PUBLIC

HUTT VALLEY DHB / Capital & Coast District Health Board ŪPOKO KI TE URU HAUORA	**AGENDA** Held on Thursday 3 September LOCATION: Level 11 Boardroom, Grace Neil Block, Wellington Regional Hospital Zoom link: **980 1222 1912** Time: 9am
	MEETING

	Item	Action	Presenter	Min	Time	Pg
1	**PROCEDURAL BUSINESS**					
1.1	Karakia			15	9:00am	
1.2	Apologies	**ACCEPT**	Chair			
1.3	Public Participation -	**VERBAL**	Public			
1.4	Continuous Disclosure 1.4.1 Combined Board Interest Register	**ACCEPT**	Chair			
	1.4.2 Combined ELT Interest Register					
1.5	Minutes of Previous Concurrent Meeting	**ACCEPT**	Chair			
1.6	Matters Arising from Previous Concurrent Meetings	**NOTE**	Chair			
1.7	Chair's Report	**VERBAL**	Chair			
1.8	Chief Executive's Report	**NOTE**	Chief Executive			
1.9	Board Work Plan	**NOTE**	Chair			
2	**DHB Performance and Accountability**					
2.1	CCDHB June 2020 Financial and Operational Performance Report	**NOTE**	Chief Financial Officer Director Provider Services	10	9.15am	
2.2	HVDHB June 2020 Financial and Operational Performance Report	**NOTE**	GM Finance and Corporate Services Director Provider Services			
3	**Updates**					
3.1	New Children's Hospital Update	**NOTE**	Executive Director	25	9.25am	
5	**OTHER**					
5.1	General Business	**NOTE**	Chair	5	9.50am	
5.2	Resolution to Exclude the Public	**ACCEPT**	Chair			

DATE OF NEXT FULL BOARD MEETING:
30 September, details to be confirmed

CAPITAL & COAST AND HUTT VALLEY DISTRICT HEALTH BOARDS

Interest Register

29 August 2020

Name	Interest
Mr David Smol *Chair*	• Director, Contact Energy • Director, Viclink • Director, New Zealand Transport Agency • Independent Consultant • Sister-in-law is a nurse at Capital & Coast District Health Board
Dr Ayesha Verrall *Deputy Chair*	• Labour Party List Candidate for 2020 General Election • Member, PHARMAC Pharmacology and Therapeutics Advisory Committee's Immunisations Subcommittee • Member, Association of Salaried Medical Specialists • Member, Australasian Society for Infectious Diseases • Employee, Capital & Coast District Health Board • Employee, University of Otago
Mr Wayne Guppy *Deputy Chair*	• Mayor, Upper Hutt City Council • Director, MedicAlert • Chair, Wellington Regional Mayoral Forum • Chair, Wellington Regional Strategy Committee • Deputy Chair, Wellington Water Committee • Deputy Chair, Hutt Valley District Health Board • Trustee, Ōrongomai Marae • Wife is employed by various community pharmacies in the Hutt Valley
Dr Kathryn Adams	• Contracted Vaccinator, Kokiri Marae Hauora Clinic, Lower Hutt • Fellow, College of Nurses Aotearoa (NZ) • Reviewer, Editorial Board, Nursing Praxis in New Zealand • Member, Capital & Coast District Health Board • Member, National Party Health Policy Advisory Group • Workplace Health Assessments and seasonal influenza vaccinator, Artemis Health • Director, Agree Holdings Ltd, family owned small engineering business, Tokoroa
Dr Roger Blakeley	• Board Member, Transpower New Zealand Ltd • Director, Port Investments Ltd • Director, Greater Wellington Rail Ltd • Deputy Chair, Wellington Regional Strategy Committee • Councillor, Greater Wellington Regional Council • Economic Development and Infrastructure Portfolio Lead, Greater Wellington Regional Council

	• Member of Capital & Coast District Health Board • Member, Harkness Fellowships Trust Board • Member of the Wesley Community Action Board • Independent Consultant • Brother-in-law is a medical doctor (anaesthetist), and niece is a medical doctor, both working in the health sector in Auckland • Son is Deputy Chief Executive (insights and Investment) of Ministry of Social Development, Wellington
Hamiora Bowkett	• Deputy Chief Executive, Te Puni Kōkiri • Former Partner, PricewaterhouseCoopers • Former Social Sector Leadership position, Ernst & Young
Josh Briggs	• Councillor, Hutt City Council • Wife is an employee of Hutt Valley District Health Board / Capital & Coast District Health Board
Keri Brown	• Councillor, Hutt City Council • Council-appointed Representative, Wainuiomata Community Board • Director, Urban Plus Ltd • Member, Arakura School Board of Trustees • Partner is associated with Fulton Hogan John Holland
'Ana Coffey	• Father, Director of Office for Disabilities • Brother, employee at Pathways, NGO Project Lead Greater Wellington Collaborative • Shareholder, Rolleston Land Developments Ltd
Yvette Grace	• General Manager, Rangitāne Tu Mai Rā Treaty Settlement Trust • Member, Hutt Valley District Health Board • Member, Wairarapa District Health Board • Member, Steering group, Wairarapa Economic Development Strategy • Husband is a Family Violence Intervention Coordinator at Wairarapa District Health Board • Sister-in-law is a Nurse at Hutt Hospital • Sister-in-law is a Private Physiotherapist in Upper Hutt
Dr Tristram Ingham	• Board Member, Health Quality and Safety Commission • Director, Foundation for Equity & Research New Zealand • Director, Miramar Enterprises Limited (Property Investment Company) • Member, Independent Monitoring Mechanism to the United Nations on the United Nations Convention on the Rights of Persons with Disabilities • Chair, Te Ao Mārama Māori Disability Advisory Group • Co-Chair, Wellington City Council Accessibility Advisory Group • Chairperson, Executive Committee Central Region MDA • National Executive Chair, National Council of the Muscular Dystrophy Association • Trustee, Neuromuscular Research Foundation Trust

	• Professional Member, Royal Society of New Zealand • Member, Disabled Persons Organisation Coalition • Member, Scientific Advisory Board – Asthma Foundation of NZ • Member, 3DHB Sub-Regional Disability Advisory Group • Member, Institute of Directors • Member, Health Research Council College of Experts • Member, European Respiratory Society • Member, Te Ohu Rata o Aotearoa (Māori medical Practitioners Association) • Senior Research Fellow, University of Otago Wellington • Wife is a Research Fellow at University of Otago Wellington • Co-Chair, My Life My Voice Charitable Trust • Member, Capital & Coast District Health Board • Member, DSAC • Member, FRAC
Dr Chris Kalderimis	• National Clinical Lead Contractor, Advance Care Planning programme for Health Quality & Safety Commission • Locum Contractor, Karori Medical Centre • Contractor, Lychgate Funeral Home
Sue Kedgley	• Member, Capital & Coast District Health Board • Member, Consumer New Zealand Board • Stepson works in middle management of Fletcher Steel
Ken Laban	• Chairman, Hutt Valley Sports Awards • Broadcaster, numerous radio stations • Trustee, Hutt Mana Charitable Trust • Trustee, Te Awaikairangi Trust • Member, Hutt Valley District Health Board • Member, Ulalei Wellington • Member, Greater Wellington Regional Council • Member, Christmas in the Hutt Committee • Member, Computers in Homes • Commentator, Sky Television
Prue Lamason	• Councillor, Greater Wellington Regional Council • Chair, Greater Wellington Regional Council Holdings Company • Deputy Chair, Hutt Mana Charitable Trust • Member, Hutt Valley District Health Board • Daughter is a Lead Maternity Carer in the Hutt
John Ryall	• Member, Hutt Union and Community Health Service Board • Member, E tū Union
Naomi Shaw	• Director, Charisma Rentals • Councillor, Hutt City Council • Member, Hutt Valley Sports Awards • Development Officer, Wellington Softball Association • Trustee, Hutt City Communities Facility Trust

Vanessa Simpson	• Director, Kanuka Developments Ltd • Relationship & Development Manager, Wellington Free Ambulance • Member, Kapiti Health Advisory Group
Dr Richard Stein	• Chairman and Trustee, Crohn's and Colitis NZ Charitable Trust • Member, Executive Committee of the National IBD Care Working Group • Member, Conjoint Committee for the Recognition of Training in Gastrointestinal Endoscopy • Clinical Senior Lecturer, University of Otago Department of Medicine, Wellington • Assistant Clinical Professor of Medicine, University of Washington, Seattle • Locum Contractor, Northland DHB, HVDHB, CCDHB • Gastroenterologist, Rutherford Clinic, Lower Hutt • Medical Reviewer for the Health and Disability Commissioner

CAPITAL & COAST AND HUTT VALLEY DISTRICT HEALTH BOARDS

Interest Register

EXECUTIVE LEADERSHIP TEAM

28 AUGUST 2020

Fionnagh Dougan *Chief Executive Officer*	• Board member, Children's Hospital Foundation, Queensland • Trustee, Wellington Hospital Foundation • Adjunct Professor University of Queensland
Sandy Blake *CCDHB Executive Director, Quality Improvement & Patient Safety*	• Advisor to Patient Safety and Reportable Events programme, Health Quality Safety Commission • Adviser to ACC re adverse events • Son is Associate Director of Deloittes
Helen Mexted *2DHB Director of Communications*	• Director, Wellington Regional Council Holdings, Greater Wellington Rail • Board member, Walking Access Commission • Partner owns Mexted Motors (supplies/services vehicles for the CCDBH)
Thomas Davis *CCDHB Executive Director, Corporate Services*	• Wife's cousin Facility & Property Manager Victoria University of Wellington
Kiri Waldegrave *HVDHB Acting Director of Māori Health*	• TBC
Nigel Fairley *3DHB General Manager MHAIDS*	• President, Australian and NZ Association of Psychiatry, Psychology and Law • Trustee, Porirua Hospital Museum • Fellow, NZ College of Clinical Psychologists • Director and shareholder, Gerney Limited
Joy Farley *2DHB Director of Provider Services*	• None
Debbie Gell *HVDHB General Manager Quality, Service Improvement and Innovation*	• Member of Consumer Council for Healthy Homes Naenae
Arawhetu Gray *CCDHB Director, Māori Health*	• Co-chair, Health Quality Safety Commission – Maternal Morbidity Working Group • Director, Gray Partners • Chair, Te Hauora Runanga o Wairarapa • Chair, Tangata Whenua Advisory Group, Te Hiringa Hauora, Health Promotion Agency

12 February 2020

Rachel Haggerty *2DHB Director, Strategy Planning & Performance*	• Director, Haggerty & Associates • Chair, National GM Planner & Funder
Emma Hickson *CCDHB Chief Nursing Officer*	• None
Nicola Holden *Director, Chief Executive's Office*	• None
Dr Sisira Jayathissa *HVDHB Chief Medical Officer*	• Member of the Medicine Adverse Reaction Committee Medsafew (MOH) • Member Standing committee on Clinical trials (HRC) • Member Editorial Advisory Board NZ Formulary • Member of Internal Medicine Society of Australia and New Zealand • Australian and New Zealand Society for Geriatric Medicine • Writer NZ Internal Medicine Research Review • Clinical Senior Lecturer and Module convenor Clinical Skills module (Hutt campus), University of Otago • Company Director of Family Company Strik's Nurseries and Garden Shop 100&1 House and Garden Plans
Christine King *HVDHB Chief Allied Health Officer* *Acting CCDHB Chief Allied Health Officer*	• Brother works for Medical Assurance Society (MAS) • Sister is a Nurse for Southern Cross
Michael McCarthy *CCDHB Chief Financial Officer*	• Director/Trustee Prime Site Properties Ltd • Director Allied Laundry • Business relationship with Teresa Wall (Chair of CCDHB MPB) in primary care consulting and the Ahuriri Health Trust. • Trustee of the Wellington Hospital Foundation • Daughter works in cervical screening programme • Son and son-in-law work for Audit NZ
Roger Palairet *Chief Legal Officer*	• Chair and Trustee of Carers NZ (non-profit organisation promoting the interests of family carers; funders include MoH, MSD and Waitemata DHB) • Chair and Trustee of the Wellington Community Trust • Sister-in-law is a paediatric nurse at CCDHB
Judith Parkinson *HVDHB General Manager, Finance and Corporate Services*	• Director of Allied Laundry
Tofa Suafole-Gush *HVDHB Director, Pacific Peoples* *Acting CCDHB Director, Pacific Peoples*	• Member of Te Awakairangi Health Board • Pacific Member, Board of Compass Health • Director, Pacific Peoples, Wairarapa DHB • Husband is an employee of Hutt Valley DHB
John Tait *CCDHB Chief Medical Officer*	• Vice President RANZCOG • Ex-offico member, National Maternity Monitoring Group

	• Member, ACC taskforce neonatal encephalopathy • Trustee, Wellington Hospitals Foundation • Board member Asia Oceanic Federation of Obstetrician and Gynaecology • Chair, PMMRC
Tracy Voice *3DHB Chief Digital Officer*	• Secretary, New Zealand Lavender Growers Association • Board member, Primary Growth Partnership with PGG Wrightsons/Grassland Seed Technology Innovation
Declan Walsh *2DHB Director People, Culture and Capability*	• None

BOARD MEETING **PUBLIC**

HUTT VALLEY DHB / Capital & Coast District Health Board ŪPOKO KI TE URU HAUORA	**MINUTES** Held on Wednesday 29 July, 9am Front and Centre, 69 Tory Street, Te Aro, Wellington Via Zoom
BOARD MEETING	**PUBLIC**

IN ATTENDANCE

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

Hutt Valley and Capital & Coast DHB

Fionnagh Dougan	Chief Executive
Nicola Holden	Director Office of the Chief Executive
Rachel Haggerty	Director Strategy, Planning and Performance
Joy Farley	Director Provider Services
Amber Igasia	Board Liaison Officer
Nigel Fairley	GM Mental Health, Addictions and Intellectual Disability Services
Declan Walsh	Director People, Culture and Capability
Tofa Suafole Gush	Director Pacific Peoples Health
Tracy Voice	Chief Digital Officer
Mel McCool	Principal Communications Advisor

CCDHB

John Tait	Chief Medical Officer
Emma Hickson	Chief Nursing Officer
Michael McCarthy	Chief Financial Officer
Sandy Blake	Executive Director Quality Improvement and Patient Safety
Arawhetu Gray	Director Maori Health Services
Thomas Davis	Executive Director Corporate Services

HVDHB

Chris Kerr	Chief Nursing Officer
Judith Parkinson	General Manager Finance and Corporate Services
Kerry Dougall	Director Maori Health
Sisira Jayathissa	Chief Medical Officer
Debbie Gell	General Manager Quality Service Improvement and Innovation

APOLOGIES

Nil.

BOARD MEETING **PUBLIC**

1 PROCEDURAL BUSINESS

1.1 KARAKIA

Hamiora Bowkett opened the meeting with a karakia following which the Chair welcomed everyone to the meeting.

1.2 APOLOGIES

Nil.

1.3 PUBLIC PARTICIPATION

- **Te Awakairangi Birthing Centre**

Chloe Wright, Wayne Wright and Hon. Tony Ryall from Te Awakairangi Birthing Centre (a registered non-profit charity) presented to the Board. They outlined their current situation as owners of the Birthing Centre and asked for consideration to partner with the DHBs going forward. They noted the wrap around work of the Birthing Centre and that they have partnered with other DHBs in the past.

It was noted by the Chair that as this is an operational matter the Board will leave further engagement with the Wright Foundation and the Birthing Centre to the Chief Executive and her Executive Leadership Team.

1.4 CONTINUOUS DISCLOSURE

1.4.1 COMBINED BOARD INTEREST REGISTER

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

1.4.2 COMBINED EXECUTIVE LEADERSHIP TEAM INTEREST REGISTER

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

1.5 MINUTES OF PREVIOUS CONCURRENT MEETING

The Combined Board **approved** the minutes of the previous Combined Public Board Meeting held on 27 May 2020.

	Moved	**Seconded**
HVDHB	Yvette Grace	Ken Laban
CCDHB	Roger Blakeley	Ayesha Verrall

1.6 MATTERS ARISING FROM PREVIOUS CONCURRENT MEETINGS

Nil.

1.7 CHAIR'S REPORT AND CORRESPONDENCE

The Chair expressed his appreciation to the Chief Executive and her team for the way they dealt with the COVID-19 challenges.

1.8 CHIEF EXECUTIVE'S REPORT

The Chief Executive provided an update on the following:

1. COVID-19 Update
2. Events and News

CE Report

A question was asked regarding the National Public Health Advocacy Group and it was noted the National Chairs and Chief Executives are supporting a proposal to establish a different model for the delivery of public health services going forward. However, this is in the development stages. The topic of a dedicated nursing workforce for Managed Isolation Facilities was raised. It was noted the perceived risk is in the movement of staff and the DHBs are confident they are meeting the Minister's expectations at this time.

1.9 BOARD WORK PLAN 2020

The work plan was received and feedback is to be sent to the Board Liaison Officer.
ACTION: Board members to feed back to the Board Liaison Officer around their availability on the dates set out in the Board Work Plan 2020.

2 DHB PERFORMANCE AND ACCOUNTABILITY

2.1 CCDHB APRIL 2020 FINANCIAL AND OPERATIONAL PERFORMANCE REPORTS

This report was taken as **READ.**

2.2 HVDHB APRIL 2020 FINANCIAL AND OPERATIONAL PERFORMANCE REPORTS

This report was taken as **READ.**

	Moved	**Seconded**
HVDHB	Prue Lamason	Ken Laban
CCDHB	Hamiora Bowkett	Roger Blakeley

3 UPDATES

3.1 NEW CHILDREN'S HOSPITAL UPDATE

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

(a) McKee Fehl are forecasting Project Handover on 16 July 2021.
(b) The Engineering Services contractor has been appointed and project planning is underway with long lead items on order.
(c) Grace Neill Block – L3 office area has been occupied. Final documentation being reviewed.
(d) Wellington Regional Hospital – WBCC, Link Bridge & Raised Carpark roof Building Consents are being reviewed by Wellington Council.

	Moved	**Seconded**
CCDHB	Roger Blakeley	Sue Kedgley

3.2 HEALTH SYSTEM COMMITTEE ITEMS FOR APPROVAL AND UPDATE

The Board noted the Health System Committee:

(a) Received the quarterly report on Te Pae Amorangi.
(b) Received the quarterly report on Taurite Ora.
(c) Received the quarterly report on Regional Public Health.

The Board approved the following decisions endorsed by the Health System Committee:

(a) The final draft of the Pacific Health & Wellbeing Strategic Plan for the Greater Wellington Region 2020-2025 with the following amendment:
- **Before the document is published,** the Strategic Plan must make more explicit connections to the other Strategic Plans that overlap, particularly the Disability plan.

ACTION: Management to email a copy of the Pacific Health and Wellbeing Strategic Plan for the Greater Wellington Region to both DHB Boards members.

ACTION: Add to future reports any actions taken for Māori Health equity in response to COVID-19.

	Moved	**Seconded**
HVDHB	Prue Lamason	Josh Briggs
CCDHB	Roger Blakeley	Kathryn Adams

3.2.1 QUARTERLY REPORT – TE PAE AMORANGI

Board noted:

(a) This report was submitted to the Health System Committee on 22 July 2020.

(b) The key discussion points were:

- A request to align Te Pae Amorangi with the recent 20 DHB Pro-equity Māori Recruitment Strategy.
- Funding has been allocated in the Annual Plans for the implementation work planned in this Financial Year.

	Moved	**Seconded**
HVDHB	Yvette Grace	Josh Briggs

It was noted there has been Māori Leadership engagement with the establishment of the Māori Leadership Alliance whose membership consists of Te Awakairangi providers. The group meets every three weeks and there is an engagement framework in development.

3.2.2 QUARTERLY REPORT – TAURITE ORA

This report was taken as **READ.**

The Board noted:

(a) This report was submitted to the Health System Committee on 22 July 2020.

(b) The key discussion points were:

- The Governance group will be set up over the next month.
- Ethnicity data protocols are being used.
- Funding has been allocated in the Annual Plans for the implementation work planned in this Financial Year.

