improvements in output.

	Referral demand average per month 2019/20	Referral demand average per month 2020/21	Demand Percentage Increase	Output average per month 2019/20	Output average per month 2020/21
CT	254	326	+28%	525	672
MRI	115	136	+18%	337	410

- The next six months will be extremely challenging as the service has received 6 full-time technologist resignations since Easter. The majority of these staff are leaving for regional centres where they receive identical pay conditions but have purchased homes. Recruitment has begun but in the current international environment it is extremely challenging and lengthy to recruit internationally. While recruitment progresses there will likely be a reduction in productivity. Outsourcing continues at the maximum capacity across service providers available within the region.

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 decreased to 82.5% this month.

What is driving performance?

- Remaining below target has been influenced by SMO availability, Administration relief over the Christmas/New Year break, and patient deferment

Management Comment

- We currently have two consultants on parental leave, with gaps in interventional cover arrangements until staff are available. Patient cancellations or deferment related to social or medical issues are included in those breaching the target.

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?

Door to cath. <= 3 days March results (Target is ≥70%):	
National Performance	77.9% (639/820)
Central Region	85.8% (115/138)
CCDHB	97.4% (37/38)
Hawkes Bay	64.7% (11/17)
Hutt Valley	100% (24/24)
Mid Central	72% (1/25)

As a region we achieved the target. Hawkes Bay remains below target this month, although improved on last month result

What is driving performance?

- Achievement of the target differs for each centre. The table below provides a breakdown (Please note this data is updated 6 monthly). The referral to transfer is directly influenced by CCDHB, ultimately this relates to access to beds. Other factors include regional decision making timeframes, and timing of presentation.

Management Comment

- Staffing continues to be a limiting factor due to two SMO's on parental leave and a number of operators taking annual leave. The underlying issue remains access to beds, increased by Cardiology having access to short stay beds reduced. This has resulted in less flexibility and impacts on the service's ability to transfer regional patients in a timely manner when busy. Additional overnight beds are planned in the transit lounge which may mitigate some of this issue, allowing better patient flow. Trans-oesophageal Echocardiograms and CTCA patients have been moved out of the IRW space to free up bed space in IRW and Ward 6 South to help mitigate this issue and this is working well currently. We are currently investigating other procedures that can be managed this way. The recruitment of an interventional radiology service manager to implement the recommendations of the recent review aims to improve efficiencies and performance within the IRU/Cath lab environment.

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 April at 80% compared to 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 April at 81% vs the aim of 85% of patients commencing treatment within 31 days from decision to treat.
- Patient numbers for both measures have deteriorated in April related to public and school holidays which negatively impact capacity across the system. High acute demand has displaced some elective surgeries.

What is driving performance?

- The four patients who breached the 62 day target experienced delays in accessing radiology and FSA appointments. Surgical access was also delayed. The breaches occurred in the breast, skin, lung and urology tumour stream with surgery as first treatment. Two of the four breach patients were Māori, one on the breast and one on the lung tumour stream. 62 day compliance was 60% for Māori, 100% Pacifica and 82% for other ethnicities. Note small numbers covered by 62 day target for Māori and Pacifica as acute presentations and non-capacity related delays excluded i.e. co-morbidity management.
- Eight of the thirteen breaches in the 31 day indicator was due to capacity reasons – access to urological (5), breast, lung and ENT surgery. Four breaches were due to clinical reasons – other health events, triaged treat within 3- 4 months. One breach was for patient reasons – work commitments.
- 31 day compliance was 71% for Māori, 80% Pacifica and 87% for other ethnicities.

Management Comment

- Acute demand and staffing vacancies is having a negative effect upon access to FSA and surgical services. Some surgical work is being outsourced.
- The largely manual process for prospectively tracking patients can make it difficult to intervene in a timely manner to enable outsourcing within FCT timeframes.
- The Cancer Control Agency is likely to re-implement wait times reporting for radiation and chemo therapy. FCT is a poor indicator of delays in these services as FCT only reports on first treatment delivered and this is less likely to be chemotherapy or radiation treatment.

Figure Eight: FCT 62 day target

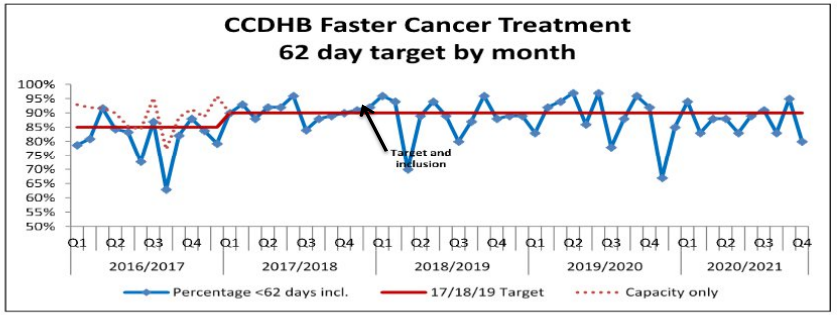
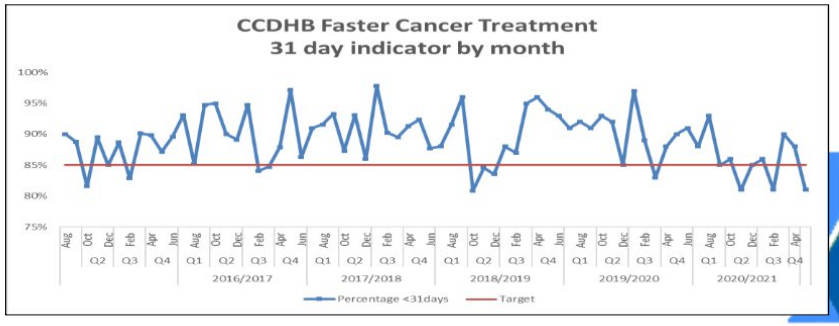


Figure Nine: FCT 31 day target



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

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?