	Moved	**Seconded**
CCDHB	Roger Blakeley	Ayesha Verrall

It was noted there has been a reset to the timing of some actions but all actions remain the same. There was a question around the amount of funding and it was clarified that the amount is for the core Māori Health Development Group staff only as they continue to provide leadership and support across the whole DHB. The funding does not include all the extra work that is completed by others that are not explicitly in the Māori Health team. It was suggested this report would be a good place to note any actions taken for Māori Health equity in response to COVID-19.

3.2.3 PACIFIC HEALTH AND WELLNESS STRATEGY FOR THE GREATER WELLINGTON REGION

This report was taken as **READ.**

The HVDHB and CCDHB Boards approved:

(a) The final draft of the Pacific Health & Wellbeing Strategic Plan for the Greater Wellington region 2020-2025.

The Boards noted:

(b) This final draft was endorsed by the Health System Committee at their meeting on 22 July 2020 with the following feedback and amendments required:

- A question was posed around the establishment of targets and it was noted targets would be developed as part of the implementation plan.
- It was noted the Strategic Plan must make more explicit connections to the other Strategic Plans that overlap, particularly the Disability plan.

(c) This final draft has been endorsed by the Wairarapa Board at their June meeting.

(d) The contents of the final draft Pacific Health & Wellbeing Plan, 2020-2025.

(e) The extensive community consultation undertaken by the DHB with the support and guidance of the Sub-region Pacific Heath Advisory Group.

(f) The Pacific Health & Wellbeing Plan, 2020-2025 is one of the key supporting plans for both Hutt Valley & CCDHB strategic direction and transformational change work being undertaken

	Moved	**Seconded**
HVDHB	Ken Laban	Prue Lamason
CCDHB	'Ana Coffey	Ayesha Verrall

It was noted that Disability consultation was part of the wider consultation on the Strategic Plan and it is aligned with the 3DHB Disability Strategic Plan. However, the connections between the two plans will be more explicit in the final version and have increased visibility.

3.3 DISABILITY SUPPORT ADVISORY COMMITTEE UPDATE – DRAFT MINUTES

These minutes were taken as **READ.**
The Chair of DSAC provided a verbal update of the meeting noting it was the first meeting DSAC had been able to have this year. The meeting focused on lived experiences of people with disabilities and the difficulties they face every day that appear simple to the rest of us i.e. getting to work each day. The Chair emphasized the focus of DSAC going forward will be advocacy and listening work. The next meeting will be focused on the Mental Health and Addictions work, all Board members are welcome to attend. It was also noted the significant work of the Disability team during the initial COVID-19 response, including Tristram Ingham and Bernadette Jones creating the "bubble" concept.

4 PRESENTATION

4.1 PATIENT STORY – ROBYN BEATTIE

Robyn Beattie spoke about her personal experiences with the Health System and how it influenced a passion for patient safety and quality care. She was one of the founding members of the Whanganui DHB consumer group, Te Pukaea, in 2015. From September 2019, she has been a consumer representative on the CCDHB Clinical Governance Board and will be Chair of the newly established Consumer Advisory Group. The Chair and Boards thanked Robyn for coming to speak and sharing her deeply moving story. She was commended for using her experience as a driver for creating and influence change in her communities.

The Board asked questions around consumer representatives in serious adverse event review panels and were advised the panels always have consumer representatives. It was noted there is work being done to align the two DHBs ways of working and connection with the Mental Health, Addiction and Intellectual Disability services is also being progressed. It was suggested it may be appropriate to have a Champion for Quality, Safety and Engagement on the Boards however it was asked that the role of Boards at the governance level be made clear.
ACTION: A paper to the Boards around how Board members' are provided an oversight of the DHBs measures and monitoring around patients' adverse events.

5 OTHER

5.1 GENERAL BUSINESS

5.2 RESOLUTION TO EXCLUDE THE PUBLIC

	Moved	**Seconded**
HVDHB	Wayne Guppy	Ken Laban

BOARD MEETING **PUBLIC**

CCDHB	Roger Blakeley	Vanessa Simpson

6 NEXT MEETING

Thursday, 3 September 2020. Level 11 Boardroom, Grace Neill Block, Wellington Regional Hospital. Zoom ID: 980 1222 1912.

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

DATED this day of 2020

David Smol
BOARD CHAIR

MATTERS ARISING LOG

Action Number	Date of meeting	Due Date	Assigned	Status	Date Completed	Public or PE	Agenda Item #	Agenda Item title	Description of Action to be taken	How Action to be completed
20-P0004	29-Jul-20		Board Liaison Officer			Public	3.2	Health System Committee Update	Management to email a copy of the Pacific Health and Wellbeing Strategic Plan for the Greater Wellington Region to both DHB Boards members.	Email to be sent
20-P0005	29-Jul-20		Directors of Māori Health	In progress		Public	3.2	Health System Committee Update	Add to future reports any actions taken for Māori Health equity in response to COVID-19.	Reports are quarterly, next report will go to Sep HSC or Nov Board.
20-P0006	29-Jul-20		Excutive Director and GM Quality, Innovation and Patient Safety			Public	4.1	Patient Story	A paper to the Boards around how Board members' are provided an oversight of the DHBs measures and monitoring around patients' adverse events. As governance holders.	Paper to be sent to Boards, not required to go to Board meeting?

Chief Executive's Report

Prepared by: Fionnagh Dougan (Chief Executive)

1 Introduction

This report covers the period from 23 July 2020 to 28 August.

2 COVID-19 Update

On 12 August 2020, Wellington went into Alert Level 2 along with most of New Zealand. This is something that had always been planned and which we remained ready for. There is no known community transmission in our area, and screening and testing work at the borders and in our communities is our first line of defence.

Our PHOs have stood up the CBACs to provide testing for all symptomatic people, and mobile testing teams are available for people who cannot leave their homes or residences.

In our hospitals, we continue business as usual with appropriately enhanced protection for visitors, patients and staff. Visitor restrictions are being put in place for our vulnerable areas and COVID-19 screening has been reinstated at the main entrance.

Support for our staff health and wellbeing is an additonal continued focus of our response plan.

2.1 Current Cases – 2DHB

Number of COVID-19 cases: 0

Number of days without COVID-19 cases, Hutt Valley DHB: 71

Number of days without COVID-19 cases, Capital & Coast DHB: 128

2.2 Managed Isolation Facilities

Number of COVID-19 cases: 0

Number of guests: 121 as at 0900 28 August 2020

2.2.1 Schedule of departures and arrivals

	Planned Arrivals	Planned Departures	Total Guests in MIFs at end of day
26/08/2020	0	0	152
27/08/2020	0	31	121
28/08/2020	0	1	120
29/08/2020	Est. 36	0	Est. 156
30/08/2020	TBC	26	Est. 130
31/08/2020	TBC	0	Est. 130
01/09/2020	Est. 37	32	Est. 135
02/09/2020	TBC	22	Est. 113
03/09/2020	TBC	0	Est. 113

2.3 Testing Statistics

2DHB		HVDHB		CCDHB	
Tests performed to date	54,573	Tests performed to date	15,183	Tests performed to date	39,390
People tested to date	49,082	People tested to date	13,816	People tested to date	35,266
Testing coverage	10.3%	Testing coverage	9.1%	Testing coverage	10.9%
Tests performed last week	5,202	Tests performed last week	1,351	Tests performed last week	3,851
Test performed since 11 August – Auckland cluster	13,552	Test performed since 11 August – Auckland cluster	3,483	Test performed since 11 August – Auckland cluster	10,069

Source: WSCL
COVID-19 tests by DHB to 27 August 2020

2.4 Testing Statistics by ethnicity

2DHB		HVDHB		CCDHB	
Tests performed to date – Maori | Pacific	6,902 | 4,293	Tests performed to date – Maori | Pacific	2,533 | 1,210	Tests performed to date – Maori | Pacific	4,369 | 3,083
People tested to date – Maori | Pacific	6,186 | 3,869	People tested to date – Maori | Pacific	2,304 | 1,086	People tested to date – Maori | Pacific	3,882 | 2,783
Testing coverage – Maori | Pacific	9.8% | 11.3%	Testing coverage – Maori | Pacific	8.7% | 9.1%	Testing coverage – Maori | Pacific	10.5% | 12.5%
Tests performed last week Maori | Pacific	658 | 436	Tests performed last week Maori | Pacific	218 | 117	Tests performed last week Maori | Pacific	440 | 319
Test performed since 11 August – Auckland cluster Maori | Pacific	1,585 | 1,098	Test performed since 11 August – Auckland cluster Maori | Pacific	525 | 285	Test performed since 11 August – Auckland cluster Maori | Pacific	1,060 | 813

Source: WSCL
COVID-19 tests by DHB to 27 August 2020

3 Communications and Engagement

3.1 External Engagement with Key Partners and Stakeholders

Personal and public messages and videos of thanks and appreciation have been shared with our primary care and general practice network, and the CBACs in the region who, along with our Regional Public Health team, those in our Managed Isolation Facilities, the 10 Community Based Assessment Centres (CBACs), and our community Pacific and Maori health providers have provided an outstanding response following the recent COVID-19 outbreak, collectively delivering over 14,000 tests in the two weeks following the first case of community transmission.

There has also been strong engagement with local government leaders and MPs in the region around COVID-19, particularly around the most recent cases and our response efforts. Other response services, such as the Wellington Regional Emergency Management Office (WREMO), have been equally supportive with regular meetings with DHB Emergency Operations teams.

As we move into a longer term response effort, we are using this opportunity to schedule a series of visits to local government leaders to discuss the response and common areas of interest around health and services in our communities. This will form part of an ongoing programme of engagement with key stakeholders.

Upcoming visits, as part of the Chief Executive's stakeholder relationship management, include the Children's Commissioner, the Ombudsman, and the Mental Health Foundation, some of which will focus on discussion around recent public commentary on our mental health facilities.

3.2 External Communications and Engagement – Website, Social Media and News Stories

As well as COVID-19 specific messages following the move into alert level 2, we continue to use our digital channels to support a range of health messages including rheumatic fever, and cervical and bowel screening, and to share the good work our people do in our hospitals and our community every day. A sample of the key messages and performance of our channels is outlined below.

In addition, we have managed extensive communication activity with our providers over the past month, particularly around COVID-19, including for travellers returning to New Zealand in our two managed isolation facilities. CCDHBs has been running this communication, but we hope to have government support for this.

Social media channel performance statistics are as follows:

HVDHB impressions
Facebook: 422,541
Hutt Maternity Facebook: 23,044
CE Facebook: 11,463
Twitter: 53,195
Instagram: 48,597
LinkedIn: 15,945

CCDHB impressions
Facebook: 382,252
CE Facebook: 11,463
Twitter: 21,390
LinkedIn: 20,636

3.2.1 Top 4 posts across both DHBs

Capital & Coast District Health Board (CCDHB)
Published by Grace Neill [?] · August 19 ·

Orthopaedic nurse Marg has seen a lot of changes during her 58 years at CCDHB. At her retirement celebration this week, tributes were paid to a "special woman, who adapted her nursing style over the years during a career that lasted a lifetime."

"Thank you Marg for all you have given, it will have made a real difference for patients and whānau," said chief nursing officer Emma Hickson. #SupportNursesAndMidwives

20,429 People Reached

2,702 Engagements

Capital & Coast District Health Board (CCDHB)
Published by Gemma Elizabeth [?] · July 27 ·

Rheumatic fever is a preventable illness which often starts off with a sore throat also known as strep throat that can lead to rheumatic fever and damage the heart.

If a child has a sore throat, do not ignore it – take them to a free sore throat pharmacy clinic or medical centre right away.

If a child is given antibiotics, it is important they take them for the whole 10 days, even if they feel better. Taking the full course of antibiotics stops the sore throat turning into rh... See More

25,795 People Reached

1,257 Engagements

Hutt Valley District Health Board
Published by Sprout Social [?] · 1d ·

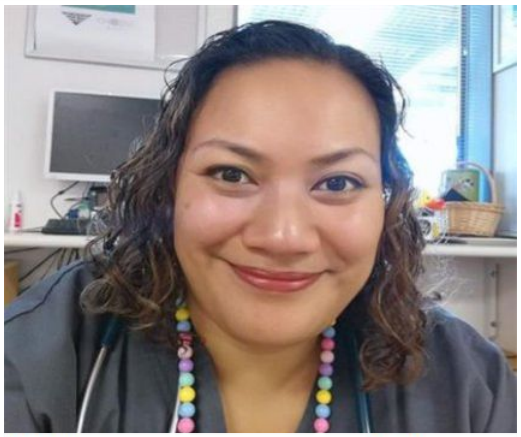
After a recent experience in Hutt Hospital's Emergency Department, Lisa sent us a message about her encounter with a triage nurse.

"I wanted to let the triage nurse know that she is making a massive difference," Lisa said.

While Lisa was waiting, she watched the nurse handle many situations. A moment that stood out to Lisa was when the nurse resuscitated a patient and calmed their family afterwards.

"She repeatedly demonstrated mana and was so respectful and caring."

"When she assessed me, she spoke so no one else could hear, even though I didn't ask her to do this. She just knew."



9,555 People Reached

2,436 Engagements

Capital & Coast District Health Board (CCDHB)
Published by Grace Neill [?] · 2d ·

Welcome to our latest cohort of new graduate nurses, who started at CCDHB this week!

10,746 People Reached

3,178 Engagements

3.2.2 Website page views and stories

CCDHB	HVDHB	MHAIDS
130,109 page views	47,160 page views	12,741 page views

A day in the life of the Infection Prevention and Control team

Infection prevention always plays a crucial role in healthcare, but this year it took the spotlight. The Infection Prevention and Control (IPC) team at CCDHB suddenly found themselves in high demand, as their expertise was sought on every aspect of delivering safe care in the time of COVID-19.

Read more: https://bit.ly/34FSC5K

Baby on board: Whānau benefiting from marae-based maternity care

Leith Porter-Samuels empowers pregnant Māori women and their whānau with childbirth and early-parenting skills using a unique kaupapa Māori model.

She recently hosted birthEd's free three-day Kaupapa Māori Antenatal and Kaiāwhina Education course at Te Kakano o Te Aroha Marae in Moera, Lower Hutt, and will hold another course in December.

The environment outside of a hospital is more natural - it feels safer to learn, said mum-to-be Ngarangi Williams.

Read more here: https://bit.ly/34D8nuf

Hapū Ora service redefining maternity care for Māori

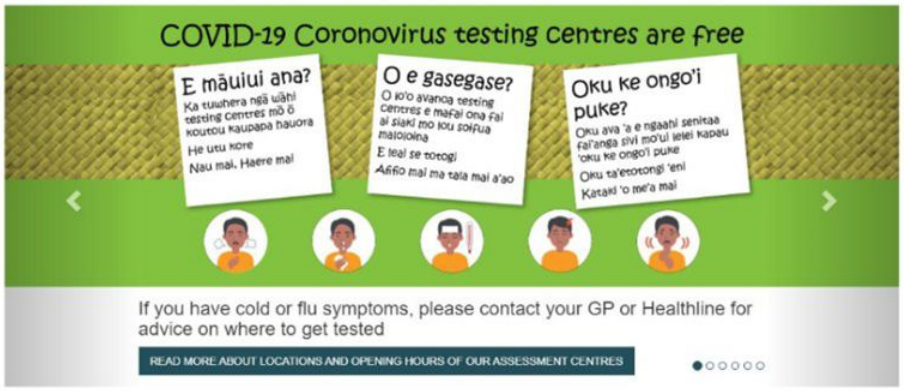
Hapū Ora, a drop-in clinic based at Lower Hutt's Waiwhetu Marae, is a collaborative Māori maternity service for whānau expecting a new baby.

The drop-in service provides a continuum of care covering everything from midwifery to breastfeeding for new mothers and their whānau.

"Māori can feel whakamā at hospital, but feel comfortable at a marae," said lactation consultant Maria Hakaraia.

Read more here: https://bit.ly/3gEnt58

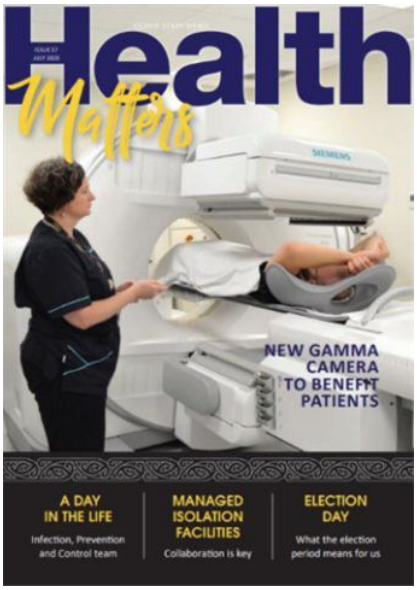
Website Banners:



3.3 Internal Engagement and Communications

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

Health Matters was published in early August and has now been extended to the HVDHB team as well as CCDHB, using the same base copy and articles of interest to each DHB.



The COVID-19 daily email update resumed in mid-August and provides our people with key information and new operational requirements as they come to hand. Board members have been receiving this daily too. All information and policies are loaded in the central repository on our intranets. There is an ongoing focus on staff safety and wellbeing.

The nominations process will open shortly for our annual recognition and awards programme for our people, Celebrating Success, which will be held in November across both DHBs, featuring an awards evening (COVID dependent) and a week-long celebration programme.

3.4 Engagement visits

During the period, the below meetings have occurred.

- Monday 10 August – visit to Pacific Providers Fono to discuss collaboration across the region. This is the first joint engagement they have had, which was coordinated by our Pacific Health team.
- Wednesday 19 August – visit around Wellington Hospital to several wards and a Community-Based Assessment Centre (CBAC) with the Chair of the 2DHB Boards.
- Monday 24 August – visit to Takapuwahia Marae to meet and acknowledge the new Chief Executive of Toa Rangatira.

3.4.1 Top 6 intranet stories

Top 6 intranet stories

HVDHB

- Lindsay Wilde leaving for Oceania Health Care
- Māori cultural safety training for all staff starting soon
- Congrats to Leaha North from RPH on her PDRP assessment
- Electronic referrals connecting patients with Māori Health Team
- July Health Matters: Hapū Ora service redefining maternity care for Māori
- He Pānui Wāhine Hauora – Women's Health Improvement Plan Hui

CCDHB

- How to get a COVID-19 test at work
- Marg retires after 58 years at CCDHB
- An easy way to keep everyone safe
- Te Whare Tapa Whā - Taha Hinengaro
- July Health Matters out now
- Te Whare Tapa Whā - Taha Tinana

Māori cultural safety training for all staff starting soon

Published Wednesday 22 Jul 2020

The first module, Te Tiriti o Waitangi, of the Te Kawa Whakaruruhau Māori cultural safety training programme will launch at a powhiri on 27 July.

Te Kawa Whakaruruhau translates as a safe place made from principles. Module 1: Te Tiriti o Waitangi will be an opportunity for staff to learn more about New Zealand from a Māori perspective, through the lens of Te Tiriti o Waitangi (The Treaty of Waitangi).

Module 1: Te Tiriti o Waitangi will be available for all staff starting in August with session dates and times to be announced in the near-future.

In the meantime, the Māori health team welcome everyone to drop-in to their whare on the groundfloor of the Clocktower Building at Hutt Hospital for cake, a cuppa and a korero about the upcoming training.

The training is going to help us improve health outcomes for Māori patients by empowering ourselves with cultural knowledge. Staff will learn about pre- and post-colonial New Zealand history including a breakdown of Te Tiriti articles, themes of racism, and bi-cultural themes for active partnership.

Managers of HVDHB employees are accountable for this mandatory upskilling of staff and ensuring every staff member attends one training session.

Staff can get accreditation for completing the course.

An easy way to keep everyone safe

Meet the people giving their time to be part of the 'door team'.

As Wellington moved back into level 2, restrictions are again in place for people visiting our hospitals. To assist with the screening process, staff have been asked to volunteer time to be part of the 'door team', and many from across the DHB have already stepped up to cover the screening while an alternative workforce is sourced.

"It comes down to keeping COVID-19 out, and making sure vulnerable people in our hospitals are protected," says Mikaela Shannon (right), associate director of nursing in QIPS, who is overseeing the door process for Wellington Regional and Kenepuru Community Hospitals.

"We already have an amazing team, made up of people who work elsewhere in the DHB. We've got people from every discipline giving their time – allied health, nurses, doctors, and admin staff.

"Because we are working as 'business as usual', we didn't have staff available to be deployed, so it's been amazing to get so much voluntary support. However we are very much still looking for volunteers until we get an alternative workforce set up.

"People are giving whatever hours they can - even just an hour or two to help cover breaks is fantastic."

"It's not always an easy job to do, but an important service we're providing," says nurse educator Kathy Trezise (left), who is part of the volunteer team at Wellington Regional Hospital, asking visitors screening questions, taking contact details and giving out screening stickers.

"It's an easy way to keep everyone safe. We're doing it for the 'team of five million'."

"I wanted to help out as I knew it was really busy last time," adds Vince Costa from patient administration services, who joins Kathy on shift at the entrance to orthopaedics. "People have mainly been friendly and helpful."

"The public has been really helpful, and we're managing to get people screened really quickly," agrees Hazel (right), a midwife currently working in QIPS. Hazel is on shift in the atrium of WRH, which has a priority lane set up and priority cards for people who need to get to clinic appointments on time, such as blood and cancer, and renal patients.

"It's about working compassionately with patients to find alternatives when their access is restricted," explains Mikaela. "It can be a very challenging job. Please remember be patient, polite and kind to your colleagues on the doors, and to keep your staff ID with you."

If you are interested in being part of the team of volunteers, please email Mikaela.shannon@ccdhb.org.nz with a contact number and the dates and hours you are available.

Marg retires after 58 years at CCDHB

She is retiring from "a career that has lasted a lifetime."

Tributes were paid this week to a nurse leaving CCDHB after a "career that has lasted a lifetime."

Orthopaedic nurse Margaret 'Marg' Hogg has seen a lot of changes during her 58 years at CCDHB, and she says they're for the better, with an improved level of care. She talked about the changes she has seen in orthopaedic care, and joked that "orthopaedics was easy in the old days, because everyone was on bed rest in traction!"

A farewell ceremony was attended by many, including the chief medical and nursing officers. The guest of honour was seated on a tinsel-strewn throne.

Wendy Costa, charge nurse manager in the orthopaedic clinic, paid tribute to a "special woman, who adapted her nursing style over the years during a career that lasted a lifetime." Wendy also noted Marg's "loyalty and commitment to the orthopaedic department."

Chief nursing officer Emma Hickson presented Marg with gifts to mark the gratitude of the organisation. "For someone in our world to give this much in service is extraordinary. We need nurses like this.

"We acknowledge and thank you for all you have given, it will have made a real difference for patients and whānau."

Charge nurse manager Gabrielle Redmond paid tribute to Marg's warmth, saying she "always a smile on her face and gives a warm welcome to the ward. A real personality."

Newborn hearing screening team praised for commitment during COVID-19

Published Thursday 27 Aug 2020

The commitment and innovation demonstrated by our new-born hearing screening team during the COVID-19 response was "exceptional" and "high-functioning", according to Dr Samantha Everitt, Principal Advisor at the National Screening Unit.

"Your early responsiveness to a rapidly changing environment helped ensure everything was in place and maximised effective and safe service delivery during a difficult six-plus weeks," she said.

"I am truly blown away by how far newborn hearing screening services have come, and Hutt Valley's response is a classic example of a really exceptional, high functioning team that can and did respond effectively in even the most challenging situations."

Congenital hearing loss is one of the most common conditions a baby can be born with - there is an incidence of 1-3 per 1000 births, according to national children's health organisation Starship Child Health.

Identifying hearing loss and providing multidisciplinary support early, and in partnership with whānau, is important for supporting language, learning and social development outcomes for children.

"The fact that during this period, the team continued to maintain excellent coverage and quality in their screening is incredible so thank you to you and the team for all your hard work and commitment during the COVID-19 lockdown," Dr Samantha Everitt.

The mother of a newborn who recently visited the service described them as "the absolute best".

"Such care and patience with newborns - had the best experience. They handled this first-time mama's anxiety so well."

Our newborn hearing service turned 11 years old in July.

The unit received similarly high praise for its work during a nationwide audit in 2017.

"The success of the service at Hutt Valley DHB is underpinned by an experienced Newborn Hearing Screening Coordinator and Lead Audiologist, who work closely to ensure effective service delivery", a National Screening Unit spokesperson said.

"The service at Hutt Valley DHB is a good example of effective delivery of newborn hearing screening and diagnostic audiology services which achieves programme indicators, meets the needs of their population and which ensures that the programme is able to meet its aims."

BOARD **Work Plan**

Prior Committee	Year	2020	2020	2020	2020	2020
	Month	"August"	September	October	November	December
	Board Only Time - DATE	3-Sep	30-Sep	No Meeting	4-Nov	3-Dec
	Hutt Valley Board					
	Capital and Coast Board					
	Regular Reporting	3-Sep	30-Sep	No Meeting	4-Nov	3-Dec
	Workplace Health and Safety Report					
	People, Capability and Culture Report					
ECS	Facilities and Infrastructure Report					
ECS	ICT Report					
	Children's Hospital		Stopped and included in MCPAC			
	Pacific Health Report					
	Maternity Review Report (aligned with Hutt Only)					
	Environmental Sustainability					
	Engagement	3-Sep	30-Sep	No Meeting	4-Nov	3-Dec
	Māori Partnership Board (CCDHB)					
	Iwi Relationship Board (HVDHB)					
	Clinical Council					
	Citizen's Health Council					
	Sub-Regional Pacific Health Strategy Group					
	Wellington Hospital Foundation					
	Intermittent Items	3-Sep	30-Sep	No Meeting	4-Nov	3-Dec
	Budgets					
	Annual Plan					
	Planned Care Plan					
	Internal Audit Plan					
	Maternity Plan					
	Master Site Plan					
	Regular Items - every meeting	3-Sep	30-Sep	No Meeting	4-Nov	3-Dec
	Quality and Safety Report					
	Finance and Operational Performance Report					
	Patient Story					
MCPAC	Major Capital Projects Advisory Committee Report					
FRAC	FRAC items for Board Approval					
HSC	HSC items for Board Approval including below					
	Te Pae Amorangi Quarterly Report					
	Taurite Ora Quarterly Report					
	Pacific Health and Wellbeing Strategic Plan Quarterly Report					
DSAC	DSAC items for Board Approval					
	Procedural Items - every meeting					
	Karakia					
	Apologies					
	Continuous Disclosure					
	Confirmation of Previous Minutes					
	Action Register					
	Chair Report					

CE Report					
Resolution to Exclude					

Board Discussion

August 2020

Capital & Coast DHB June 2020 Financial and Operational Performance Report	
Action Required **The Board note:** (a) The release of this report into the Public papers.	
Strategic Alignment	Financial Sustainability
Authors	Michael McCarthy, Chief Financial Officer Joy Farley, Director of Provider Services Rachel Haggerty, Director Strategy Planning & Performance
Endorsed by	Fionnagh Dougan, Chief Executive
Purpose	To update the Board and FRAC on the financial performance and delivering against target performance for the DHB
Contributors	Finance Team, Mental Health and 2DHB Hospital Services, GM MHAIDS, Director Strategy Planning & Performance

Executive Summary

The delivery of services during March and April were impacted by the Civil Defence Emergency that moved New Zealand to Alert Level 3 on 22 March and Alert Level 4 on 27 March 2020. This immediately affected hospital care delivery and moved all of our services in the hospital, Mental Health, Addiction and Intellectual Disability Services (MHAIDS) and community into a state of preparation and response to COVID-19. The operational impacts were significant as services were immediately reduced, there is an ongoing significant cost into the 20/21 fiscal year. We have been advised by the Ministry that unfunded COVID costs for this year and next are outside our responsible deficit and budgets.

The DHB has achieved for 2019/20 a $23.7 million deficit against a forecast of $29.5 million, from its normal operations

In addition we have incurred an additional net expenditure for COVID related expenses of $7.9 million, against a forecast of $8 million.

We have made a further provision for the Holidays Act, following further sector clarification and new calculations of $12.4 million

The COVID expenses and Holidays Act provision are outside the performance monitoring by the Ministry of Health

The DHB had an approved budget of $15.9 million against an initial submission of $29.5 million. The DHB forecast early in the current year and advised the Board and the Ministry of a forecast deficit of $29.5 million. The late request after the year had started to have a budget of $15.9 million, which would have required major service change, could not be affected in the current period. The Ministry has accepted the forecast position.

Capital Expenditure was $29 million, which due to COVID impacts was lower than the previous year.

We had a positive cash Balance at year-end of $3.4 million plus "Special Funds" against a forecast of ($17 million) overdraft. This is mainly due to lower than forecast capital expenditure. We also did not pay the forecast Capital charge to the Ministry as forecast until July.

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

Activity delivered by the CCDHB provider arm for June has recovered post COVID-19 lockdown with ED attendances slightly less than 18/19 levels, but overall discharges, outpatient and community contacts largely all at pre COVID levels. However our ED wait times have declined significantly due to combination of factors – the on-going processes in place related to COVID-19 screening and precautions and our increased the elective and acute surgical work that was delayed during our COVID response. We continue our process of reviewing the implications of this service by service through robust clinical assessment, monitoring of acute processes, referrals and wait lists. Our recovery plans incorporate our learnings from service delivery during COVID lockdown and lead into our planning for the 20/21 year

Finally, of the 17 Ministry of Health (MOH) measures of DHB performance CCDHB are delivering to target against seven, partially achieving seven and not delivering against three. The three are exclusive breastfeeding, smoking cessation and colonoscopy waiting times. Our provider arm is addressing colonoscopy waiting times with a recovery plan. The smoking cessation measure is still a work in progress however it is important to note there is a decline in smoking rates within our region (these reflect confirmed Q2 results, preliminary Q3 results provided on page 6).

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 27 FTE below plan.
Financial	The underlying annual result for the DHB was ($23.7m) deficit from normal operations, against our DHB forecast of ($29.5m) and against budget of ($15.9m). An additional ($8m) was spend on unfunded COVID-19 costs largely in the provider arm, and ($12.4m) 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	Michael McCarthy, Chief Financial Officer	Currently on track but will be impacted by current events	Major (but no payment impacts)	Major (no operational impacts)

Attachment/s

2.1.1 Capital & Coast DHB June 2020 Financial and Operational Performance Report

Capital & Coast District Health Board

Monthly Financial and Operational Performance Report

For the period ending 30 June 2020

Presented in July 2020

Capital & Coast District Health Board

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Section 1

Performance Overview and Executive Summary

Executive Summary

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- The DHB has achieved for 2019/20 a $23.7 million deficit against a forecast of $29.5 million, from its normal operations
- In addition we have incurred an additional net expenditure for COVID related expenses of $7.9 million, against a forecast of $8 million.
- We have made a further provision for the Holidays Act, following further sector clarification and new calculations of $12.4 million
- The COVID expenses and holidays Act provision are outside the performance monitoring by the Ministry of Health
- The DHB had an approved budget of $15.9 million against an initial submission of $29.5 million. The DHB forecast early in the current year and advised the Board and the Ministry of a forecast deficit of $29.5 million. The late request after the year had started to have a budget of $15.9 million, which would have required major service change, could not be affected in the current period. The Ministry has accepted the forecast position.
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Executive Summary continued

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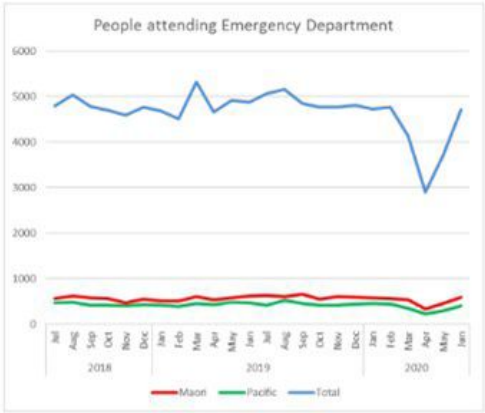
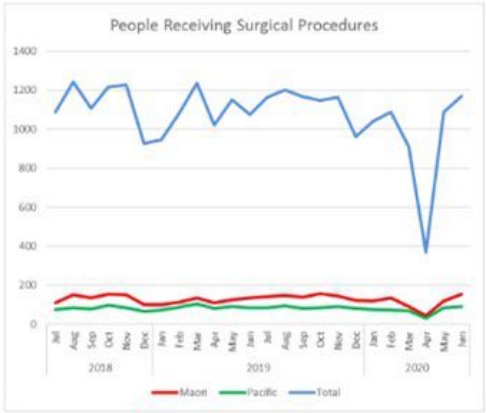
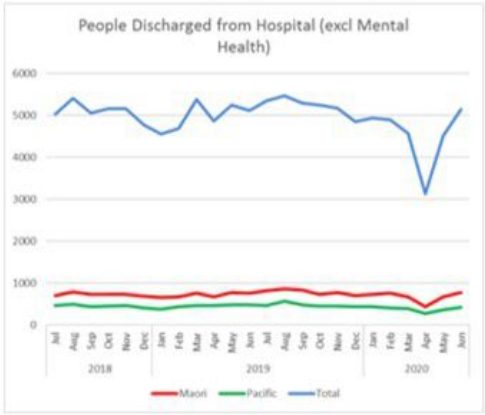
Performance Overview: Activity Context (People Served)

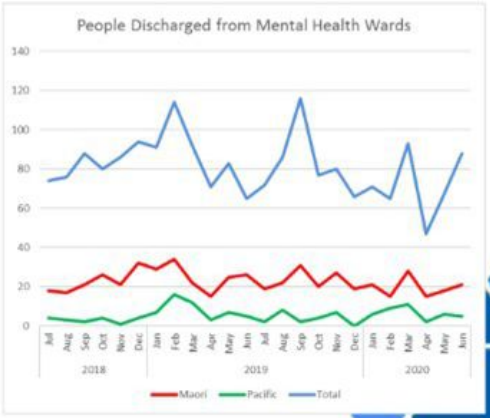
CCDHB funds services that touch thousands of people in our community every month. Unless otherwise indicated, the numbers below count individuals once and are based on CCDHB being the DHB of Service. Our services have returned to delivering services to our population without the restrictions due to COVID-19.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

People attending ED	**4,701**	597 Maori, 403 Pacific
People receiving Surgical Procedures (in main theatres)	**1,170**	154 Maori, 91 Pacific
People discharged from Kenepuru Community Hospital or Wellington Regional Hospital (excl Mental Health)	**5,146**	779 Maori, 429 Pacific
People discharged from Mental Health Wards	**88**	21 Maori, 5 Pacific



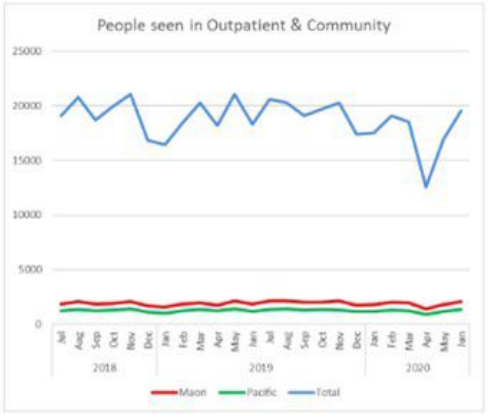


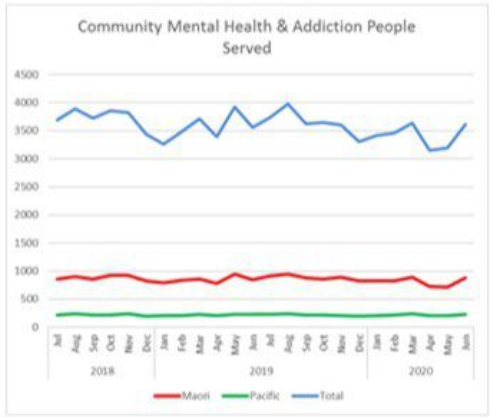


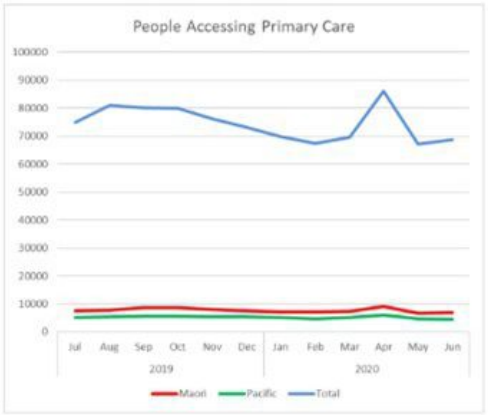


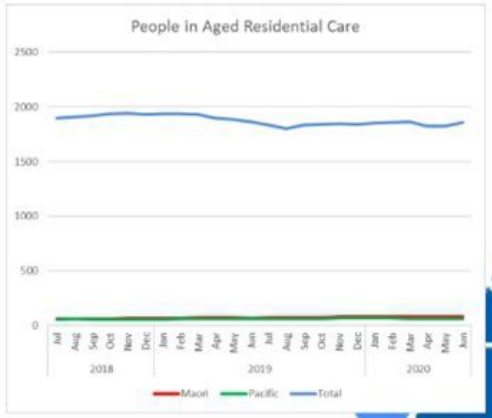
Performance Overview: Activity Context (People Served)

People seen in Outpatient & Community	**19,534**	2,088 Maori, 1,321 Pacific
Community Mental Health & Addiction People Served	**3,609**	885 Maori, 225 Pacific
People accessing primary care	**74,045**	8,029 Maori, 4,940 Pacific
People in Aged Residential Care	**1,859**	76 Maori, 62 Pacific









Ministry Priorities (Q3 2019/20)

Achieved	Not achieved
Partially Achieved	Not Assessed

Improving child wellbeing

- Children caries free at five years of age
- Mean number of decayed, missing or filled teeth at school Year 8
- Improving the number of children enrolled in and accessing the Community Oral Health Service
- Immunisation at 8 months, 2 years & 5 years

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

- Shorter stays in Emergency Departments

No deliverables this quarter

- Improving mental wellbeing
- Improving wellbeing
- Better population health outcomes supported by primary health care through prevention

Deliverables against Crown Funding Agreements and Out Year Planning

- Care Capacity Demand Management Calculation
- DHB level service component of the National SUDI Prevention Programme

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

Financial Overview – June 2020

YTD Operating Position	YTD Provider Position	YTD Funder Position	YTD Capital Exp
$44.2m deficit Incl. $8m COVID-19 costs Incl. $12.4m Holidays Act	$56.2m deficit	$11.0m surplus	$45.6m spend
Against a budgeted annual deficit of $15.9m. Month result was $10.5m deficit. *Includes $1.1m positive variance from governance arm.	Against a KPI of a budgeted deficit of $15.9m. Month result was $20m deficit,[$17.9m unfavourable]	Against a KPI of a budgeted breakeven result. Month result was $9.3m surplus, [$8.9m favourable]	Against a KPI of a budgeted spend of $47m. This includes funded projects – Children's Hospital

YTD Activity vs Plan (CWDs)	YTD Paid FTE	Annual Leave Taken
4.77% behind[1]	5,201[3]	($9.2m) annualised[4]
3427 CWDs below PVS plan (2224 IDF CWDs behind). Month result -46 CWDs excluding work in progress.	YTD 27 below annual budget of 5,228 FTE excluding outsourced roles. Month 77.5 unfavourable. 451 FTE vacancies at end June.	Underlying YTD annual leave taken is short by 4.3 days per FTE. Also Lieu leave taken is short by 1.8 days out of 11 public holidays in a year. This is just to break even.

[1] Note that the PVS (Price volume schedule for HHS/MHAIDS) is not total Surgical/Medical case-weight throughput largely due to Non-Residents & ACC. Also Outsourced PVS cases within this result are 826 CWD more than target to June 20, total of 2729 outsourced ~$14.2m dollars at WEIS price.
[3] Paid FTE ignores leave balance movement which is YTD 49.4 FTE worse than budgeted growth, Outsourced staff are also not counted in this metric which is currently $3.8m 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 – June 2020

*Surgery, Medicine, QIPS directorates

ED (SSIED) 6 Hour rule	ESPI 5 Long Waits	Specialist Outpatient Long Waits	Serious Safety Events[2]
74.7%	361	1750	4
20% below the ED target of 95% Monthly -8.1%	Against a target of zero long waits a monthly movement of -74	Against a target of zero long waits a monthly movement of +463	An expectation is for nil SSEs at any point.