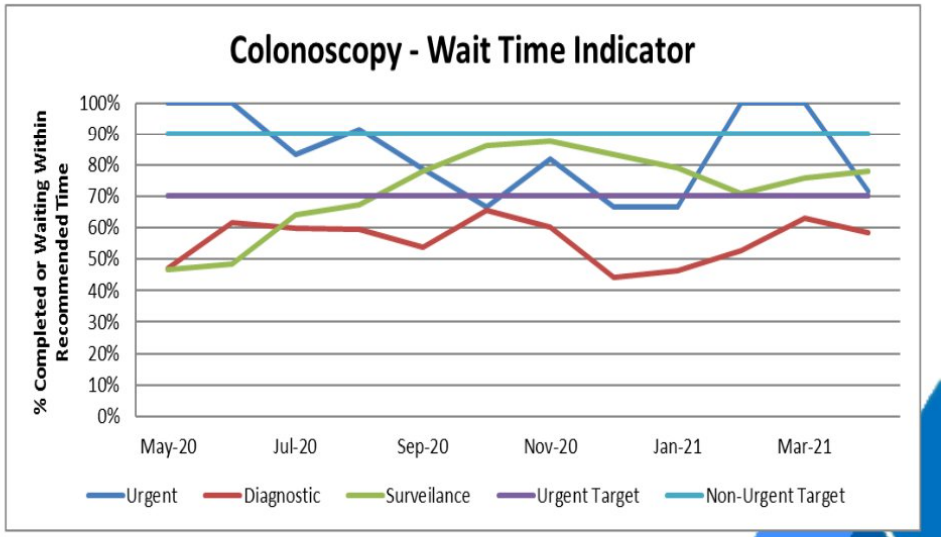
- CCDHB did not achieve the Ministry of Health target for urgent colonoscopies with a performance of 71% (target 90%). We improved on our March performance for diagnostic waits, achieving 58% in April but we did not meet the target of 70%.
- We exceeded the Ministry of Health target for surveillance achieving 78%, (target 70%). This is an improvement on the March return of 76%.

What is driving performance?

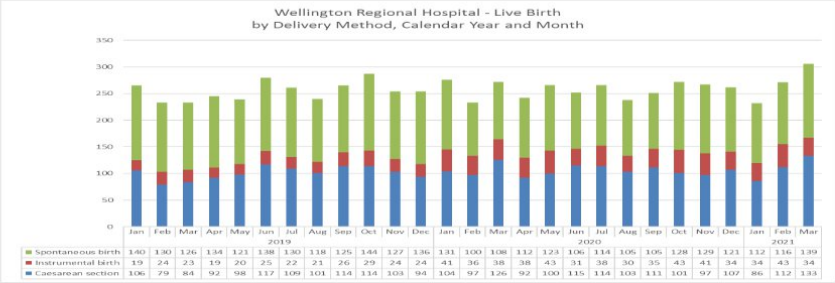
- While our performance against the urgent target dropped this month, the number of patients who breached to give us a 71% result was 2. The number of cancelled lists in April as a result of the public holidays was also a factor in the drop in our overall performance.

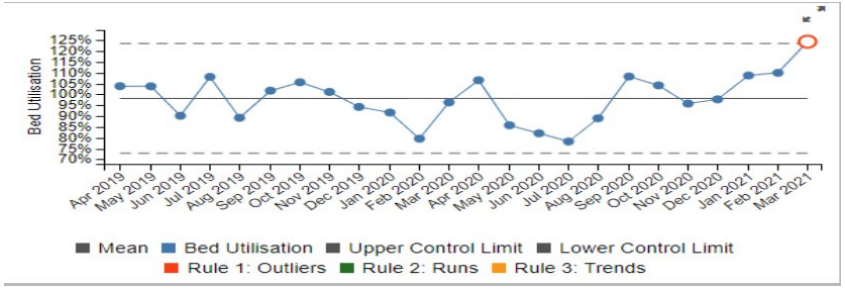
Management Comment

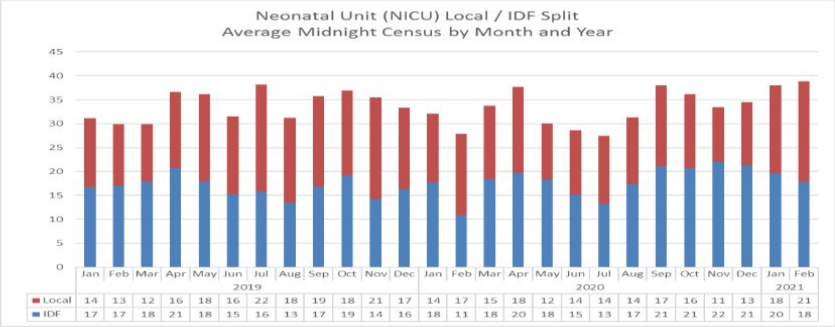
- The number of lists cancelled as a result of public holidays in April has impacted on our performance. We will have fewer cancellations in May but we have a number of RN resignations which are restricting the number of lists we can safely staff. That will begin to impact in latter part of May for at least 3 months and plans are being made to outsource.



Maternity and Neonatal Intensive Care services







What is the issue?

- The Wellington Regional Hospital Maternity and Delivery Suite continues to experience a high acuity and bed utilisation. Also impacted by this trend is our Neonatal Intensive Care service.
- As reported both Wellington Regional Hospital (WRH) and Kenepuru maternity unit, have significant Registered Midwifery vacancies (circa 33 %) this includes 11 FTE new roles that have been created by CCDM FTE calculations but not yet filled. The NICU had an increase of 27FTEs from CCDM calculation last year but continue to struggle with over occupancies – NB resourced beds are 36.
- We are currently recruiting additional RN's to fill RM vacancies however this provides skill mix challenges
- An international recruitment drive is being relaunched with a focus on Australia, and the UK.
- Escalation plans are in place and are followed but are being challenged with continued presentations, high acuity, and continued shortages.
- We continue to work closely with our staff and union partners on workforce planning across the region noting this issue as requiring national solutions.

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 $8.9m 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:
  - ($13.1m); COVID-19: additional costs during COVID-19
  - ($6.7m); 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, $23.8 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 some of which are 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 April Bank Balance was $110.4m with $13.3m in special fund balances. Moving to ten day payment of creditors as required has had an estimated impact of around $8m on the DHB cash balance.
- 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.