YTD Activity vs Plan (CWDs)	YTD Paid FTE	YTD Cost per WEIS
4.77% behind[1]	3,355[3]	$5,935*
3427 CWDs below PVS plan (2224 IDF CWDs behind). Month result -46 CWDs excluding work in progress.	YTD 53 below annual budget of 3,408 FTE. 162 FTE vacancies at month end.	Against a national case-weight price per WEIS of $5,216 (13.8% above). YTD Dec $5,758 (In Jan pre-COVID-19). *to May20

[1] Note that the PVS (Price volume schedule for HHS/MHAIDS) is not total Surgical/Medical case-weight throughput largely due to Non-Residents & ACC. Also Outsourced PVS cases within this result are 718 CWD more than target to May 20, total of 2463 outsourced ~$12.85m dollars at WEIS price.
[2] An SSE is classified as SAC1 or SAC2 serious adverse events per HQSC
[3] Paid FTE ignores leave balance movement which is YTD 29.5 FTE worse than budgeted, Outsourced staff are also not counted in this metric which is currently $405k adverse

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

Section 2.1

Funder Performance

Executive Summary – Funder Performance

- Overall the funder has a positive variance. Revenue was $8.9m ahead of budget entirely due to COVID 19 revenue. Variations in inter district inflow and outflow offset each other. This variation was also due to COVID19.
- Costs to the funder were down as the hospital provider arm were unable to deliver services resulting in revenue remaining in the funder. The costs are mostly fixed and the expense was incurred so the DHB did not have an improved total result. Unexpected areas of upside were a greater than anticipated Pharmac rebate of $6m and an underspend in older adults services, when adjusted for payments to Hutt Valley for HCSS, the benefit is only $0.1m.
- The ongoing demand for managed isolation facilities, and community surveillance for COVID19 has ongoing demands on CCDHB to invest in health services. The full cost of these services is expected to be covered by MoH revenue.
- In this report we have also highlighted key areas of performance with a focus on our core services and achieving equity:
  - CCDHB has had a focus on Maori enrolment in primary care and has achieved greater than 90% to improve access to care;
  - A focus on immunisation rates has improved performance overall. Maintaining this focus and continuing to work with our Maori and Pacific providers, alongside primary care to ensure the highest rates of immunisation. The current focus in on the 8 month rate for Maori children.
  - Influenza vaccination rates are higher than ever. Driven by greater availability of vaccinations, promotion due to COVID and funding for Maori and Pacific providers to support higher vaccination rates. There is support from our DHBs for Maori and pacific to be eligible for subsidised vaccination from 55 years rather than 65 years.
  - Improvements in Well Child Tamariki Ora and Before School Check services are an important component of our child health programme.
  - We are supporting more older people than ever with long-term health conditions and disabilities to remain in their homes for longer. Developing a wider range of services for older people is a current priority.

Funder Financial Statement of Performance

Month			Variance		Capital & Coast DHB Funder Result - $000 June 2020	Year to Date			Variance	
Actual	Budget	Last year	Actual vs Budget	Actual vs Last year		Actual	Budget	Last year	Actual vs Budget	Actual vs Last year
68,138	68,138	63,789	0	4,349	Base Funding	817,657	817,657	765,468	0	52,189
5,963	4,872	5,563	1,091	400	Other MOH Revenue - Funder	63,828	58,465	74,956	5,363	(11,128)
1,424	0	0	1,424	1,424	Community Funding - COVID	8,663	0	0	8,663	8,663
166	263	0	(96)	0	Provider CCDM and MECA funding	1,995	3,150	0	(1,155)	0
53	89	129	(35)	(76)	Other Revenue	822	1,057	1,298	(235)	(476)
2,743	2,735	2,284	8	459	IDF Inflows PHOs	33,605	32,824	28,523	781	5,082
19,121	17,450	18,893	1,670	228	IDF Inflows 19/20 Wash-up Prov	204,931	209,406	200,843	(4,474)	4,089
97,608	**93,547**	**90,658**	**4,061**	**6,951**	**Total Revenue**	**1,131,502**	**1,122,559**	**1,071,089**	**8,943**	**60,413**
					Internal Provider Payments					
958	958	933	0	(25)	DHB Governance & Administration	11,497	11,497	11,193	0	(304)
46,562	46,596	39,210	34	(7,351)	DHB Provider Arm Internal Costs - HHS	585,303	590,484	561,120	5,181	(24,182)
7,439	7,498	7,170	59	(269)	DHB Provider Arm Internal Costs - Mental Health	74,592	74,984	71,740	392	(2,852)
3,677	3,838	7,391	161	3,714	DHB Provider Arm Internal costs - Corporate	39,188	38,391	21,204	(797)	(17,984)
58,636	**58,891**	**54,704**	**255**	**(3,932)**	**Total Internal Provider**	**710,580**	**715,356**	**665,257**	**4,776**	**(45,323)**
					External Provider Payments:					
(900)	5,790	4,048	6,690	4,948	- Pharmaceuticals	63,981	69,486	68,792	5,504	4,811
6,496	6,233	6,247	(264)	(250)	- Capitation	76,972	74,794	71,068	(2,178)	(5,904)
7,427	7,217	6,846	(210)	(582)	- Aged Care and Health of Older Persons	84,284	86,610	83,369	2,326	(915)
2,992	2,407	2,373	(584)	(619)	- Mental Health	30,838	28,877	28,617	(1,961)	(2,221)
637	666	429	30	(207)	- Child, Youth, Families	8,463	7,996	5,059	(467)	(3,404)
84	799	884	715	800	- Demand driven Primary Services	7,566	8,232	8,226	666	660
2,010	2,360	2,097	350	86	- Other services	26,735	28,143	23,550	1,408	(3,184)
4,302	3,645	3,483	(657)	(820)	- IDF Outflows Patients to other DHBs	42,574	43,740	41,875	1,165	(700)
5,581	4,944	4,658	(638)	(923)	- IDF Outflows Other	60,220	59,325	56,106	(895)	(4,114)
28,630	**34,062**	**31,064**	**5,431**	**2,433**	**Total External Providers**	**401,634**	**407,202**	**386,662**	**5,568**	**(14,972)**
1,060	**0**	**0**	(1,060)	(1,060)	- Community COVID PHO, Pharms, ARC	**8,317**	**0**	**0**	(8,317)	(8,317)
88,327	**92,952**	**85,768**	**4,625**	**(1,498)**	**Total Expenditure**	**1,120,531**	**1,122,559**	**1,051,919**	**2,028**	**(68,612)**
9,282	**595**	**4,890**	**8,687**	**4,392**	**Net Result**	**10,971**	**(0)**	**19,170**	**10,971**	**(8,199)**

Funder Financials – Revenue

Revenue

- Revenue has a positive variance YTD June $8.9m. This includes COVID-19 community funding of $8.7m. COVID-19 revenue has a cost offset.
- IDF inflows ($3.3m) unfavourable YTD due to under-delivered patient CWD volumes from other DHBs. The IDF funding is held to target from Mar to Jun 20 due to a reduction in planned care related to COVID-19. Planned care funding has a provisional reduction of $1.26m per MoH.
- PHO additional funding of $2.2m. This is predominantly for the reduced co-payment for Community Service Card Holders introduced by this Government and is offset by direct costs.
- Additional other revenue is favourable YTD $2.2m. MOH specified services including child & youth and mental health, all have associated costs.
- Additional funds received for MECA increases of $718k YTD offsets staff increased costs. This is transferred to the provider arm.
- CCDM expected funding for 2019/20 that MOH did not ultimately agree. YTD unfavourable ($1.6m).
- Overall the loss of IDF revenue is a significant issue for the organisation including the impact on patient outcomes.

SIP Funder Revenue Variances	Month $000's	YTD $000's
COVID-19 community funding	1,424	8,663
PHO additional funding	153	2,286
Mental Health & other funding	(238)	2,276
Add funds re MERAS and PSA MECA	60	718
CCDM 18/19 - budget variance 19/20	(138)	(1,656)
IDF Inflow Revenue held back	2,800	(3,344)
Year to Date Revenue Variances	**4,061**	**8,943**

Funder Financials – Provider Payments

Internal Provider Payments:

- Provider Arm payments are favourable to the funder $4.8m YTD mainly due to inter district inflow (both acute and planned patient activity) from other DHBs not presenting at the provider. The ministry has agreed this as the provisional wash-up for the inflows as at June 2020.

External Provider Payments:

- Pharmaceutical variance is $5.5m favourable at YTD. This is mainly related to PCT drugs additional rebates received in the final year end Pharmac review. Over the year fee costs increased due to changes to frequency of prescription issues in level 4 of COVID-19 (Monthly in place of every three months). This cost was ($0.5m) more than budgeted. Previous seasonal patterns reflect good performance. CCDHB is a high performer with regards to pharmaceutical efficiency so there is little opportunity for savings to be made but the loss will be offset against other expenditure.
- PHO Capitation expenses are ($2.2k) unfavourable YTD. Additional costs due to volumes are offset by additional revenue received from the Ministry so effect is neutral at year end.
- Aged Residential Care and Health of Older People other costs are $2.3m YTD favourable. Volumes are maintained. When adjusted for the transfer to Hutt for HCSS pay equity costs related to a joint contract, this budget is $0.1m favourable.
- Mental Health costs are unfavourable ($2m) YTD due to new funding from the Ministry into Provider contracts. This is offset by revenue from MOH for primary mental health.
- Child and Youth costs are unfavourable ($467k) YTD. This is offset by revenue from MOH for healthy lives contracts.
- Demand driven and other services favourable $660k. Lower demand driven costs due to the start of COVID-19 lockdown for activity such as vaccination, urgent dental and other services. Expenditure of a proportion of this saving will be incurred in recovery. The remainder will be saved to offset other unknown risks.
- IDF patient outflows are favourable $1.2m YTD, as we have not transferred patients to other DHBs, mainly Hutt Valley, Counties Manukau, Canterbury and Auckland DHBs. This offsets some of the loss in IDF inflows.
- COVID-19 funds ($8.3m) offset by revenue passed through the DHB to PHO, Pharmacy and Aged Care providers as support in the COVID-19 response period.

Inter District Flows (IDF)

DHB of Domicile	YTD June estimated inpatient inflow wash-up	March-June adjustment (extrapolated)	Case weight IDF recognised in accounts (A+B)
Hutt Valley	-$5,116,690	$1,073,075	-$4,043,615
MidCentral	-$2,023,559	$440,797	-$1,582,761
Hawkes Bay	-$2,397,671	$1,003,146	-$1,394,525
Taranaki	-$985,658	-$37,664	-$1,023,323
Wairarapa	-$545,468	-$154,148	-$699,616
Other under-delivered (7 DHBs)	-$1,406,259	$222,853	-$1,183,407
Other over-delivered (4 DHBs)	$215,389	$130,605	$345,994
Whanganui	-$134,832	$546,069	$411,237
Nelson Marlborough	$752,900	$74,771	$827,671
Total undelivered inpatient IDF	-$11,641,848	$3,299,504	-$8,342,344
Adjustment for uncoded cases per MoH			$3,342,344
Net recognised in accounts			-$5,000,000

DHB of Service	YTD June estimated inpatient outflow wash-up	March-June adjustment (extrapolated)	Case weight IDF recognised in Accounts (A+B)
Hutt	-$1,492,391	$1,053,995	-$438,396
Auckland	-$878,413	$622,116	-$256,297
Counties Manukau	-$680,457	$286,558	-$393,899
Canterbury	-$569,227	$262,999	-$306,229
Other under-serviced (12 DHBs)	-$675,368	$411,486	-$263,883
Other over-serviced (2 DHBs)	$36,693	$5,089	$41,781
Waikato	$134,758	$57,214	$191,972
Grand Total	-$4,124,405	$2,699,455	-$1,424,950

Changed Recognition:

- MOH has now advised that DHBs should assume that IDF revenue from March - June should be extrapolated at a rate from prior to COVID-19, although a loss has been recorded.

IDF Inflow (revenue):

- Overall IDF inflows are below budget by ($2.6m), however this includes additional funding for PCT drugs for IDF patients of $1.8m. The funding offsets the DHB increase in pharmaceutical expenditure.
- The majority of the lower IDF inflows (actuals) is caused by inpatient case weight activity split between:
    - Acute: ($6.9m) across specialities
    - Elective: ($4.7m) largely in Cardiothoracic, Neurosurgery offset by vascular

IDF Outflow (expense):

- Overall IDF outflows are favourable.
  This largely relates to lower numbers of CCDHB patients treated at other DHBs as indicated on the table to the right.

Primary Care Update

What is this measure?

- Target: 90% of Māori are enrolled in a PHO

Why is this important?

- Primary health organisations (PHOs) ensure the provision of essential primary health care services, mostly through general practices, to their enrolled population. CCDHB also commissions additional services through PHOs to support the health of our enrolled population.

How are we performing?

- 94% of CCDHB's population are enrolled with a PHO either in our DHB catchment or elsewhere, however coverage is not consistent across ethnicity groups.
- All Pacific peoples living in CCDHB are enrolled with a PHO, in contrast with 89% of Māori and 92% of non-Māori, non-Pacific peoples.

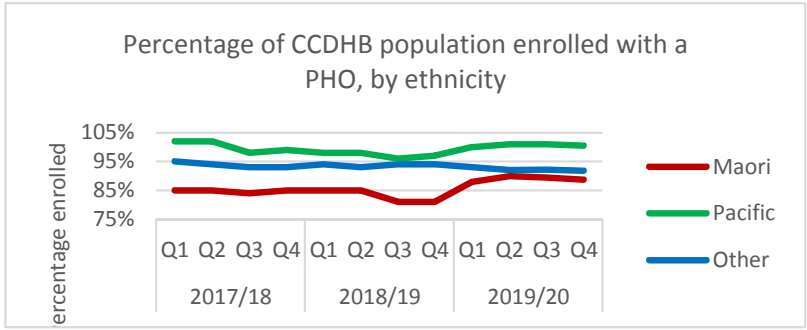
What is driving performance?

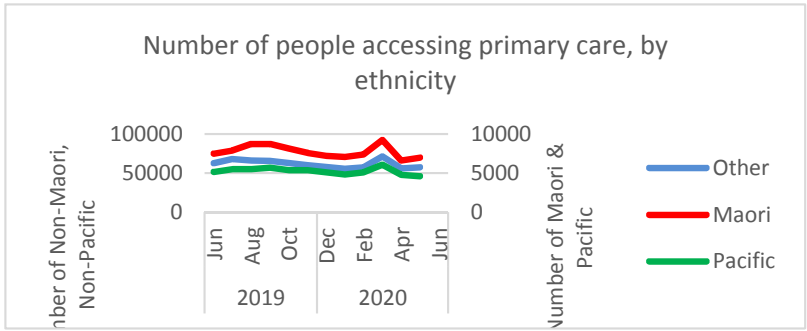
- Until February 2020 the script numbers for the 19/20 year closely paralleled the two previous years. Covid-19 resulted in an initial surge in March 2020 as both prescribers and patients were concerned about on-going pharmaceutical supply.

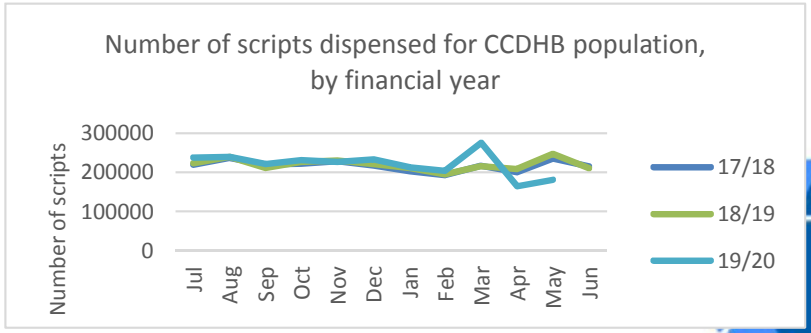
Management comment

We have a programme of work underway to improve Māori enrolment coverage to 94%:

- Proactive follow up and enrolment of people presenting to Kenepuru Accident and Medical Centre who are not enrolled with a primary care provider at the time of presentation.
- New-born enrolment project to ensure parents of new-borns are informed about the value of enrolment with primary health care providers and supported to find a practice if requested.
- Data matching with the CCDHB Youth One-Stop Shops and School-Based Health Services.
- Patients seen by Whānau Care Services are supported to enrol in and engage with general practice.







Immunisation Coverage

What is this measure?

- MOH Target: 95% of children at eight months, 2 years and 5 years of age are fully immunised

Why is this important?

- Immunisation is one of the most cost-effective public health interventions and supports a healthy population by reducing the rates of vaccine-preventable disease. When equitable immunisation coverage is achieved for Māori and other groups, the health gains are greatest.

How are we performing?

- There are areas of recent improvement, with increased immunisation coverage at 8 and 24 months for Pacific children, and at 24 months and 5 years for Māori children.

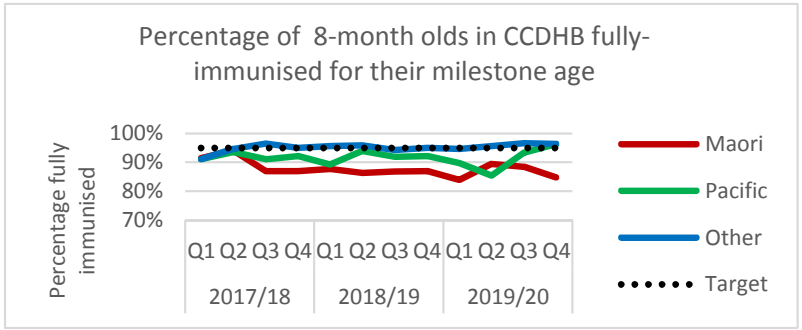
What is driving performance?

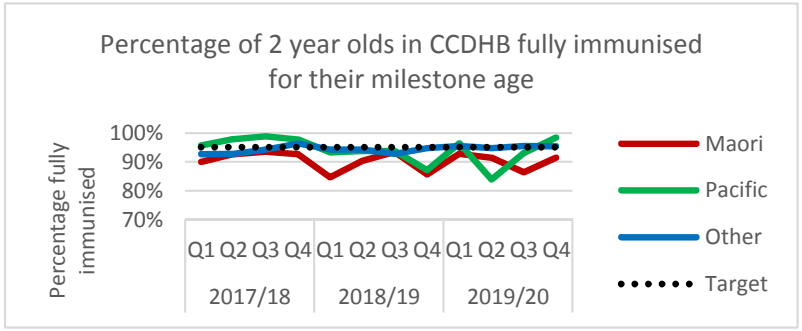
- We are working with Ora Toa PHO, our largest iwi primary care provider and one of our Outreach Immunisation Services to more closely monitor Māori and Pacific immunisation coverage. We have seen an increase in Māori and Pacific immunisation rates however, the immunisation rates for Māori children at 8 month of age continued to be concern.

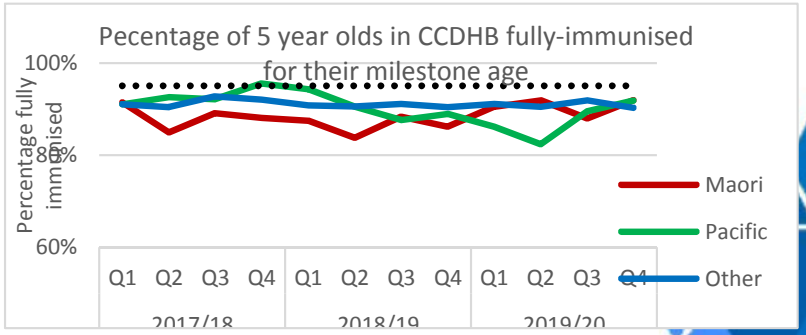
Management comment

The CCDHB Immunisation Network are working together on the following strategies to improve timely and full childhood immunisation across all age groups and ethnicities:

- Embedding pre-call and re-call protocols for primary care, including the process for timely referrals to outreach immunisation services.
- A Newborn Enrolment improvement initiative, in partnership with the Maternity Quality and Safety Programme Board has been completed. The purpose of this project was to improve CCDHB's newborn enrolment rates at 3 months, which in turn will enable timely pre-call and re-call at 6 months through primary care.
- Exploring the variation in primary care practices and behaviours for supporting timely vaccinations and conversations with families about declining and opting off the NIR.







Influenza Vaccination Coverage

What is this measure?