COVID-19 Revenue and costs & 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 April 2021	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	(2,266)	(16,187)		(26,769)	0
			Non-Devolved MoH Revenue				0	0
2,037			Other Revenue	693			2,730	0
			IDF Inflow				0	0
			Inter DHB Provider Revenue			(44)	0	(44)
2,037	**(8,317)**	**0**	**Total Revenue**	**(1,573)**	**(16,187)**	**(44)**	**(24,039)**	**(44)**
			Personnel					
(1,610)		(2,049)	Medical	(5,823)		(1,984)	(7,433)	(26,122)
(1,620)		(9,145)	Nursing	(3,476)		(3,252)	(5,096)	(42,819)
		(1,370)	Allied Health			(541)	0	(7,127)
		32	Support			(145)	0	(1,912)
		168	Management & Administration			(620)	0	(8,088)
(3,230)	**0**	**(12,365)**	**Total Employee Cost**	**(9,299)**	**0**	**(6,543)**	**(12,529)**	**(86,068)**
			Outsourced Personnel					
(51)			Medical	(131)		(16)	(182)	(16)
			Nursing				0	0
			Allied Health				0	0
			Support				0	0
			Management & Administration				0	0
(51)	**0**	**0**	**Total Outsourced Personnel Cost**	**(131)**	**0**	**(16)**	**(182)**	**(16)**
2,834			Treatment related costs - Clinical Supp	(1,993)			841	0
(1,952)			Treatment related costs - Outsourced	(564)			(2,516)	0
(1,921)			Non Treatment Related Costs	(2,388)		(256)	(4,309)	(256)
			IDF Outflow				0	0
	(9,917)		Other External Provider Costs (SIP)		(16,525)		(26,442)	0
			Interest Depreciation & Capital Charge				0	0
(1,039)	**(9,917)**	**0**	**Total Other Expenditure**	**(4,945)**	**(16,525)**	**(256)**	**(32,426)**	**(256)**
(4,320)	**(9,917)**	**(12,365)**	**Total Expenditure**	**(14,375)**	**(16,525)**	**(6,814)**	**(45,137)**	**(86,340)**
6,357	**1,600**	**12,365**	**Net result**	**12,803**	**338**	**6,771**	**21,098**	**86,296**

- The year to date financial position includes $17.8m additional costs in relation to COVID-19.
- Revenue of $16m has been received to fund additional costs for community providers however this has not been sufficient for these costs
- Additional personnel costs of $6.7m have been accrued YTD for the Holidays Act
- COVID-19 costs are spread across personnel, clinical supplies, outsourced treatment and infrastructure and non-clinical costs.

CCDHB Operating Position – April 2021

Month - April 2021									Capital & Coast DHB Operating Results - $000s	Year to Date								
			Variance		Adjustments			Variance					Variance		Adjustments			Variance
Actual	Budget	Last year	Actual vs Budget	Actual vs Last year	COVID-19 change from Trend	Holidays Act [2003]	Actuals exc COVID/HA	Actuals exc COVID vs Budget	YTD April 2021	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
80,103	77,550	77,803	2,553	2,299	1,766		78,337	787	Devolved MoH Revenue	793,897	775,500	738,094	18,397	55,803	18,453		775,444	(56)
3,951	3,545	3,448	405	502			3,951	405	Non-Devolved MoH Revenue	36,839	35,575	35,268	1,264	1,571			36,839	1,264
3,776	2,863	2,012	913	1,764	(0)		3,777	914	Other Revenue	46,464	28,830	31,132	17,634	15,333	(693)		47,158	18,327
20,681	21,452	21,544	(771)	(863)			20,681	(771)	IDF Inflow	212,009	214,524	197,909	(2,515)	14,101			212,009	(2,515)
4,234	758	594	3,477	3,640		0	4,234	3,477	Inter DHB Provider Revenue	34,190	7,704	7,032	26,486	27,157		44	34,190	26,486
112,745	**106,168**	**105,401**	**6,577**	**7,344**	**1,766**	**0**	**110,980**	**4,811**	**Total Revenue**	**1,123,399**	**1,062,133**	**1,009,435**	**61,266**	**113,965**	**17,760**	**44**	**1,105,640**	**43,507**
									Personnel									
16,916	16,572	15,667	(344)	(1,248)	1,316	200	15,399	1,173	Medical	157,676	153,953	144,172	(3,723)	(13,505)	5,823	1,984	149,869	4,084
22,785	21,019	20,950	(1,766)	(1,835)	789	328	21,668	(649)	Nursing	212,668	194,862	186,494	(17,806)	(26,174)	3,476	3,252	205,940	(11,078)
6,570	6,218	5,210	(352)	(1,359)		55	6,515	(297)	Allied Health	62,468	57,530	51,384	(4,938)	(11,084)		541	61,926	(4,397)
994	931	305	(63)	(689)		15	979	(48)	Support	8,910	9,156	8,032	246	(879)		145	8,765	391
7,722	6,456	5,973	(1,266)	(1,749)		62	7,660	(1,204)	Management & Administration	69,290	64,990	60,679	(4,300)	(8,611)		620	68,671	(3,681)
54,987	**51,196**	**48,106**	**(3,790)**	**(6,881)**	**2,104**	**660**	**52,222**	**(1,026)**	**Total Employee Cost**	**511,012**	**480,490**	**450,760**	**(30,522)**	**(60,253)**	**9,299**	**6,543**	**495,171**	**(14,680)**
									Outsourced Personnel									
845	435	545	(411)	(301)	22	0	823	(389)	Medical	7,558	4,396	5,610	(3,162)	(1,948)	131	16	7,411	(3,014)
95	24	16	(71)	(79)			95	(71)	Nursing	521	248	215	(272)	(306)			521	(272)
163	114	95	(49)	(68)			163	(49)	Allied Health	1,350	1,137	1,265	(213)	(84)			1,350	(213)
17	22	21	4	4			17	4	Support	343	218	254	(124)	(88)			343	(124)
351	81	143	(270)	(208)			351	(270)	Management & Administration	3,513	809	1,835	(2,704)	(1,678)			3,513	(2,704)
1,471	**675**	**819**	**(796)**	**(653)**	**22**	**0**	**1,449**	**(774)**	**Total Outsourced Personnel Cost**	**13,284**	**6,809**	**9,180**	**(6,476)**	**(4,104)**	**131**	**16**	**13,137**	**(6,328)**
10,552	10,925	8,787	373	(1,765)	261		10,290	634	Treatment related costs - Clinical Supp	110,659	110,578	103,317	(82)	(7,343)	1,993		108,666	1,911
2,064	2,860	2,477	796	413	0		2,064	796	Treatment related costs - Outsourced	21,580	23,898	19,093	2,318	(2,488)	564		21,016	2,882
8,686	6,949	6,750	(1,738)	(1,936)	681	62	7,944	(995)	Non Treatment Related Costs	88,297	69,187	64,360	(19,110)	(23,938)	2,388	256	85,654	(16,467)
9,011	8,965	10,192	(46)	1,181			9,011	(46)	IDF Outflow	90,151	89,653	84,719	(498)	(5,432)			90,151	(498)
27,809	26,673	30,656	(1,136)	2,847	1,562		26,247	426	Other External Provider Costs (SIP)	283,501	263,833	258,770	(19,668)	(24,731)	16,525		266,975	(3,143)
4,723	4,789	4,554	66	(169)			4,723	66	Interest Depreciation & Capital Charge	46,621	48,339	48,981	1,718	2,360			46,621	1,718
62,846	**61,161**	**63,417**	**(1,685)**	**571**	**2,505**	**62**	**60,279**	**882**	**Total Other Expenditure**	**640,810**	**605,489**	**579,239**	**(35,321)**	**(61,572)**	**21,470**	**256**	**619,084**	**(13,595)**
119,304	**113,033**	**112,341**	**(6,271)**	**(6,962)**	**4,631**	**721**	**113,951**	**(919)**	**Total Expenditure**	**1,165,107**	**1,092,788**	**1,039,178**	**(72,319)**	**(125,929)**	**30,901**	**6,814**	**1,127,392**	**(34,604)**
(6,558)	**(6,864)**	**(6,940)**	**306**	**381**	**(2,866)**	**(721)**	**(2,972)**	**3,893**	**Net result**	**(41,708)**	**(30,655)**	**(29,744)**	**(11,053)**	**(11,964)**	**(13,141)**	**(6,771)**	**(21,752)**	**8,903**
4,469	3,110	70	1,358	4,399					Funder	8,682	8,946	1,154	(264)	7,528				
80	0	74	80	6					Governance	767	(0)	828	767	(61)				
(11,107)	(9,975)	(7,084)	(1,132)	(4,023)					Provider	(51,157)	(39,601)	(31,726)	(11,556)	(19,431)				
(6,558)	**(6,864)**	**(6,940)**	**306**	**381**					**Net result**	**(41,708)**	**(30,655)**	**(29,744)**	**(11,053)**	**(11,964)**				

Note two adjustments are made for

1. COVID-19 and
2. 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 and was excluded from our budget submission.

Executive Summary – Financial Variances

- The DHB deficit year to date is ($41.7m). The variance to the YTD Budget is ($11.1m)
- Included within this result is recognition of the adjustment to the holiday act provision ($6.8m) and an estimated impact of COVID-19 of ($13.1m).
- Excluding the two items above brings the deficit for the year into deficit of ($18.8m) being $5m favourable to budget.
- Revenue is favourable by $61.3m YTD, after excluding COVID-19, lead DHB changes this is on budget. The variances are due to mental health national contracts, special fund/ research revenue offset by donation and interest revenue. Inpatient IDF revenue was recognised behind target by ($2.5m), with planned care (electives) set to target whilst the year gets underway.
- Personnel costs including outsourced is ($37m) YTD, excluding the Holidays Act provision ($6.5m) and the COVID-19 related costs of ($9.3m) incurred the net unfavourable variance is ($21.2m). This ($21.2m) net unfavourable variance has been more than offset by the transfer of Mental Health and ICT services to CCDHB from other DHBs ($18.1m). CCDHB receives revenue to fully cover the costs of the transferred services and this is recognised in the ytd result.
- Treatment related clinical supplies $866k is unfavourable with increased costs associated with Bloods, prostheses and grafts offset by a favourable movement in drugs and outreach clinics.
- Outsourced clinical services is favourable YTD by $2.4m; favourable movement due to outsourced surgical service delayed compared to budget plan, however this is offset by the increase in MRI, CT Scans and other radiology services.
- Non treatment related costs ($16.8m) YTD unfavourable, however after excluding COVID-19, lead DHB changes and provision to reduce investment in TAS IT systems Non Treatment related costs were breakeven.
- The funder arm is unfavourable YTD due to additional spend requirements for our community COVID-19 response which may not all be funded. Some new programmes in the NGO space have commenced alongside increased revenue from MoH to support these initiatives.

Analysis of the Operating Position – Revenue and Personnel

Revenue

- Revenue is ($1.6m) unfavourable YTD (after lead DHB and other items indicated on previous page) despite recognising IDFs being behind target by ($2.5m)
- The variance is due to revenue for special funds/research of $625k, Interest due to overdraft situations ($475k), Donations ($847k) MHAIDS non-lead DHB revenue of $1.1m Favourable. The funder arm is also unfavourable by $16.7m revenue however with offsetting community cost and COVID related costs in the Provider.

Personnel (including outsourced)

- Medical Personnel is ($754k) unfavourable for the month, YTD unfavourable by ($6.9m). The unfavourable position for the month is due to the transfer of costs to CCDHB for MHAIDs services (~$737k), Holidays Act provisions ($200k) and the year to date exc MHAIDS, Holidays Act was an unfavourable variance of $200k is driven by vacancies across other services, most notably surgery and Women's and Children's services offset by COVID expenditure.
- Nursing Personnel is ($1.8m) unfavourable to budget for the month, YTD ($18m) unfavourable. This is driven by overspend to budget for MHAIDs, partially driven by the transfer of staff from other DHBs to CCDHB.
- Allied Personnel labour is ($400k) unfavourable to budget for the month, YTD ($5.2m) unfavourable to budget. $4.2m of the YTD variance results from the transfer of staff from other DHBs to CCDHB.
- Support Personnel labour month position is favourable by $59k, YTD favourable by $121k.
- Management/Admin Personnel is unfavourable in the month by ($1.5m), YTD unfavourable by ($7m). $5.1m YTD of this variance has corresponding offsetting revenue within ICT, the remainder is spread across the organisation and driven largely by the use of outsourced contractors.