- MoH Target: Percentage of eligible population aged 65 years and over immunised against influenza (annual immunisation) for Māori, Pacific (where relevant), and Total populations

Why is this important?

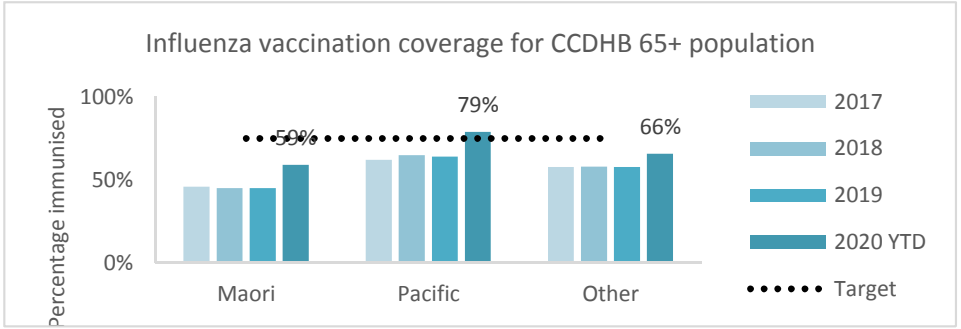
- Increasing influenza immunisation reduces influenza-related morbidity and mortality. The indicator of influenza at age 65 years was selected because those aged 65 years and over have the highest rates of hospital admissions for influenza-related severe acute respiratory infections (other than those aged under 5 years). Furthermore, people of Māori or Pacific ethnicities are two to five times more likely to be admitted to hospital for influenza-related severe acute respiratory infections than other ethnicities (ESR. Influenza Surveillance in New Zealand 2015).

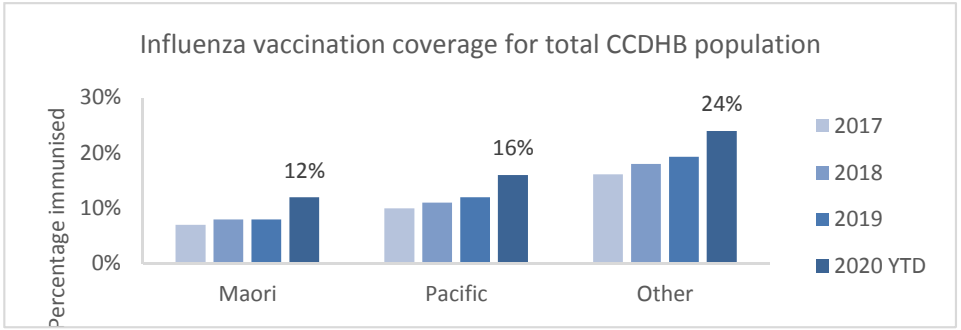
How are we performing?

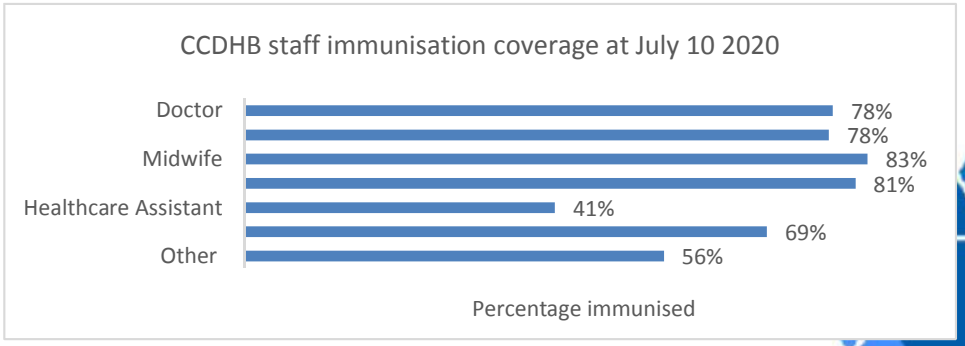
- Flu immunisation rates have been higher in 2020 than any prior year.
- People followed advice during COVID lockdown to be immunised. Funding for Maori and pacific organisations to improve vaccination rates. Immunisations were released earlier by PHARMAC in response to COVID More people went to their Pharmacy to get immunised especially during COVID lockdown March – April as an alternative to their GP practice

Moving forward

- Identifying how to maintain Maori and Pacific vaccinations in 2021 and seek support to reduce the age of eligibility for Maori and Pacific. This requires a PHARMAC decision.







Well Child Tamariki Ora Services

What is this measure?

- MoH Target: 90% of infants receive all WCTO core contacts in their first year of life

Why is this important?

- The WCTO and B4SC programme is a package of screening, surveillance, education and support service offered to all New Zealand children and their family/whānau from birth to five years.

How are we performing?

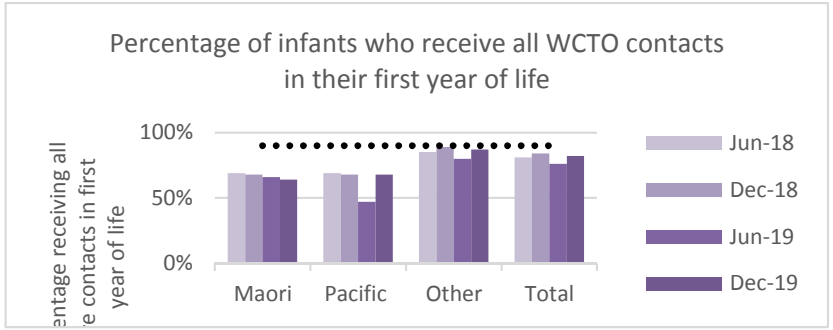
- The WCTO programme is delivered through Plunket (MoH direct contract) and DHB contracted Iwi providers. We have been working with our DHB contracted Iwi providers to improve their performance. Plunket is not meeting B4SC targets for our overall population, Māori or Pacific. These services have been significantly impacted by COVID19 in 2019/20.

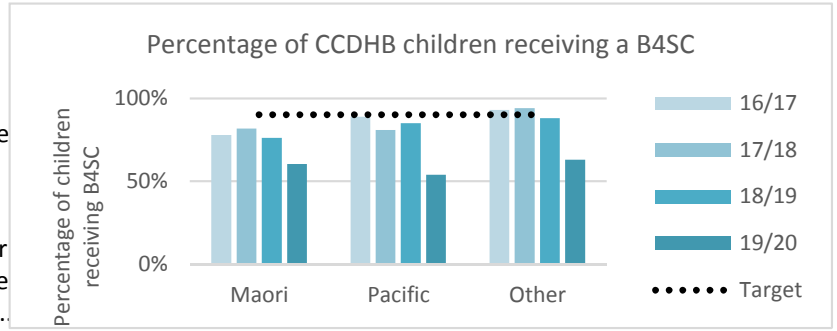
What is driving performance?

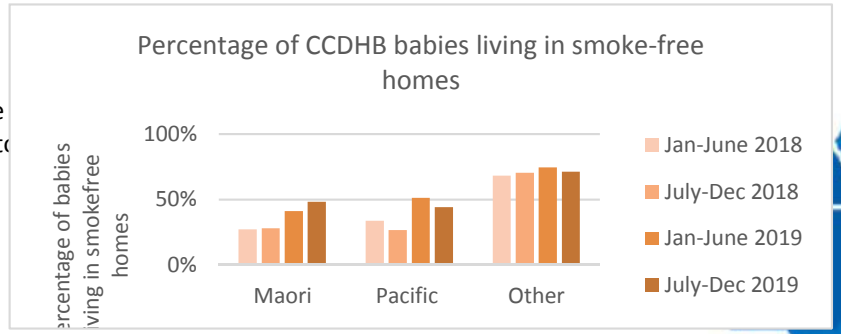
- The DHB contracted WCTO providers have faced challenges with recording and reporting their activities, this has contribute to the providers not accurately capturing WCTO activity include under representing the health and social need in our community.

Management comment

- We have undertaken training to upskilled WCTO providers in the effective recording and reporting of their activities. CCDHB is working alongside TAS and our WCTO providers in a Quality Improvement Programme focussing on increasing screening for family violence and completion of core checks in the first year of life..
- Plunket is collaborating with our Iwi partners Ora Toa and Hora Te Pai on reaching Māori and Pacific family/whanau for B4SC. We are also looking to support Plunket with better information on how to reach our Māori and Pacific family/whānau.
- We have invested in a smoking cessation incentives programme that commenced on 1 October 2019. The incentives programme is available to Māori and Pacific primary care givers of any age who smoke and up t four household members will also be eligible to participate in the programme, to provide baby with a smoke free home.







Health of Older & Frail People

What is this measure?

- Proportion of older people living in own home

Why is this important?

- We are supporting more older people than ever with long-term health conditions and disabilities to remain in their homes for longer.

How are we performing?

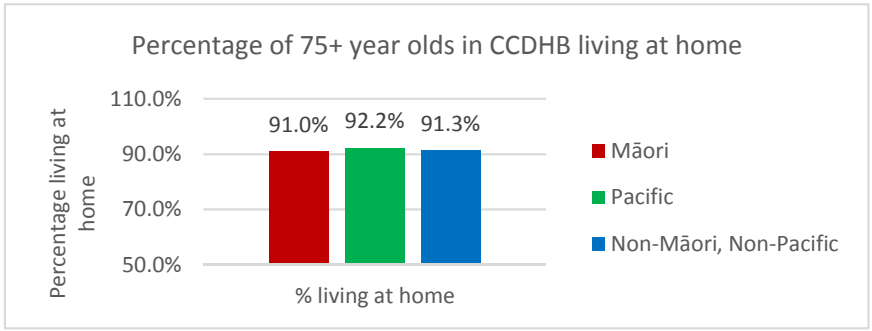
- An estimated 18,720 people aged 75+ years live in CCDHB; 91% live at home. Currently, there are 1,630 clients in Aged Residential Care facilities. There is relatively even proportions of our older population living at home. For Pacific and Maori their profile is comparable with non Maori and Pacific. This is encouraging – historically Maori and Pacific stayed home longer than others with the support of whanau. Non Maori and Pacific people are now staying home longer with the increased community support available.

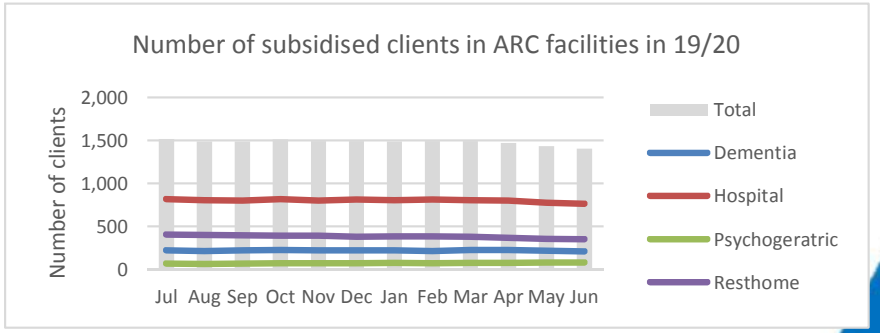
What is driving performance?

- People are choosing to stay home longer and with more complex conditions because they see that this is possible. Government Services – health, housing, local councils and communities are planning and implementing services to support the elderly at home.

The DHB has commissioned new services:

- The Community Health of Older People Initiative (CHOPI) team supports primary care with proactive geriatric expertise.
- Advancing Wellness at Home Initiative (AWHI) enables early supported discharge with transition home and functional improvement via an allied health lead team.
- Acute HOP (A-HOP) pilot – a team who can directly admit to hospital. The team focuses on reducing length of stay, minimising functional decline and supporting people to live their best lives in the community.





Section 2.2

Hospital Performance

Executive Summary – Hospital Performance

- Activity delivered by the CCDHB provider arm for June has recovered post COVID-19 lockdown with ED attendances slightly less that 18/19 levels , but overall discharges, outpatient and community contacts largely all at pre COVID levels.
- However our ED wait times have declined significantly due to combination of factors – the on-going processes in place related to COVID-19 screening and precautions and our increased the elective and acute surgical work that was delayed during our COVID response. This exacerbates flow given the mismatch between inpatient activity and the existing bed base. A number of work streams continue to be rolled out within the Acute Demand and Bed Capacity Programme – notable highlights are the expansion of the Advancing Wellness at Home Initiative (AWHI) project to a wider catchment and other inpatient wards; increasing the opening hours of the Children's Assessment Unit which has been relocated to the "Pink Zone" in ED; establishment of a Project group to review patients who have been in hospital more than 10 days, to identify barriers to patients being discharged; a work group established to identify space to create additional acute assessment beds.
- The number of people waiting for services especially in areas of planned care (surgery and procedures) is increasing. We continue to work on scheduling surgery, both in Wellington and Kenepuru, and utilising private where possible. Our SMOs are significantly involved with planning surgery based on those with greatest clinical urgency and long waiting times.. Our recovery plans incorporate our learnings from service delivery during COVID lockdown and lead into our planning for the 20/21 year.
- The overall financial impact has been negative as services ceased during preparation and implementation of Alert Levels 4, 3 2 and now 1 with an overall $36.3m deficit in provider arm services. This result exceeds our planned deficit. YTD fulltime equivalents (FTE) are 37 below budget, activity is 5.36% behind PVS target and the inter district flow (IDF) revenue is unfavourable $5.4m YTD after COVID-19 recognition change.
- The impact of COVID has seen the provider arm has retain costs whilst reducing service delivery. Truly variable costs, including clinical supplies, have reduced, but the greatest cost of staff was retained. Our largest cost within the month is the increase in leave liabilities over last year. Additional factors are - the impact of increasingly older, frailer and more complex patients has driven a trend of increasing one to one care; treatment related costs such as clinical supplies and treatment disposables (blood costs - Intragam / catheters within the year) have increased over last year, and non treatment Related costs such as security cost. Our planning for next year contains strategies that consider these trends.

CCDHB Activity Performance

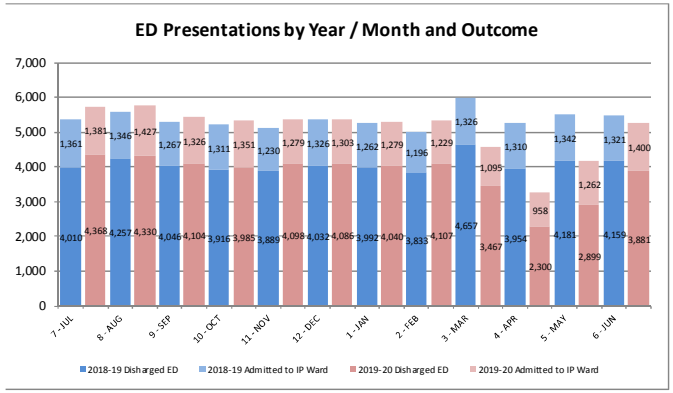
Capital and Coast DHB: June 2020

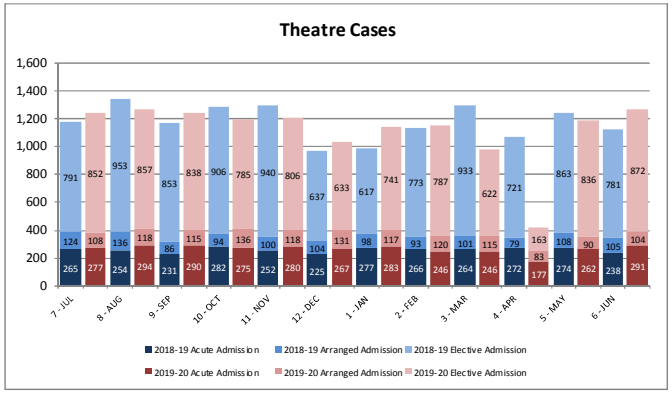
ED Presentations

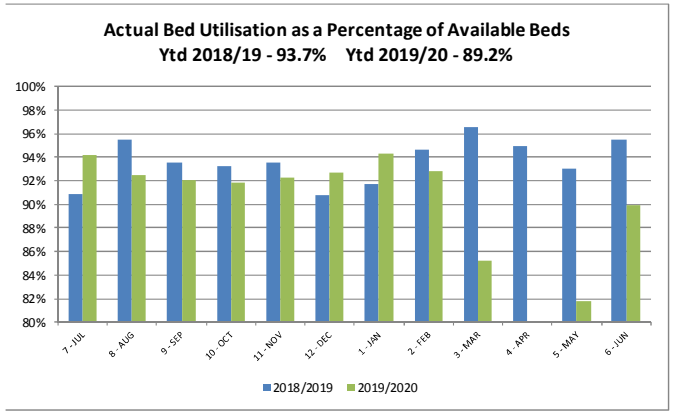
	2018/19	2019/20
YTD Totals	64,524	60,955
Change		-3,569
% Change		-6%

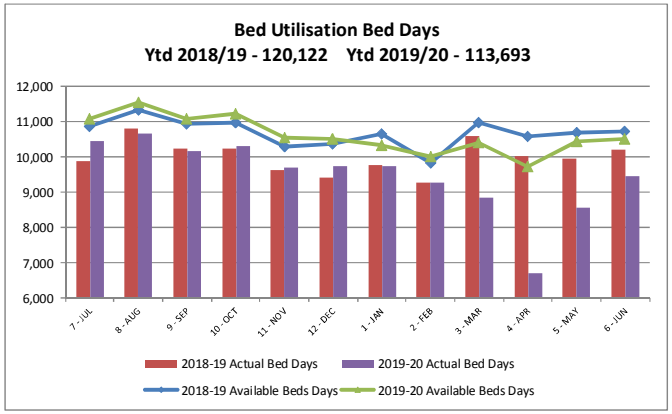
Theatre Cases

	2018/19	2019/20
YTD Totals	14,096	13,335
Change		-761
% Change		-5%









- The number of ED presentations in June 2020 is lower than the number recorded in the same month in the previous financial year. The emergency department in June 2020 has experienced a 3.6% decrease (199) in the number of presentations compared to June 2019, this equates to an approximate reduction of 6 presentations per day.
- The utilisation of available of adult beds in core wards in June 2020 is 89.9% which is significantly lower than the 95.4% rate recorded in June 2019. The number of available beds in Jun 2020 is lower than in June 2019 with less beds open at Kenepuru.
- The Elective theatre cases have increased for the month of June 2020 by 11.7% (91 cases) when compared to June 2019. The increase is spread across a number of specialties in particular Dental (28), Orthopaedics (24) and Urology (11).
- A recovery plan is in development which will need continued support from the private sector however DHBs consider at least a year will be required to address the backlog.