Section 4

Financial Position

Cash Management – March 2021

Month : Mar 2021					Capital & Coast DHB Statement of Cashflows	Year to Date				
			Variance						Variance	
Actual	Budget	Last year	Actual vs Budget	Actual vs Last year	YTD Mar 2021	Actual	Budget	Last year	Actual vs Budget	Actual vs Last year
					Operating Activities					
124,936	111,708	115,627	13,227	9,309	Receipts	1,048,329	1,005,374	967,181	42,955	81,147
					Payments					
46,345	45,974	40,454	(371)	(5,891)	Payments to employees	443,438	413,766	406,527	(29,673)	(36,911)
63,406	66,956	62,552	3,550	(854)	Payments to suppliers	560,318	571,823	534,073	11,505	(26,245)
0	0	0	0	0	Capital Charge paid	21,845	23,465	12,297	1,619	(9,549)
6,445	(137)	(762)	(6,582)	(7,208)	GST (net)	(3,697)	1,231	718	4,927	4,415
116,197	112,794	102,244	(3,403)	(13,953)	Payments - total	1,021,905	1,010,284	953,615	(11,621)	(68,290)
8,739	(1,085)	13,383	9,824	(4,644)	Net cash flow from operating Activities	26,424	(4,910)	13,566	31,334	12,858
					Investing Activities					
9	75	75	66	65	Receipts	164	675	1,336	511	1,173
					Payments					
5,051	5,511	3,063	460	(1,987)	Purchase of fixed assets	45,005	49,598	27,286	4,593	(17,719)
5,051	5,511	3,063	460	(1,987)	Payments - total	45,005	49,598	27,286	4,593	(17,719)
(5,041)	(5,436)	(2,989)	526	(1,922)	Net cash flow from investing Activities	(44,841)	(48,923)	(25,949)	5,104	(16,546)
					Financing Activities					
16,323	0	1,158	16,323	15,165	Receipts	23,705	0	11,752	23,705	11,953
					Payments					
0	0	0	0	0	Interest payments	8	0	0	(8)	(8)
0	0	0	0	0	Payments - total	8	0	0	(8)	(8)
16,323	0	1,158	16,323	15,165	Net cash flow from financing Activities	23,697	0	11,752	23,697	11,945
20,021	(6,521)	11,552	26,673	8,599	Net inflow/(outflow) of CCDHB funds	5,279	(53,833)	(631)	60,134	8,256
3,495	(29,075)	(4,100)	(32,570)	(7,595)	Opening cash	18,236	18,236	8,083	0	(10,153)
141,268	111,783	116,859	29,616	24,539	Net inflow funds	1,072,197	1,006,048	980,270	67,171	94,273
121,247	118,305	105,307	(2,943)	(15,940)	Net (outflow) funds	1,066,918	1,059,881	980,901	(7,037)	(86,017)
20,021	(6,521)	11,552	26,673	8,599	Net inflow/(outflow) of CCDHB funds	5,279	(53,833)	(631)	60,134	8,256
23,515	(35,597)	7,452	59,112	16,064	Closing cash	23,515	(35,597)	7,452	59,112	16,063

RECONCILIATION OF CASH FLOW TO OPERATING BALANCE

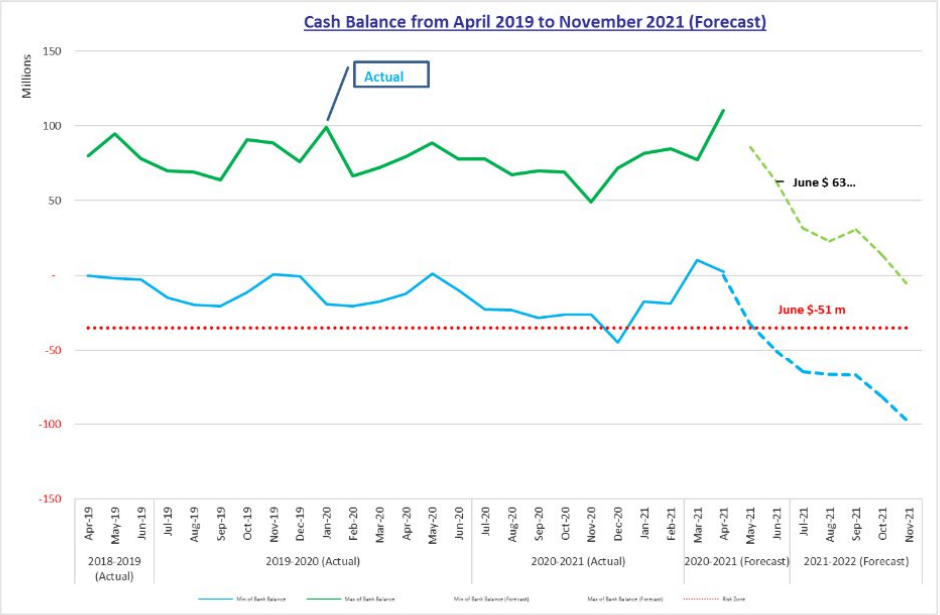
	YTD Mar 2021		
	Actual $000	Budget $000	Variance $000
Net Cashflow from Operating	26,424	(4,910)	31,334
Non operating financial asset items	(101)	-	(101)
Non operating non financial asset items	(2,726)	(2,295)	(431)
Non cash PPE movements	(24,469)	(24,182)	(287)
Working Capital Movement			
Inventory	617	-	617
Receipts and Prepayments	15,724	12,100	3,624
Payables and Accruals	(50,616)	(4,503)	(46,113)
Total Working Capital movement	**(34,275)**	**7,597**	**(41,872)**
Operating balance	**(35,147)**	**(23,790)**	(11,357)

Current Ratio – This ratio determines the DHB's ability to pay back its short term liabilities.
DHB's current ratio is 0.30 (March - 0.34)

Improved Debt to Equity Ratio - This ratio determines how the DHB has financed the asset base.
DHB's total liability to equity ratio is 0.78 : 1 (March - 0.78 : 1).