CCDHB Activity Performance

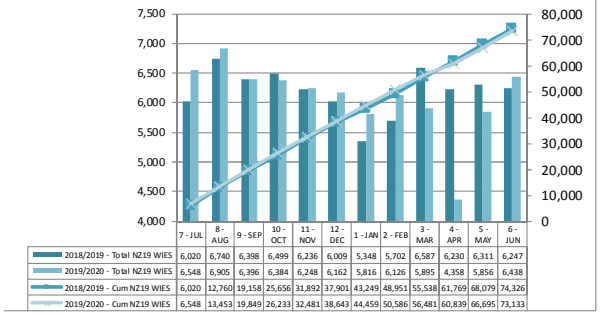
Capital and Coast DHB: June 2020

HSS Inpatient Caseweight Activity

	2018/19	2019/20
YTD Totals	74,326	73,133
Change		-1,194
% Change		-1.6%

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

HSS Inpatient Caseweight Activity



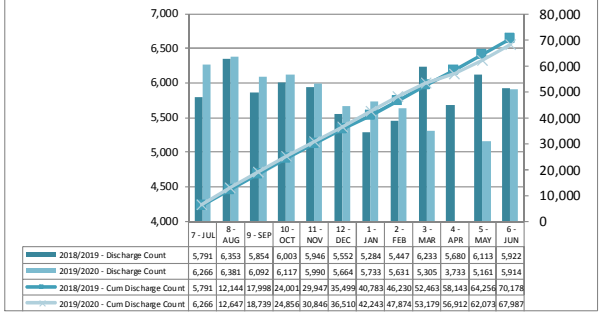
	7 - JUL	8 - AUG	9 - SEP	10 - OCT	11 - NOV	12 - DEC	1 - JAN	2 - FEB	3 - MAR	4 - APR	5 - MAY	6 - JUN
2018/2019 - Total NZ19 WIES	6,020	6,740	6,398	6,499	6,236	6,009	5,348	5,702	6,587	6,230	6,311	6,247
2019/2020 - Total NZ19 WIES	6,548	6,905	6,396	6,384	6,248	6,162	5,816	6,126	5,895	4,358	5,856	6,438
2018/2019 - Cum NZ19 WIES	6,020	12,760	19,158	25,656	31,892	37,901	43,249	48,951	55,538	61,769	68,079	74,326
2019/2020 - Cum NZ19 WIES	6,548	13,453	19,849	26,233	32,481	38,643	44,459	50,586	56,481	60,839	66,695	73,133

HSS Inpatient Discharges

	2018/19	2019/20
YTD Totals	70,178	67,987
Change		-2,191
% Change		-3.1%

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

HSS Inpatient Discharges

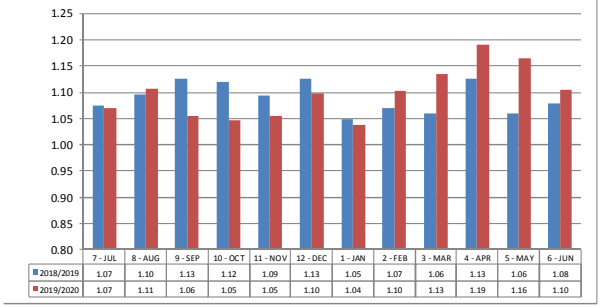


	7 - JUL	8 - AUG	9 - SEP	10 - OCT	11 - NOV	12 - DEC	1 - JAN	2 - FEB	3 - MAR	4 - APR	5 - MAY	6 - JUN
2018/2019 - Discharge Count	5,791	6,353	5,854	6,003	5,946	5,552	5,284	5,447	6,233	5,680	6,113	5,922
2019/2020 - Discharge Count	6,266	6,381	6,092	6,117	5,990	5,664	5,733	5,631	5,305	3,733	5,161	5,914
2018/2019 - Cum Discharge Count	5,791	12,144	17,998	24,001	29,947	35,499	40,783	46,230	52,463	58,143	64,256	70,178
2019/2020 - Cum Discharge Count	6,266	12,647	18,739	24,856	30,846	36,510	42,243	47,874	53,179	56,912	62,073	67,987

Casemix PVS Funded Avg CWD

	2018/19	2019/20
YTD Totals	1.09	1.09
Change		0.00
% Change		0%

Casemix PVS Funded Avg CWD

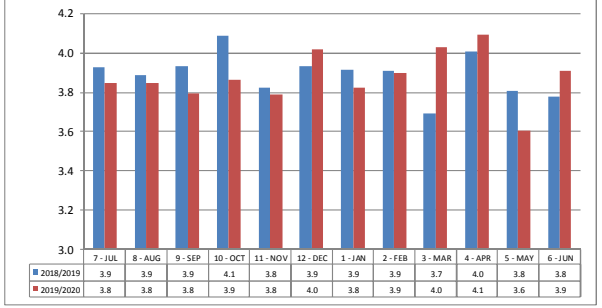


	7 - JUL	8 - AUG	9 - SEP	10 - OCT	11 - NOV	12 - DEC	1 - JAN	2 - FEB	3 - MAR	4 - APR	5 - MAY	6 - JUN
2018/2019	1.07	1.10	1.13	1.12	1.09	1.13	1.05	1.07	1.06	1.13	1.06	1.08
2019/2020	1.07	1.11	1.06	1.05	1.05	1.10	1.04	1.10	1.13	1.19	1.16	1.10

Casemix PVS Funded Inpatient Average Length of Stay

	2018/19	2019/20
YTD Totals	3.89	3.87
Change		-0.02
% Change		-0.5%

Casemix PVS Funded Inpatient Average Length of Stay



	7 - JUL	8 - AUG	9 - SEP	10 - OCT	11 - NOV	12 - DEC	1 - JAN	2 - FEB	3 - MAR	4 - APR	5 - MAY	6 - JUN
2018/2019	3.9	3.9	3.9	4.1	3.8	3.9	3.9	3.9	3.7	4.0	3.8	3.8
2019/2020	3.8	3.8	3.8	3.9	3.8	4.0	3.8	3.9	4.0	4.1	3.6	3.9

Comparisons with same period last year:

- Local acute
  - July to Feb period: CCDHB has experienced a growth of 910 CWDs and 1,576 discharges in Local Acute activity. The increase in CWDs is driven by increased activity in General Surgery (364), Emergency Medicine (295) General Medicine (147) and Gynaecology (88).
  - March to June period: cumulative Local Acute CWDs now lower when compared to the previous financial year (870 CWDs) with a decrease in discharges (540) with a similar ALOS and average CWD.
- Local Elective
  - July to Feb period: CCDHB has experienced a small reduction of 20 CWDs and 76 discharges in Local Elective activity. The decrease in CWDs is driven by increased activity in Orthopaedics (-60), ENT (-59) and General Surgery (-45) but countered by an increase in CWDs in Cardiology (93) and Ophthalmology (47)
  - March to June period: cumulative Local Elective CWDs now considerably lower when compared to the previous financial year (120 CWDs) with a decrease in discharges (-726) and a slightly higher average CWD and ALOS.
- IDF Acute
  - July to Feb period compared to last year: CCDHB has experienced a growth of 499 CWDs and 33 discharges in IDF Acute activity. The increase in CWDs is driven by increased activity in Cardiothoracic (247), General Surgery (195) and Neonatal (160)
  - March to June period: cumulative ID Acute CWDs now lower when compared to the previous financial year (313 CWDs) with a decrease in discharges (-276) with a similar average CWD and a slightly higher ALOS.
- IDF Elective
  - July to Feb period compared to last year: CCDHB has experienced a reduction of 280 CWDs with an increase of 161 discharges in IDF Elective activity. The decrease in CWDs is driven by increased activity in Cardiothoracic (-448) and General Surgery (-89). The increases in discharged is driven by increases in activity in Paediatric Surgery (64), Vascular Surgery (50) and Ophthalmology (45).
  - March to June period: cumulative IDF Elective CWDs now considerably lower when compared to the previous financial year (514 CWDs) with a decrease in discharges (-72) with a similar ALOS and a slightly lower average CWD.

HHS Operational Performance Scorecard – period June 19 to June 20

Domain	Indicator	2020/21 Target	2019-Jun	2019-Jul	2019-Aug	2019-Sep	2019-Oct	2019-Nov	2019-Dec	2020-Jan	2020-Feb	2020-Mar	2020-Apr	2020-May	2020-Jun
Care	Serious Safety Events	Zero SSEs	8	3	3	2	3	3	4	2	5	8	5	3	4
	Total Reportable Events	TBD	1,169	1,251	1,180	1,094	1,152	1,058	1,004	878	1,106	1,206	722	900	1,054
Patient and Family Centred	Complaints Resolved within 35 calendar days	TBD	85.7%	83.3%	82.7%	97.7%	93.4%	91.9%	87.5%	94.2%	87.8%	92.3%	100.0%	97.8%	98.0%
	% Discharges with an Electronic Discharge summary	TBD													
Access	Emergency Presentations		5,480	5,749	5,757	5,430	5,336	5,377	5,389	5,319	5,336	4,562	3,258	4,161	5,281
	Emergency Presentations Per Day		183	185	186	181	172	179	174	172	184	147	109	134	176
	Emergency Length of Stay (ELOS) % within 6hrs	≥95%	76.5%	78.2%	75.0%	74.4%	77.2%	75.5%	77.4%	80.0%	75.5%	78.7%	84.7%	82.8%	74.7%
	ELOS % within 6hrs - non admitted	TBD	82.6%	85.2%	82.1%	80.3%	83.7%	81.1%	83.2%	85.8%	81.2%	84.6%	90.7%	90.4%	82.6%
	ELOS % within 6hrs - admitted	TBD	59.4%	58.5%	55.9%	58.4%	60.0%	59.6%	61.1%	63.1%	58.6%	61.8%	70.5%	66.3%	54.6%
	Total Elective Surgery Long Waits	Zero Long Waits	107	68	59	64	94	107	135	166	145	178	402	435	361
	Additions to Elective Surgery Wait List		1,332	1,470	1,420	1,400	1,312	1,399	1,120	1,129	1,401	1,271	554	1,066	1,420
	% Elective Surgery treated in time	TBD	90.7%	88.6%	91.2%	92.7%	92.7%	92.1%	92.2%	85.8%	86.0%	89.0%	92.7%	76.3%	71.2%
	No. surgeries rescheduled due to specialty bed availability	TBD	8	13	23	10	5	19	3	1	8	1	1	1	12
	Total Elective and Emergency Operations in Main Theatres	TBD	1,105	1,195	1,239	1,201	1,179	1,199	997	1,067	1,101	927	378	1,103	1,202
	Faster Cancer Treatment 31 Day - Decision to Treat to Treat	85%	91.0%	92.0%	91.0%	93.0%	92.0%	85.0%	97.0%	90.0%	83.0%	88.0%	89.0%	91.0%	88.0%
	Faster Cancer Treatment 62 Day - Referral to Treatment	90%	89.0%	83.0%	92.0%	94.0%	97.0%	86.0%	97.0%	76.0%	88.0%	97.0%	92.0%	67.0%	83.0%
	Specialist Outpatient Long Waits	Zero Long Waits	49	61	0	13	43	91	165	238	324	488	1,079	1,287	1,750
	% Specialist Outpatients seen in time	Zero Long Waits	90.3%	91.5%	91.5%	91.0%	92.8%	91.9%	94.4%	80.4%	83.9%	81.9%	87.1%	81.1%	74.2%
	Outpatient Failure to Attend %	TBD	7.2%	6.9%	7.0%	7.3%	7.1%	7.0%	7.6%	6.9%	7.4%	7.7%	4.4%	7.2%	6.6%
	Maori Outpatient Failure to Attend %	TBD	15.0%	13.8%	14.4%	14.1%	14.8%	14.4%	15.8%	14.3%	14.4%	15.3%	8.3%	14.1%	13.6%
	Pacific Outpatient Failure to Attend %	TBD	16.1%	16.7%	15.9%	17.1%	16.6%	14.6%	16.3%	15.9%	15.6%	16.4%	7.8%	16.9%	15.9%
Financial Efficiency	Forecast full year surplus (deficit) ($million)		($22.8m)	($15.9m)	($15.9m)	($20.9m)	($20.9m)	($26m)	($29.5m)	($29.5m)	($29.5m)	($29.5m)	($47.5m)	($47.5m)	($47.5m)
	Contracted FTE (Internal labour)		4,818	4,812	4,824	4,851	4,864	4,856	4,835	4,837	4,839	4,850	4,896	4,935	4,978
	Paid FTE (Internal labour)		5,196	5,154	5,155	5,187	5,163	5,209	5,263	5,192	5,195	5,197	5,188	5,197	5,300
	% Main Theatre utilisation (Elective Sessions only)	85.0%	79.2%	80.4%	78.2%	79.2%	78.1%	79.0%	83.0%	82.0%	81.0%	80.0%	78.1%	79.0%	81.0%
Discharge and Occupancy	% Patients Discharged Before 11AM	TBD	23.0%	23.8%	24.4%	25.8%	25.6%	22.4%	24.0%	23.9%	24.3%	22.7%	19.3%	20.4%	21.9%
	Adult Long Stay Patients Not Yet Discharged (>14 days) WLG	TBD	31	37	31	22	27	32	29	26	39	29	19	24	29
	Adult Overnight Beds - Average Occupied WLG	TBD	312	315	306	314	308	305	289	294	295	275	225	264	294
	Adult Long Stay Patients Not Yet Discharged (>14 days) KEN	TBD	30	24	29	27	19	27	23	23	18	10	17	16	17
	Adult Overnight Beds - Average Occupied KEN	TBD	77	77	84	83	76	71	66	72	69	62	46	55	63
	Child Overnight Beds - Average Occupied	TBD	28	29	32	29	24	24	21	19	21	18	15	18	23
	NICU Beds - ave. beds occupied	36	31	38	31	36	37	36	33	32	28	34	38	30	29
ALOS	Overnight Patients - Average Length of Stay (days)	TBD	3.77	3.85	3.85	3.79	3.86	3.79	4.02	3.82	3.90	4.03	4.10	3.61	3.91
Care	Rate of Presentations to ED within 48 hours of discharge	TBD	4.3%	4.0%	3.8%	3.7%	3.7%	4.2%	3.6%	3.7%	4.2%	3.7%	4.1%	3.3%	3.8%
	Presentations to ED within 48 hours of discharge	TBD	234	231	218	200	196	226	193	196	225	168	133	139	203
Staff Experience	Staff Reportable Events	TBD	123	123	121	125	138	127	102	111	138	137	89	107	161
	% sick Leave v standard	TBD	3.5%	3.7%	3.4%	3.5%	3.2%	2.9%	2.4%	2.1%	2.6%	2.9%	2.2%	2.5%	3.6%
	Nursing vacancy	TBD	139.0	221.0	221.4	212.2	208.9	213.9	227.3	217.6	210.3	204.8	190.3	168.1	155.6
	% overtime v standard (medical)	TBD	1.8%	1.9%	1.8%	1.7%	1.7%	1.7%	1.6%	1.5%	1.6%	1.9%	1.4%	1.3%	1.5%

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

Shorter Stays in ED (SSIED)

What is this measure?

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

Why is this important?

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

How are we performing?

- CCDHB SSIED performance for June 2020 was 74.6%. This result is a decrease on the 83.0% recorded last month May 2020. The overall performance of ED admitted, treated and discharged patients for the 2019/20 financial year is presented in table one below.
- A factor that impacts on our SSiED performance is the occupancy / bed utilisation in our wards. The occupancy for June 2020 was 90% (maximum optimum occupancy is 95%). The occupancy rate is based on core Adult Wards (Wellington and Kenepuru) excluding 4 North and ICU. The number of available adult beds in June 2020 was 350.

What is driving performance?

- Our performance being less than target was due in part to the on-going processes in place related to COVID-19 screening and precautions. We have also increased the elective and acute surgical work that was delayed during our COVID response.
- As we move into winter and return to business as usual, we are also operating parallel processes to manage COVID case definition vs. non-COVID patients. Our medical teams continue to focus on identifying and discharging patients earlier in the day. This then frees beds for the being admitted from ED to move to the ward in a timelier manner and thus improves our SSiED performance.

Performance	APR	MAY	JUN
2018-19	82%	83%	76%
2019-20	84%	83%	75%

Breaches	APR	MAY	JUN
2018-19	887	886	1188
2019-20	498	680	1256

ED Volumes	APR	MAY	JUN
2018-19	4,939	5,204	5,031
2019-20	3,204	4,003	4,947

Management Comment

- The following work streams continue to be progressed and rolled out including:
  - To free up ED, the use of Ward 6 East as our "query COVID" ward for patients who have been swabbed as part of their admission process. Once the results come back negative the patients are transferred to the ward where they will be treated for their presenting concern.
  - Establishment of the Acute Health of the Older Person (A-HOP) / Frailty Unit pilot in Ward 3 from the 25th of May 2020.
  - The expansion of the Advancing Wellness at Home Initiative (AWHI) project to a wider catchment and other inpatient wards. AWHI is an early supported discharge for people whose level of function has declined on admission and has involved making changes to the patient care coordination service to identify potential patients needing intervention earlier in admission with the goal of reduction in the over 10 day stays for complex patients in general medicine.
  - Children's Health with Emergency Services continue to work on a project to increase the opening hours and resourcing of the Children's Assessment Unit which has been relocated to the "Pink Zone" in ED had been a direct result of COVID-19 response planning. It has been agreed that this initiative should continue in ED.
  - Project group established to review patients who have been in hospital more than 10 days, to identify barriers to patients being discharged.
  - Activities continue across the organisation to improve discharge processes.
  - Work group established to identify space to create additional acute assessment beds.

Planned Care – Inpatient Surgical Discharges/Minor Procedures

What is this measure?

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

Why is this important?

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

How are we performing?

- Due to timing delays there is a six week lag in MOH reporting for inpatient volumes.
- CCDHB has achieved 92.4% of the target planned care intervention volume YTD as at May month end. This is comprised of a 1,384 under delivery in inpatient discharges, partially offset by a 382 over delivery in minor procedures. This result was confirmed by the Ministry as at 6 July 2020.
- As per MOH reporting, CCDHB was adverse 663.6 CWDs YTD as at the end of May, this equates to $3.46m YTD. The May result was favourable 39.92 CWDs, or $208k which was an improvement from April results, reporting -410.3 CWDs which equates to $2.14m
- The MOH has confirmed that they will pay to target for the March to June period as long as 85% of planned discharges are achieved in June. Although internal reporting is not complete for the period, we are confident that we performed well in excess of this, and so the result above will improve significantly once the MOH confirms June performance.

What is driving performance?

The improvement in discharges and case weights in May supports our recovery post Covid-19 efforts, General Surgery was the main driver achieving 24 surgical discharges above their month target.

Management Comment

We continue to work on scheduling surgery, both in Wellington and Kenepuru, and utilising private where possible. Currently we are only able to outsource to one provider while new contracts are being negotiated. Our SMOs continue to be significantly involved with planning surgery based on those with greatest clinical urgency and long waiting times.

MRI and CT Waiting Times

What is this measure?

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

Why is this important?

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

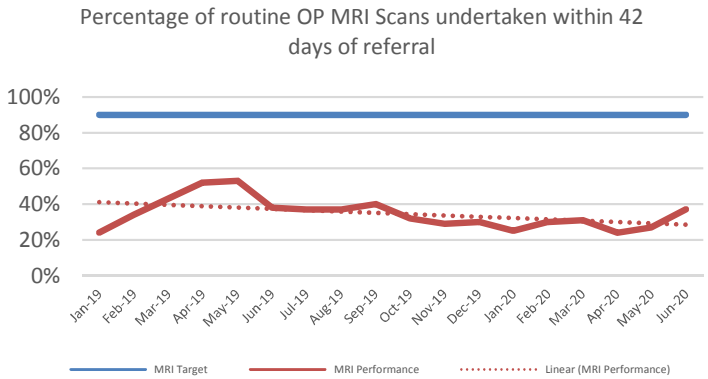
How are we performing?

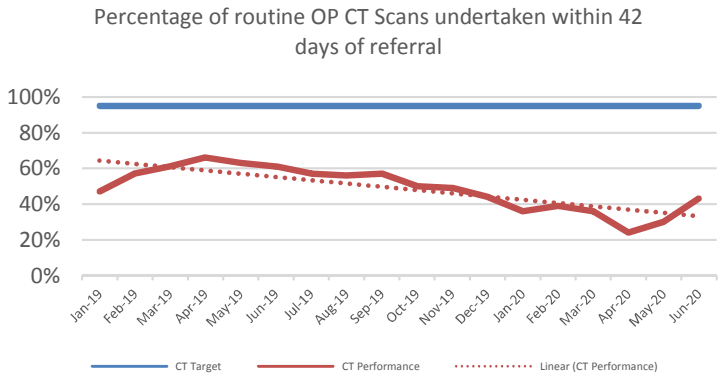
Waiting times for CT and MRI remain high as a result of historical insufficient capacity to meet demand and the pandemic response. Subsequently, the percentage measure is low.

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

What is driving performance?

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





Management Comment

With current waiting times, there is still a critical risk of patient harm including disease progression. The likelihood of significant adverse events remains high and has already occurred on at least two occasions this year. The service continues to prioritise based on clinical urgency and performs Inpatient and ED patients within expected timeframes to maximise inpatient flow.

Actions currently underway to address waiting times:

- Increased outsourcing in line with MOH request and additional unbudgeted spend
- Finalising draft updated agreement with local private Radiology provider lead by SIP with input from both HV and CC DHB Radiology departments
- Ad hoc elective lists booked on weekends staffed with volunteer MIT/SMO where sufficient staffing allows
- Working with the region to increase RMO training positions (long term solution to mitigate national SMO shortages)
- Recruiting to 3 new SMO Radiologist positions

It is difficult to predict with certainty the production and demand in the next 3 – 6 months due to a variety of factors (e.g. recruitment and retention, COVID response, MOH waiting list initiatives) however, we expect further improvement in waiting times through July and August.

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 slightly improved (83.8%) compared to last month, but remains below the target of 95.

What is driving performance?

- The service continues to be non-compliant with the elective coronary angiography target, driven by both demand and capacity (losing sessions to acute demand).

Management Comment

- A significant amount of work, change is being undertaken to redistribute the interventional lab sessions, this change will help reduce the loss of electives to acutes and provide better lab utilisation.

	2019 Jun	2019 Jul	2019 Aug	2019 Sep	2019 Oct	2019 Nov	2019 Dec	2020 Jan	2020 Feb	2020 Mar	2020 Apr	2020 May	2020 Jun
Waiting or catheterised in 90 days (3 months) or less	126	144	139	124	139	140	126	107	99	115	95	85	98
Total number waiting or catheterised	201	197	179	157	171	179	174	169	155	154	118	110	117
% of Coronary Angiographies in 90 days (3 months) or less	67.7 %	73.1 %	77.7 %	79.0 %	81.3 %	78.2 %	72.4 %	63.3 %	63.9 %	74.7 %	80.5 %	77.3 %	83.8 %

Acute Coronary Syndrome

Key clinical quality improvement indicators

What is this measure?

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

Why is this important?

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

How are we performing?

1. 70% of high-risk patients will receive an angiogram within 3 days of admission. ('Day of Admission' being 'Day 0'):
   - CCDHB result for May (most recent data that is available) was 97.1%. As a region we did achieve the target for May, 77.6% 114/1147)
   - Hawkes Bay, did not achieve the target 46.4%, this is an aggregated reflecting access to their local lab as well. Hutt Valley, 61.5% and Whanganui 50%, did not achieve the target either.
2. The second measure relates to data quality, integrity – the target is that over 95% of patients presenting with ACS who undergo coronary angiography have completion of ANZACS-QI ACS and Cath/PCI registry data collection within 30 days.
   - CCDHB result for May was 97.1%. As a region we achieved target for May – 95.9%.

What is driving performance?

- Not achieving the target differs for each centre. The table below provides a breakdown. The referral to transfer is directly influenced by CCDHB, ultimately this relates access to beds.

Management Comment

- A significant amount of work, change is being undertaken to redistribute the interventional lab sessions, this change will help improve acute flow through the labs and provide better lab utilisation. However, there is the underlying issues of access to beds, in light of Covid Cardiology has reduced its IRW IP footprint from 8 IRW inpatient beds to 4 inpatient beds, this has created less flexibility and impacts on the service ability to transfer regional patients in a timely manner when busy.

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 June at 83% vs the aim of 90% of patients receiving their first cancer treatment within 62 days of being referred with a high suspicion of cancer.
- CCDHBs quarterly results were also non-compliant for quarters one (89%), three (86%) and four (83%). The results in May (70%) and June (83%) are primarily responsible for this non-achievement.
- CCDHB is compliant with the 31 day indicator for June at 88% vs the aim of 85% of patients commencing treatment within 31 days from decision to treat. CCDHB has been compliant for all quarters in 2019 2020.

What is driving performance?

- Challenges for reaching the 62 day target, such as investigations (imaging, pathology) and access to FSA; contributed to delays in the front end of the patient pathway.
- In May a significantly reduced (50%) number of patients meet the criteria for the 62 day target as GP referrals were reduced during covid-19. Many patients during the covid-19 lockdown periods presented acutely, which is an exclusion criteria from the 62 day target. As a consequence the denominator reduced from an expected 24 patients to 12. Three breaches were recorded- one clinical related to comorbidities, two capacity – surgery for head and neck cancer and radiation for a sarcoma of the leg.
- A large proportion of newly-diagnosed cancer patients will continue to access treatment through pathways not covered by the 62 day target but covered by the 31 day indicator.
- Meeting the 31 day indicator was also affected by a reduced number of patients presenting with a need to have treatment for cancer (59 vs an expected 73 patients). There were seven patients that did not have treatment within 31 days, all had surgery as their first treatment, with urology the most frequently represented tumour stream.

Management Comment

- COVID-19 planning and beyond proved challenging for services that assess, treat and manage patients with cancer. That notwithstanding all provider services remained committed to provide treatment to patients with cancer, unfortunately there was a significant reduction in referrals from primary care for patients with a high suspicion or confirmed cancer.
- As a consequence the patients that did present were acute. The Cancer Control Agency did collect data reflecting the lockdown periods for reassurance that patients referred, irrelevant of whether acute or referred, and needing treatment were commenced on treatment. CCDHB performed favourably.
- Despite that, we are foreseeing some diagnostic pathway bottlenecks as a consequence of increasing referrals that may have on-going consequences for future reporting, albeit for different reasons than the last two quarters.

Colonoscopy

What is this measure?

Diagnostic colonoscopy

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

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

Surveillance colonoscopy

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

Why is this important?

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

How are we performing?

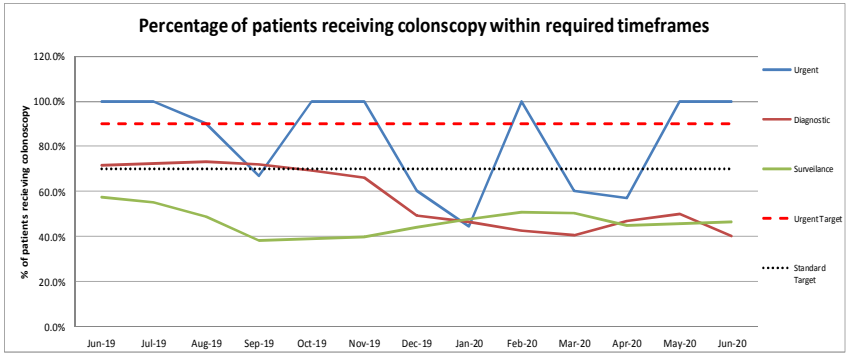
- CCDHB did not meet the Ministry of Health target for non-urgent and surveillance colonoscopies achieving 57.0% and 46.3% respectively against a targets of 70%. We did meet the Ministry of Health target for Urgent achieving 100%.

What is driving performance?

- At the end of May there were 551 people on the colonoscopy waiting list. Of these, 182 patients had been waiting 'longer than recommended'.

Management Comment

- We continue to outsource cases to reduce the waiting list which is beginning to have an impact.



Section 2.3

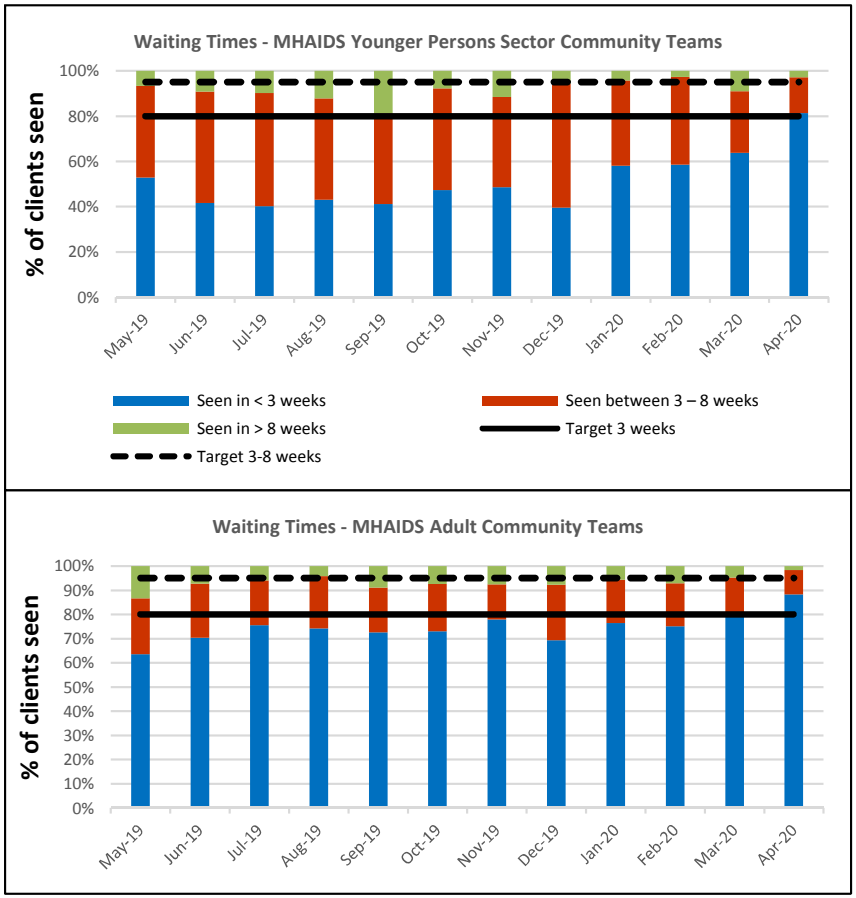
Mental Health Addiction & Intellectual Disability

Executive Summary – Mental Health Performance

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

KPI Spotlight - Wait Times from Referral to First In-person Contact

Wait Times from Referral to First In Person Contact



What is this measure?

Ministry of Health waiting times measure (MH03) - Shorter waits for non-urgent mental health and addiction services for 0-19 year olds. This measure is calculated from the date the referral is received to the date of the first In-person contact with the client (face to face or Zoom). Referrals without a face-to-face recorded are not included. Monthly data for the past 12 months (time delay required in order to allow clients to fall into the over 8 week group). The MOH has set targets that 80% of people referred for non-urgent mental health or addiction services are seen within three weeks and 95% of people are seen within 8 weeks.

Why is it important?

Mental health consumers experiencing distress should have faster access to receive therapeutic intervention.

How are we performing?

In April both the 3 week and 8 week targets were met by both the Younger Persons and Adult sectors, albeit with a reduced number of referrals received. There had been positive trends prior to COVID-19, with the 8 week target being achieved most months.

What is driving performance?

- robot technology is now being utilised to automate intake referrals. This together with associative improvements in efficiency as part of this project has yielded positive results with community teams receiving referrals quicker.
- improving processes to reduce DNA rates for initial assessments
- using the Intake assessment document for all clients
- regular caseload reviews to ensure clients still require secondary mental health input – this in turn creates space for new clients to be seen earlier
- the development of an Operations Manual to promote consistent processes across our sector.

Barriers:

- Teams carrying vacancies struggle to meet the 3 week target especially.

Section 3

Financial Performance and Sustainability

Executive Summary Financial Performance and Position

- The DHB had an approved budget of $15.9 million against an initial submission of $29.5 million. The DHB has forecast to meet its original submission of $29.5 million and this has been accepted (not approved) by the Ministry.
- Two extraordinary items exist which have caused CCDHB to exceed this forecast, which the ministry has advised are regarded as outside the DHBs performance assessment:
  - ($8m); COVID-19: Loss of revenue and additional costs during COVID-19
  - ($12.4m); Holidays Act Provisions
- We have landed under our forecast of ($47.5m) at a result of ($44.2m) when these two extraordinary items are taken into account
- The DHB had targeted a large number of efficiency measures for the year ahead, which were always required to meet our deficit position of $29.5 million. Some of these such staff vacancy rates have been largely achieved, but will now have to be carefully managed as the DHB pivots itself back from COVID-19 planning in the 2020/21 year. There are a number of initiatives which were overly ambitious in being achieved in the current year. Some of these activities will take place in the 20/21 year, and others were not feasible.
- The DHB's cash is under pressure for 2020/21 due to level of deficit support at $16m and no cash funding provided for provider arm COVID-19 costs. This has been 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 day 2 of the new financial year was already ($22.8m) in overdraft, offset by $12m in special fund balances.
- The focus of the DHB has turned to the planning and preparedness for COVID-19. This has resulted in groups being formed and staff dedicated to planning, 122,000 hours of planning recorded up to May 2020 (not direct patient activity) has been focused on COVID-19.
- This will 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 have been shown previously on our COVID-19 slides.

COVID-19 Revenue and Costs

Capital & Coast DHB Operating Results - $000s	YTD COVID-19	YTD COVID-19	YTD COVID-19
YTD June 2020	Change from Trend Provider	Change from Trend Funder	Change from Trend CCDHB Total
Devolved MoH Revenue		(8,317)	(8,317)
Non-Devolved MoH Revenue			
Other Revenue	2,037		2,037
IDF Inflow			
Inter DHB Provider Revenue			
Total Revenue	**(6,280)**	**(8,317)**	**(6,280)**
Personnel			
Medical	(1,610)		(1,610)
Nursing	(1,620)		(1,620)
Allied Health			
Support			
Management & Administration			
Total Employee Cost	**(3,230)**	**0**	**(3,230)**
Outsourced Personnel			
Medical	(51)		(51)
Total Outsourced Personnel Cost	**(51)**	**0**	**(51)**
Treatment related costs - Clinical Supp	2,834		2,834
Treatment related costs - Outsourced	(1,952)		(1,952)
Non Treatment Related Costs	(1,921)		(1,921)
IDF Outflow			0
Other External Provider Costs (SIP)		(9,917)	(9,917)
Interest Depreciation & Capital Charge			
Total Other Expenditure	**(10,956)**	**(9,917)**	**(10,956)**
Total Expenditure	**(14,237)**	**(9,917)**	**(14,237)**
Net result	**7,957**	**1,600**	**7,957**

- The year to date financial position includes $14.2m additional costs in relation to COVID-19.
- Revenue of $8.3m has been received to fund additional costs for community providers which is now exhausted. The DHB may be expected to fund any expenditure involved with assessments through GPs or CBACs.
- IDF revenue and outflow expense were set to an extrapolated rate utilising the non-COVID-19 period (Jul-Feb 20) for Mar-June. This means IDF is not a COVID-19 impact.
- Full year Planned Care (Electives) was set to target/budget since March but we recognised under delivery for the non-covid period in June. We were originally planning a catch-up until COVID-19 hit.
- Personnel costs are not split by category in this report, however the largest variance in this category is an increase in leave liability attributed at $4.1m due to COVID-19
- The net impact year to date is $8.0m additional costs currently unfunded but excluded from our responsible deficit.

CCDHB Operating Position – June 2020

Month - June 2020				Capital & Coast DHB Operating Results - $000s	Year to Date					Adjustments			Annual		
			Variance					Variance							
Actual	Budget	Last year	Actual vs Budget	YTD June 2020	Actual	Budget	Last year	Actual vs Budget	Actual vs Last year	COVID-19 change from Trend	Holidays Act [2003]	Actuals exc COVID-19 / HA	Annual Budget	Last year	Last year exc HA/NOS (FPIM)
75,691	73,273	69,351	2,419	Devolved MoH Revenue	892,143	879,272	840,425	12,871	51,719	(8,317)		883,827	879,272	840,425	840,425
2,420	3,419	5,096	(999)	Non-Devolved MoH Revenue	41,220	41,265	43,826	(45)	(2,606)			41,220	41,265	43,826	43,826
2,943	3,242	3,793	(298)	Other Revenue	36,600	39,404	41,074	(2,805)	(4,475)	2,037		38,636	39,404	41,074	41,074
22,994	20,186	19,491	2,808	IDF Inflow	239,666	242,229	227,680	(2,563)	11,986			239,666	242,229	227,680	227,680
941	624	1,042	316	Inter DHB Provider Revenue	8,560	7,627	8,617	932	(57)			8,560	7,627	8,617	8,617
104,989	**100,744**	**98,775**	**4,245**	**Total Revenue**	**1,218,189**	**1,209,799**	**1,161,622**	**8,390**	**56,567**	**(6,280)**	**0**	**1,211,909**	**1,209,799**	**1,161,622**	**1,161,622**
				Personnel											
16,493	13,459	33,967	(3,034)	Medical	175,829	170,050	187,670	(5,779)	11,841	(1,610)	(2,049)	172,170	170,050	187,670	165,582
28,799	18,959	48,974	(9,840)	Nursing	233,986	217,221	238,301	(16,765)	4,315	(1,620)	(9,145)	223,222	217,221	238,301	207,879
7,012	5,253	10,135	(1,759)	Allied Health	63,729	62,609	63,990	(1,121)	260		(1,370)	62,359	62,609	63,990	58,774
809	901	2,623	92	Support	9,759	10,138	10,930	379	1,171		32	9,790	10,138	10,930	9,131
5,354	6,531	10,879	1,177	Management & Administration	71,657	78,177	72,008	6,520	351		168	71,825	78,177	72,008	64,372
58,466	**45,102**	**106,578**	**(13,364)**	**Total Employee Cost**	**554,960**	**538,194**	**572,899**	**(16,766)**	**17,939**	**(3,230)**	**(12,365)**	**539,365**	**538,194**	**572,899**	**505,739**
				Outsourced Personnel											
468	420	497	(48)	Medical	6,671	5,108	6,158	(1,563)	(513)	(51)		6,620	5,108	6,158	6,158
24	15	38	(9)	Nursing	250	183	215	(67)	(35)			250	183	215	215
104	123	137	19	Allied Health	1,464	1,488	1,770	23	306			1,464	1,488	1,770	1,770
14	4	35	(10)	Support	287	52	461	(234)	174			287	52	461	461
401	58	218	(343)	Management & Administration	2,674	693	2,660	(1,981)	(13)			2,674	693	2,660	2,660
1,011	**620**	**925**	**(390)**	**Total Outsourced Personnel Cost**	**11,346**	**7,524**	**11,265**	**(3,823)**	**(81)**	**(51)**	**0**	**11,295**	**7,524**	**11,265**	**11,265**
10,780	10,111	10,232	(669)	Treatment related costs - Clinical Supp	124,009	122,344	122,929	(1,665)	(1,080)	2,834		126,843	122,344	122,929	122,929
2,107	1,735	1,986	(371)	Treatment related costs - Outsourced	23,749	21,794	20,314	(1,955)	(3,435)	(1,952)		21,797	21,794	20,314	20,314
7,658	5,316	12,195	(2,342)	Non Treatment Related Costs	78,547	66,360	77,600	(12,187)	(948)	(1,921)		76,627	66,360	77,600	71,220
9,887	8,589	8,142	(1,299)	IDF Outflow	102,847	103,064	98,083	217	(4,765)			102,847	103,064	98,083	98,083
19,823	25,473	22,922	5,650	Other External Provider Costs (SIP)	307,255	304,138	288,682	(3,117)	(18,574)	(9,917)		297,339	304,138	288,682	288,682
5,782	5,211	5,682	(571)	Interest Depreciation & Capital Charge	59,648	62,281	66,224	2,633	6,577			59,648	62,281	66,224	66,224
56,036	**56,435**	**61,158**	**398**	**Total Other Expenditure**	**696,056**	**679,981**	**673,831**	**(16,075)**	**(22,225)**	**(10,956)**	**0**	**685,100**	**679,981**	**673,831**	**667,452**
115,513	**102,157**	**168,661**	**(13,356)**	**Total Expenditure**	**1,262,362**	**1,225,699**	**1,257,996**	**(36,664)**	**(4,367)**	**(14,237)**	**(12,365)**	**1,235,761**	**1,225,699**	**1,257,996**	**1,184,455**
(10,524)	**(1,414)**	**(69,886)**	**(9,111)**	**Net result**	**(44,173)**	**(15,900)**	**(96,374)**	**(28,273)**	**52,200**	**7,957**	**12,365**	**(23,852)**	**(15,900)**	**(96,374)**	**(22,834)**
9,282	595	4,890	8,687	Funder	10,971	(0)	19,170	10,971	(8,199)				(0)	19,170	19,170
154	0	(179)	153	Governance	1,080	(1)	524	1,080	556				(1)	524	524
(19,960)	(2,009)	(74,597)	(17,951)	Provider	(56,224)	(15,899)	(116,067)	(40,325)	59,843				(15,899)	(116,067)	(42,527)
(10,524)	**(1,414)**	**(69,886)**	**(9,111)**	**Net result**	**(44,173)**	**(15,900)**	**(96,374)**	**(28,273)**	**52,200**				**(15,900)**	**(96,374)**	**(22,834)**

*HA/FPIM relates to provisions for Holidays Act and impairment of FPIM (National Oracle System)

As noted to the left our net result excluding COVID-19, FPIM (NOS) impairment and Holidays Act [2003] provisions compared to the prior year was:
($23.85m) 2019/20 deficit
($22.83m) 2018/19 deficit

Executive Summary – Financial Variances

- The DHB deficit year to date is ($44.2m).
- Included within this result is recognition of the adjustment to the holiday act provision ($12.3m) and an estimated impact of Covid 19 of ($8m).
- Excluding the two items above brings the deficit for the year down to ($23.8m) being ($7.9m) unfavourable to budget. This is below the forecast of ($29.5m) previously indicated including the impact of year-end actuarial adjustments ($175k).