Debt Management / Cash Forecast – March 2021

Aged Debtors report ($'000)	Total	Current	1-30	31 - 60	61 - 90	91+	Previous Period
Ministry of Health	7,083	5,541	(36)	(128)	53	1,653	23,306
Other DHB's	5,867	1,390	1,159	106	73	3,139	9,567
Kenepuru A&M	230	30	24	20	156	0	219
ACC	64	700	(751)	1	(71)	185	226
Misc Other	3,446	1,159	440	122	16	1,709	4,082
Total Debtors	**16,690**	**8,820**	**836**	**121**	**227**	**6,686**	**37,400**
less : Provision for Doubtful Debts	(3,585)						(2,531)
Net Debtors	13,105						34,869



Debt Management

- $1,653K The MOH overdue is for invoices on hold due to contracts not yet signed by MOH, reports not yet provided by CCDHB or disputed invoices.
- $3,139K The single largest debtor in 'Other DHB's' outstanding is HVDHB.
- $135K Kenepuru A&M includes significant number of low value patient transactions.
- 'Misc Other' debtors includes non resident debt of approx. $2.1m. About 83% of the non resident debt have payment arrangements in place. The balance will be referred to collection agencies if unpaid.

Cash Management

The DHB may **not** require equity injection for FY21. Cash forecast June21: High:+$63m, Low:-$51m, improved by cash management process.

Balance Sheet / Cashflow – as at 31 March 2021

Feb 2021	Month : Mar 2021						Capital & Coast DHB Balance Sheet
					Variance		
Actual	Actual	Budget	At Mar 2020	At Jun 2020	Actual vs Budget	Actual vs Mar 2020	YTD Mar 2021
31	31	31	31	31	0	0	Bank
212	10,270	(0)	0	6,523	10,270	10,270	Bank NZHP
12,995	13,216	11,683	12,128	11,683	1,533	1,088	Trust funds
70,448	46,926	49,375	37,421	46,342	(2,450)	9,504	Accounts receivable
9,553	9,613	8,995	9,911	8,995	617	(298)	Inventory/Stock
9,935	8,929	6,257	9,069	6,257	2,672	(140)	Prepayments
103,173	**88,984**	**76,341**	**68,559**	**79,831**	**12,643**	**20,425**	**Total current assets**
510,173	508,904	546,099	521,607	522,978	(37,195)	(12,703)	Fixed assets
14,847	14,847	14,847	9,859	11,626	0	4,988	Work in Progress - CRISP
84,026	86,398	54,096	55,609	57,317	32,301	30,789	Work in progress
609,045	**610,149**	**615,042**	**587,075**	**591,921**	**(4,893)**	**23,073**	**Total fixed assets**
1,150	1,150	1,150	1,150	1,150	1	1	Investment in Allied Laundry
1,150	**1,150**	**1,150**	**1,150**	**1,150**	**1**	**1**	**Total investments**
713,368	**700,283**	**692,532**	**656,784**	**672,901**	**7,751**	**43,499**	**Total Assets**
9,743	0	47,311	4,707	0	47,311	4,707	Bank overdraft HBL
102,297	96,072	64,504	69,018	76,604	(31,569)	(27,054)	Accounts payable, Accruals and provisions
2,985	4,603	4,925	5,803	(252)	322	1,199	Capital Charge payable
593	593	593	593	593	0	0	Insurance liability
11,106	11,455	36,144	23,997	36,144	24,689	12,542	Current Employee Provisions
167,027	171,625	140,857	119,585	140,857	(30,767)	(52,040)	Accrued Employee Leave
12,205	15,720	7,299	12,451	7,299	(8,421)	(3,269)	Accrued Employee salary & Wages
305,956	**300,068**	**301,634**	**236,153**	**261,245**	**1,566**	**(63,915)**	**Total current liabilities**
99	97	95	85	95	(2)	(12)	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
7,268	**7,266**	**7,264**	**6,986**	**7,264**	**(2)**	**(280)**	**Total non-current liabilities**
313,225	**307,335**	**308,898**	**243,139**	**268,510**	**1,564**	**(64,196)**	**Total Liabilities**
400,144	392,948	383,634	413,645	404,391	9,314	(20,697)	Net Assets
817,122	832,493	812,773	797,172	813,224	19,720	35,321	Crown Equity
0	0	0	0	(3,484)	0	0	Capital repaid
15,370	953	0	0	0	953	953	Capital Injection
130,659	130,659	130,660	131,395	130,659	(1)	(736)	Reserves
(563,009)	(571,157)	(559,799)	(514,923)	(536,008)	(11,359)	(56,234)	Retained earnings
400,143	**392,948**	**383,634**	**413,645**	**404,392**	**9,313**	**(20,697)**	**Total Equity**

Balance Sheet

1. For the first time in three years, DHB's cash balance has turned to positive.
2. Accounts receivable is lower than the budgeted recoverable debts.
3. There is a $1.3m assets disposal; however, we have identified an opportunity to improve and optimise our fixed asset capitalisation procedures.
4. Accounts payable, accruals and provisions is higher than the budget primarily due to a timing differences
5. Employee liabilities are higher than budgeted. This is due to an unbudgeted employee costs (MHAIDs) approx. $3m per month;

Cash flow

1. The net cash flow from operating activities is favourable to budget. This is mainly received payment from HVDHB;
2. The net cash flow from investment activities is almost line up to budget;

Capital Expenditure Summary March 2021

			Actual spend on live projects						Forecast spend on approved projects			
Asset Category	Approved Capex Budget	PY Spend to 30 June 2020	September Quarter actual spend	December Quarter actual spend	March Quarter actual spend	Actual YTD Spend	Actual LTD Spend	To spend	Apr-21	May-21	Jun-21	Forecast cash spend to June 21*
Buildings	10,822,766	-	225,088	820,879	479,840	1,525,807	1,525,807	9,296,959	434,420	576,887	667,011	3,204,125
Clinical Equipment	8,647,339	-	643,250	1,506,284	1,113,275	3,262,809	3,262,809	5,384,530	628,641	779,037	831,244	5,501,731
ICT	2,201,844	-	41,960	142,786	373,375	558,122	558,122	1,643,723	187,404	221,556	265,459	1,232,540
2020-21 projects	**21,671,949**	-	**910,298**	**2,469,950**	**1,966,490**	**5,346,738**	**5,346,738**	**16,325,211**	**1,250,465**	**1,577,480**	**1,763,714**	**9,938,396**
Buildings	17,890,332	8,814,096	1,395,429	934,819	806,729	3,136,976	11,951,072	5,939,260	290,646	243,041	227,269	3,897,933
Clinical Equipment	44,165,614	21,222,465	7,018,217	5,846,681	1,209,371	14,074,268	35,296,733	8,868,881	351,271	1,179,588	930,166	16,535,293
ICT	9,172,562	6,711,200	1,266,724	348,068	263,844	1,878,636	8,589,836	582,726	92,628	90,761	90,761	2,152,785
Prior Year projects	**71,228,508**	**36,747,760**	**9,680,370**	**7,129,568**	**2,279,943**	**19,089,880**	**55,837,640**	**15,390,867**	**734,545**	**1,513,390**	**1,248,195**	**22,586,011**
Total	**92,900,457**	**36,747,760**	**10,590,667**	**9,599,517**	**4,246,434**	**24,436,618**	**61,184,378**	**31,716,079**	**1,985,010**	**3,090,870**	**3,011,909**	**32,524,407**

** does not take into account unapproved business cases in the 2020/21 Capital Plan*

- The development of business cases from the 2020/21 Capital Plan are at various stages. It was anticipated that $3m-$4m be presented for approval each month. Only $21.7m in projects have been approved to March 2021. Delays in three large projects has given rise to a lower overall approval rate. Two are scheduled to be submitted for approval in May and the third in June
- Total spend to the end of March 2021 was $24.4m which mostly related to prior year approved projects
- In December 2020, $41m-$43m was forecasted as the cash spend for the year. This has been revised to $32m-$34m
- Over $440k credit and recharge was received in March from previous quarters' spending. This has offset part of March quarter's spending.
- The slower spend rate is due to delays in business case development mentioned above, shipping in clinical equipment for both assessment and delivery (can take up to 14 weeks), a handful of larger projects being revised. The timing to complete some building projects will take longer than initially anticipated (CSB lift renewal & seismic upgrade, ceiling tile replacement, passive fire)
- Efforts are being made to ensure the spend rate on capital spending is improved to cash spend is in line with budget

Board Decision – Public

7 July 2021

Strategic Priorities

Action Required

CCDHB and HVDHB Boards note:

(a) The Boards have agreed two overarching goals:

i. Improving Equity and health outcomes

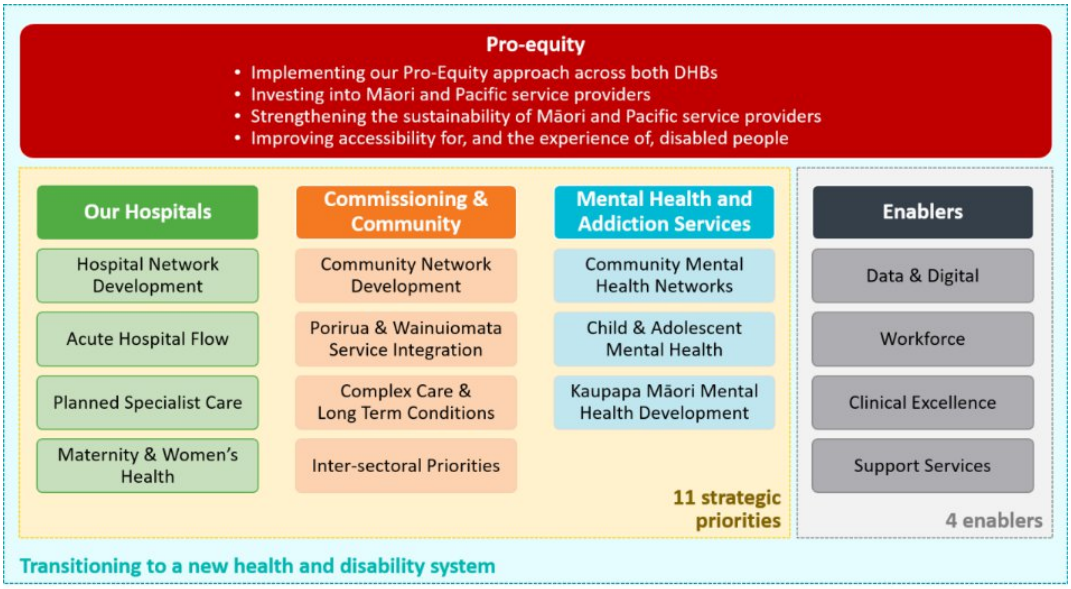
ii. Improving financial sustainability

(b) the Boards reached consensus on the strategic priorities, including the enablers, identified to drive system transformation (at the workshop in January 2021 and at the Board meetings on 3 March 2021 and 7 April 2021)

(c) that management have reflected on those priorities in the context of health system reform announced on 21 April 2021.

(d) that the names of the priority areas have been refined to give greater clarity to the workstreams and work programmes.

CCDHB and HVDHB Boards approve the eleven strategic priorities and four enablers (grouped under four focus areas with an overarching pro-equity approach to each):



Strategic Alignment	We are focussed on achieving equity, clinical excellence, and financial sustainability to ensure the needs of our populations are met during a period of change. The strategic priorities and enablers have been identified, discussed and refined over the last eight months through engagement with the Boards, ELT, and senior clinicians and managers. Our priorities are aligned to the Government's planning priorities for health and the Minister's Letters of Expectations. Our work on the

	priorities over the next 12 months is consistent with the transition to the new health and disability system.
Presented by	Fionnagh Dougan, Chief Executive, CCDHB and HVDHB Rachel Haggerty, Director, Strategy, Planning & Performance CCDHB and HVDHB
Purpose	This paper seeks the Board's approval for our eleven strategic priorities and four enablers.
Contributors	2DHB General Manager Planning & Performance Strategy and Planning Manager, Strategy, Planning & Performance Business Support Manager, Strategy, Planning & Performance
Consultation	N/A

Executive Summary

Late in January 2021 a workshop was held with the Boards to discuss the strategic priorities and enablers. The strategic priorities and enablers were considered by the Boards at the March and April 2021 concurrent meetings and consensus was reached on the overall approach.

ELT and management have reflected on the strategic priorities and enablers and consider that they are well-aligned and of even greater importance given the transition to the new health and disability system. Focusing on an agreed set of strategic priorities and enablers ensures that we are focussed on meeting the needs of our populations during this period of transition.

The Equity work plan is focused on creating a pro-equity organisation and involves:

- Implementing the Pro-Equity approach across both DHBs.
- Investment into Māori and Pacific providers (additional investment) across the two DHBs
- 2DHB Māori and Pasifika Service Providers Collaborative to strengthen our commitment to the sustainability of the providers.
- Improving accessibility for disabled people to all services and improving the experience of disabled people in accessing and using health services.

There are four focus areas: Our Hospitals, Commissioning & Community, Mental Health & Addiction Services, and Enablers, and within those there are eleven strategic priorities – each of which is focused on providing equitable outcomes for the people of our region:

- Hospital Network Development – ensuring the best use of our hospitals and specialist services to achieve equitable outcomes for the people of our region
- Acute Hospital Flow–- timely and equitable access to acute care, and an integrated system to improve the management and care of older people with frailty
- Planned Specialist Care – timely and accessible planned care services to achieve equitable outcomes for the people of our region
- Maternity and Women's Health – mothers, babies, and families are supported to receive equitable access to services and outcomes, and children get the very best start to life
- Community Network Development – ensuring well-coordinated and integrated services with our primary and community providers for the people in our localities
- Porirua & Wainuiomata Service Integration – partnering with community leaders and providers to deliver locally coordinated services to create a thriving, healthy community that enables equitable outcomes

- Complex Care and Long Term Conditions – an integrated model of care for people with long term conditions, focused achieving equitable outcomes for our priority populations
- Inter-sectoral Priorities – working together to improve housing, prevent suicide and family violence, and reduce child uplifts – ensuring our priority populations have a 'Voice, Choice and Safe Prospects'
- Community Mental Health Networks – establishing Community Mental Health and Wellbeing Hubs within our region
- Child & Adolescent Mental Health –focusing on improving mental health service delivery to children and adolescents
- Kaupapa Māori Mental Health Development –focusing on developing and strengthening kaupapa Māori mental health services.

Four enablers are required to support implementation of the eleven strategic priorities:

- Data & Digital,
- Workforce (including organisational culture), and
- Clinical Excellence (which includes a focus on quality and safety), and
- Support Services (including corporate and financial services).

As is represented in the diagram (above), the strategic priorities and enablers are underpinned by our approach to equity.

Governance, monitoring and reporting

There are underlying work plans for each strategic priority and enabler, and an executive-level governance structure and performance reporting framework is being established. There are plans for quarterly reporting to the Boards on the performance and progress of work under each focus area.

We are seeking endorsement from both Boards for the strategic priorities and enablers and the approach outlined above.

Strategic Considerations

Service	Implementing our strategic priorities will improve service delivery across hospital, primary and community services and help maintain a strong focus on looking after the health needs of our populations during a time of change. The over-arching Pro-Equity priority is woven through all work programmes and will contribute to our goal of achieving health equity and optimal health for Māori, Pacific peoples, and people living with disabilities as well as other vulnerable populations by 2030.
People	
Financial	The new investment prioritisation process is focussed on implementation of the strategic priorities, and the enablers needed to support them.
Governance	A governance structure to support implementation of the strategic priorities is being established.

Engagement/Consultation

Patient/Family	N/A
Clinician/Staff	Once the strategic priorities have been agreed, we will communicate these to our staff, partners and stakeholders, providers, and our communities and commence
Community	

engagement as applicable. Our Communications and Engagement Team has started the preparatory work for this.

Identified Risks

Risk ID	Risk Description	Risk Owner	Current Control Description	Current Risk Rating	Projected Risk Rating
N/A	There is a risk of diluting our focus and resources across areas of work that are not critical to the needs of our populations during this time of change and transition to the new system.	Rachel Haggerty	Communicating an agreed set of strategic priorities and enablers ensures that we are focussed on meeting the needs of our populations during this period of transition.	Low Risk	Low Risk

Capital and Coast DHB and Hutt Valley DHB

CONCURRENT Board Meeting

Meeting to be held on 7 July 2021

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 negotiations.
2DHB and 3DHB MHAIDS Quality and Safety Report (Surveillance Audit).	As above	As above
2DHB Consumer Engagement Report	As above	As above
Workplace Health and Safety Report	As above	As above

Service Spotlight Infant, Child, Adolescent and Family Service (ICAFS)	As above	As above
HVDHB May 2021 Financial and Operational Performance Report	As above	As above
CCDHB May 2021 Financial and Operational Performance Report	As above	As above
Hutt Valley District Health Board – Commissioner Annual Commitments 2021/22	As above	As above
Capital & Coast District Health Board – Commissioner Annual Commitments 2021/22	As above	As above
FRAC Items for Approval from meeting dated 30 June 2021	As above	As above
Upgrade of Maternity and Neonatal Facilities – ratification of September 2020 decision	As above	As above
Clock Tower Replacement of Lifts 7 & 8 – Hutt Valley DHB	As above	As above
3DHB Digital Report – Quarter 3	As above	As above
MCPAC Update from meeting dated 30 June 2021	As above	As above
Minutes of Previous Meeting	As above	As above
Matters Arising from Previous Meetings	As above	As above
Chair's Report and Correspondence	As above	As above
Chief Executive's Report	As above	As above
General Business	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.