- Revenue is favourable by $8.4m YTD. The largest variance is due to additional funder revenue for PHOs, GPs and CBAC setup which are passed through the DHB. ACC related revenue is also down ($2.2m) of which half was due to COVID-19. This revenue was offset by increased special fund revenue, cost recovery of PCT drugs for IDF patients $1.8m, other recoveries revenue and CCDM related revenue (shortfall borne by the funder arm) all with corresponding costs.
- Personnel costs including outsourced is ($20.6m) YTD, Excluding the Holidays Act year end adjustment ($12.4m) and savings targets not allocated of ($8.3m) the remainder of the costs are on budget. This includes COVID-19 related costs of ($3.3m) incurred within the year and costs of additional FTE for safe care offset by lower wage settlement provisions (MECA settlements).
- Treatment related clinical supplies ($1.6m), this partially relates to Pharmaceuticals (noting PCT IDF revenue offset above). Additional spend in treatment disposables (Blood costs - Intragam / catheters within the year) are partially offset by implant underspend (Orthopaedic prostheses due to outsourcing and shunts/stents in our cath lab/Neurosurgery). Included within this result is savings from procedures not performed due to COVID-19, which is included in the COVID impact.
- Outsourced clinical services ($1.9m) largely due to outsourcing of procedures that would ordinarily be conducted in-house during the year.
- Non treatment related costs ($12.2m), a combination of savings targets yet to be realised ($8.7m), increase in trust expenditure (offset with revenue) and existing integrated services contract renewals (food & cleaning).
- These costs have been partially offset by underspend in aged care claims, significant PHARMAC rebates, and $2.6m saving in capital charge/depreciation

Analysis of the Operating Position

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

Revenue	• Revenue is favourable by ($8.4m) YTD. The largest variance is due to additional funder revenue for COVID-19 related activities within the community which are passed through the DHB ($8.3m) for items like CBACs, virtual consultations, assessments. • We also note IDF case weight inpatient revenue has been changed to reflect the run rate of IDF delivery from the first eight months of the financial year. We note earlier in the year we were effected by the industrial action, provision for surgical revenue in reserves (IDF Inpatient CWD). ACC related revenue is also down ($2.2m) of which half was due to COVID-19. Planned care for the first half of the year was also recognised as a $1.2m shortfall. • This revenue was offset by increased special fund revenue, cost recovery of PCT drugs for IDF patients $1.8m, other recoveries revenue and CCDM related revenue (shortfall borne by the funder arm) all with corresponding costs.
Labour (including outsourced)	**Medical Personnel:** Medical Personnel labour month position is unfavourable both within the month by ($1m) and YTD ($5.3m) (excluding holidays act). • The unfavourable YTD position is due to reserves savings targets totalling ($4.6m). • We note excluding reserves targets the DHB is ($717k) unfavourable on medical personnel despite an ($1.6m) overspend on outsourcing to cover vacancies (wherever possible we budget as internal labour as the efficient means of filling roles). • Within the year we have released $1.8m of MECA reserves which is offsetting the majority of unfavourable leave liability movement within the year $2.5m

Analysis of the Operating Position

Labour (including outsourced)	**Nursing Personnel** Nursing Personnel labour month position is ($704k) unfavourable to budget and ($7.7m) YTD (excluding Holidays Act) • YTD ($2.9m) is due to unallocated reserve targets, with an additional ($3.3m) across the provider arm based on unmet savings targets including leave reduction targets. • Overall Paid FTE for Nursing staff has remained relatively stable since the start of the year up to May, however increased by 60 into June , equating to an annualised $4.5m, some will have been offset by casual COVID-19 payments which will now move back to normal, approx. 66 more contracted FTE than last year. • Due to Multi Employer Collective Agreement (MECA) increases this hourly rate increase is costing the DHB approximately $183k extra per week equating to $9.6m annualised (June 20 compared to July 19). Whilst these amounts have been budgeted by the DHB it is important to note the scale of the nationally agreed increases which are compounded by any new roles to service our population, the latest May Nursing uplift has not been funded by MoH at this stage and is expected to be part of a pay equity settlement.

Analysis of the Operating Position

Labour (including outsourced)	**Allied Personnel** Allied Personnel labour month position is ($370k) unfavourable to budget and favourable $273k YTD (excluding Holidays Act). • We note reserve unallocated savings targets totalling ($900k) YTD are being met within these results. **Support Personnel** Support Personnel labour month position is on budget $51k and favourable $113k YTD (excluding holidays act). • YTD spend is largely in terms of outsourced maintenance and reserve savings targets. **Management/Admin Personnel** This personnel category is favourable in the month by $665k, and $4.4m YTD (excluding holidays act). • Savings held in reserves have offset the MECA settlement recalculation which have impacted the month favourably by $928k and YTD $2.9m. Vacancies in QIPS, Executive Office and SIP make up the rest of the favourable result.

Analysis of the Operating Position

Non-Labour	• Outsourced clinical services ($1.9m) YTD, largely due to outsourcing of procedures that would ordinarily be conducted in-house. • Treatment related clinical supplies ($1.7m), earlier in the year this partially relates to Pharmaceuticals (noting PCT IDF revenue offset above). Additional spend in treatment disposables (Blood costs – Intragam/catheters) were partially offset by implant underspend (Orthopaedic prostheses due to outsourcing and shunts/stents in our cath lab/Neurosurgery); due to COVID-19 spend will be minimal in March - June due to reduced procedures. • Infrastructure savings are not currently being met in all areas, savings in insurance, capital charge, corporate training and depreciation are offsetting large increases in the integrated services contract due to MECA rises for this external provider in addition to consultants, outsourced maintenance, mobile phone spend and doubtful debts.
Funder	• The Funder arm has external provider payments; total costs are in line with total YTD. Increased costs in PHO, other HOP and Child, youth costs are offset by additional revenue from MOH. Costs in ARC are lower than budget targets. • IDF Outpatient volumes are tracking to budget due to COVID-19 IDF recognition based on an extrapolated forecast. • Key yearly increase in costs is related to COVID-19, which we received offsetting revenue from the Ministry.

Section 4

Financial Position

Cash Management – June 2020

Month : June 2020						Capital & Coast DHB Statement of Cashflows	Year to Date				
			Variance							Variance	
Actual	Budget	Last year	Actual vs Budget	Actual vs Last year	Notes	YTD June 2020	Actual	Budget	Last year	Actual vs Budget	Actual vs Last year
						Operating Activities					
110,947	**104,969**	**54,660**	**5,978**	**56,287**		**Receipts**	**1,292,747**	**1,259,623**	**1,158,934**	**33,124**	**133,813**
						Payments					
41,481	45,480	39,816	3,999	(1,665)		Payments to employees	530,469	545,758	501,958	15,289	(28,511)
56,671	55,246	10,153	(1,425)	(46,518)		Payments to suppliers	718,353	662,964	616,302	(55,389)	(102,051)
0	2,484	14,745	2,484	14,745		Capital Charge paid	12,297	29,805	29,805	17,509	17,509
(654)	187	578	841	1,232		GST (net)	1,595	2,244	2,244	650	650
97,498	**103,397**	**65,292**	**5,899**	**(32,206)**		**Payments - total**	**1,262,713**	**1,240,771**	**1,150,309**	**(21,942)**	**(112,404)**
13,449	**1,572**	**(10,633)**	**11,877**	**24,081**	**6**	**Net cash flow from operating Activities**	**30,035**	**18,852**	**8,625**	**11,182**	**21,409**
						Investing Activities					
31	104	65	73	34		Receipts - Interest	**900**	**1,248**	**1,204**	**348**	**304**
0	0	0	0	0		Receipts - Other	500	0	0	(500)	(500)
31	**104**	**65**	**73**	**34**		**Receipts - total**	**1,400**	**1,248**	**1,204**	**(152)**	**(196)**
						Payments					
0	0	(1,694)	0	(1,694)		Investment in associates	0	0	(0)	0	(0)
8,464	3,917	2,416	(4,548)	(6,049)		Purchase of fixed assets	45,602	47,000	39,412	1,398	(6,190)
8,464	**3,917**	**722**	**(4,548)**	**(7,743)**		**Payments - total**	**45,602**	**47,000**	**39,412**	**1,398**	**(6,190)**
(8,433)	**(3,813)**	**(656)**	**(4,475)**	**(7,709)**	**7**	**Net cash flow from investing Activities**	**(44,203)**	**(45,752)**	**(38,208)**	**1,246**	**(6,386)**
						Financing Activities					
0	15,900	14,100	(15,900)	(14,100)		**Equity - Capital**	16,000	15,900	14,100	100	1,900
(3,484)	(3,484)	(3,484)	0	0		**Other Equity Movement**	8,376	(3,484)	(3,484)	11,860	11,860
0	0	0	0	0		Other	0	0	(247)	0	(247)
(3,484)	**12,416**	**10,616**	**(15,900)**	**(14,100)**		**Receipts - total**	**24,376**	**12,416**	**10,369**	**11,960**	**14,007**
						Payments					
0	**0**	**0**	**0**	**0**		Interest payments	**55**	**0**	**0**	**(55)**	**(55)**
0	**0**	**0**	**0**	**0**		**Payments - total**	**55**	**0**	**0**	**(55)**	**(55)**
(3,484)	**12,416**	**10,616**	**(15,900)**	**(14,100)**	**8**	**Net cash flow from financing Activities**	**24,321**	**12,416**	**10,369**	**11,905**	**13,952**
1,532	**10,175**	**(673)**	**(8,498)**	**2,272**		**Net inflow/(outflow) of CCDHB funds**	**10,153**	**(14,484)**	**(19,214)**	**24,333**	**28,976**
16,704	(16,576)	8,756	(33,281)	(7,949)		**Opening cash**	8,083	8,083	27,296	(0)	19,213
107,494	117,489	65,341	(9,849)	42,221		Net inflow funds	1,318,523	1,273,287	1,170,507	44,932	147,625
105,963	107,314	66,014	1,351	(39,949)		Net (outflow) funds	1,308,370	1,287,771	1,189,721	(20,599)	(118,649)
1,532	**10,175**	**(673)**	**(8,498)**	**2,272**		**Net inflow/(outflow) of CCDHB funds**	**10,153**	**(14,484)**	**(19,214)**	**24,333**	**28,976**
18,236	**(6,401)**	**8,083**	**24,637**	**10,153**		**Closing cash**	**18,236**	**(6,401)**	**8,082**	**24,637**	**10,154**

Capital and Coast DHB
RECONCILIATION OF CASH FLOW TO OPERATING BALANCE

		YTD June 2020		
	Notes	Actual $000	Budget $000	Variance $000
Net Cashflow from Operating		**30,035**	**18,852**	11,182
Non operating financial asset items		**(655)**	-	(655)
Non operating non financial asset items		**(2,923)**	**(2,695)**	(228)
Non cash PPE movements				
Depreciation & Impairment on PPE		(32,607)	(33,724)	1,117
Gain/Loss on sale of PPE		0	-	0
Total Non cash PPE movements		**(32,607)**	**(33,724)**	**1,117**
Interest Expense		-	-	**0**
Working Capital Movement				
Inventory		(50)	418	(469)
Receipts and Prepayments		(15,054)	1,248	(16,302)
Payables and Accruals		(22,918)	-	(22,918)
Total Working Capital movement		**(38,022)**	**1,666**	**(39,689)**
Operating balance		**(44,173)**	**(15,900)**	(28,273)

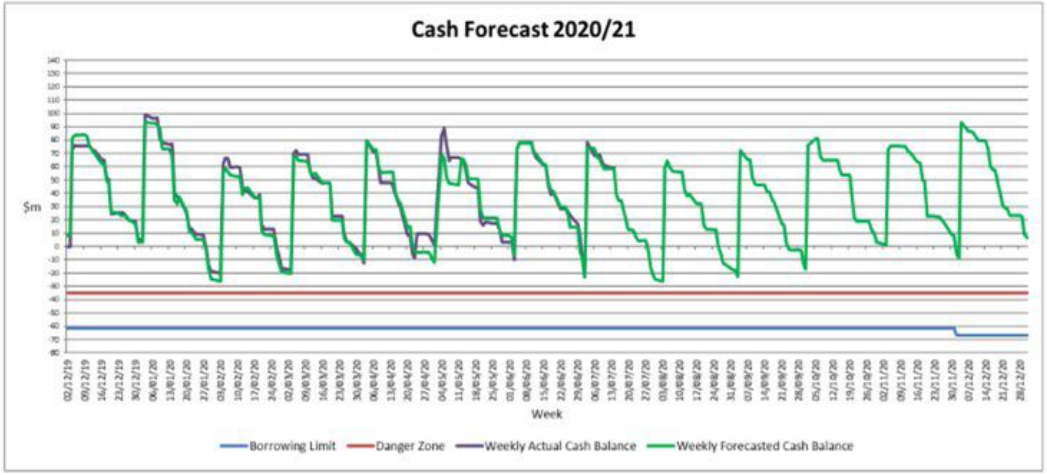
Current Ratio – This ratio determines the DHB's ability to pay back its short term liabilities.
DHB's current ratio is 0.32 (May 20: 0.33);

Debt to Equity Ratio – This ratio determines how the DHB has financed the asset base.
DHB's total liability to equity ratio is 40:60 (May 20: 37:63).

Debt Management / Cash Forecast – June 2020

Accounts Receivable
30-Jun-20

Aged Debtors report ($'000)	Total	Current	1-30	31 - 60	61 - 90	91+	Previous Period
Ministry of Health	10,601	5,836	72	-	3,036	1,657	10,773
Other DHB's	5,300	1,053	323	651	270	3,003	6,094
Kenepuru A&M	259	12	14	20	213	-	266
ACC	- 119	301	- 233	- 263	- 226	302	75
Misc Other	4,265	1,078	398	318	165	2,306	3,872
Total Debtors	20,306	8,280	574	726	3,458	7,268	21,080
less : Provision for Doubtful Debts	(2,227)						(1,620)
Net Debtors	18,079						19,419



Cash Management

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

Debt Management

- **Ministry of Health:** invoices on hold due to contracts not yet signed by MOH, reports not yet provided by CCDHB or disputed invoices.
- **Other DHB's:** Single largest debtor outstanding for more than 91 days is Hutt Valley DHB at $3.0m
- **Kenepuru A&M:** Includes significant number of low value patient transactions. Provision of the overdue debts is $185k
- **Misc Other:** Includes non-resident debt of approx. $2.8m. About 60% of the non-resident debt have payment arrangements in place. The balance will be referred to collection agencies if unpaid.

Balance Sheet / Cashflow – as at 30 June 2020

May-20	Month : June 2020							Capital & Coast DHB
					Variance			Balance Sheet
Actual	Actual	Budget	At June 2019	At June 2019	Actual vs Budget	Actual vs June 2019	Notes	YTD June 2020
31	31	33	33	33	(2)	(2)	1	Bank
3,415	6,523	0	0	0	6,523	6,523	1	Bank NZHP
13,259	11,683	10,754	10,754	10,754	928	928	1	Trust funds
46,127	49,375	51,217	51,866	51,866	(1,842)	(2,491)	2	Accounts receivable
9,264	8,995	9,046	9,046	9,046	(50)	(50)		Inventory/Stock
8,084	6,257	4,197	4,197	4,197	2,060	2,060		Prepayments
80,179	**82,864**	**75,247**	**75,896**	**75,896**	**7,617**	**6,968**		**Total current assets**
516,027	522,978	566,191	540,558	540,558	(43,213)	(17,579)		Fixed assets
14,676	14,796	14,796	9,859	11,626	0	4,936		Work in Progress - CRISP
57,032	54,148	27,349	32,256	30,490	26,799	21,892		Work in progress
587,734	**591,922**	**608,336**	**582,673**	**582,673**	**(16,414)**	**9,249**	3	**Total fixed assets**
0	0	0	0	0	0	0		Investments in New Zealand Health Partnership
1,150	1,150	1,150	1,150	1,150	(0)	(1)		Investment in Allied Laundry
1,150	**1,150**	**1,150**	**1,150**	**1,150**	**(0)**	**(1)**		**Total investments**
669,064	**675,936**	**684,733**	**659,719**	**659,719**	**(8,798)**	**16,217**		**Total Assets**
0	0	17,188	2,704	2,704	17,188	2,704		Bank overdraft HBL
62,267	76,604	64,236	64,760	64,760	(12,368)	(11,844)	4	Accounts payable, Accruals and provisions
0	0	55	55	55	55	55	7	Loans - Current portion
9,839	(252)	0	0	0	252	252	6	Capital Charge payable
593	593	593	593	593	0	0		Insurance liability
23,225	36,144	18,928	18,577	18,577	(17,216)	(17,567)	5	Current Employee Provisions
125,763	140,857	120,436	120,437	120,437	(20,421)	(20,421)	5	Accrued Employee Leave
18,488	7,299	24,541	21,041	21,041	17,242	13,742	5	Accrued Employee salary & Wages
240,175	**261,245**	**245,978**	**228,167**	**228,167**	**(15,267)**	**(33,078)**		**Total current liabilities**
0	0	0	0	0	0	0		Crown loans
102	95	80	72	72	(15)	(23)		Restricted special funds
605	605	605	605	605	0	0		Insurance liability
6,297	6,564	6,353	6,353	6,353	(212)	(212)		Long-term employee provisions
7,004	**7,264**	**7,037**	**7,029**	**7,029**	**(227)**	**(235)**		**Total non-current liabilities**
247,179	**268,510**	**253,015**	**235,196**	**235,196**	**(15,495)**	**(33,314)**		**Total Liabilities**
421,884	**407,426**	**431,718**	**424,523**	**424,523**	**(24,292)**	**(17,097)**		**Net Assets**
816,205	816,257	796,044	764,100	778,200	20,213	52,157		Crown Equity
0	(3,484)	(3,484)	(3,484)	(3,484)	0	0		Capital repaid
52	0	0	0	0	0	0		Capital Injection
131,395	130,944	131,361	142,009	142,009	(417)	(11,065)		Reserves
(525,768)	(536,292)	(508,103)	(492,203)	(492,203)	(28,189)	(44,089)		Retained earnings
421,884	**407,425**	**431,718**	**424,522**	**424,522**	**(24,293)**	**(17,097)**		**Total Equity**

Balance Sheet

The DHB has budgeted a total Provision of $79m for the Holidays Act remediation across Employee Provisions and Accrued Employee Leave, with the actual provision recorded to Accrued Employee Leave. Settlement will require a large cash injection.

Fixed Assets is under-budget due to under-budgeted buildings accumulated depreciation, an over-budget variance in Work in progress for projects pending completion and asset write-downs for copper pipes and NOS.

Cash flow

The DHB's overall cash position at the end of June was higher than budgeted mainly due to Capital Charge of $12.1m being paid after 30th June. This was reflected in the $12m higher variance in the creditors balance.

CCDHB received $16m equity funding from the Ministry in April, which was originally budgeted for June. Two payments to the Ministry comprising capital charge of $12.1m in July and an equity repayment of $3.5m in June have effectively absorbed this cash injection.

The DHB's liquidity going forward is of concern as the current assets of $83m is significantly lower than the $261m of current liabilities, this means the DHB is solely reliant on crown funding to meet payments as they fall due.

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

Capital Expenditure and Projects Summary June 2020

Capital Expenditure Spend

Asset Category	Budget	Actual YTD Spend	Carry forward to FY20-21
Buildings	11,646,755	1,914,860	9,731,894
Clinical Equipment	34,933,350	11,891,197	23,042,153
ICT	2,782,839	1,482,312	1,300,526
2019-20 projects	**49,362,943**	**15,288,370**	**34,074,574**
Prior Year projects	18,200,000	14,574,487	3,625,513
Total	**67,562,943**	**29,862,857**	**37,700,087**
Equity Funding (MOH) & Leases			(10,000,000)
Grand Total			**27,700,087**

Key highlights to June 2020 are:

- More than $49.4m in projects have been approved and are progressing (excludes New Children's Hospital & ISU for MHAIDS)
- Cash spend to date is $29.9m to 30 June 2020
- Based on the total approved projects to 30 June 2020 and the actual spend, a total of $37.7m will be carried forward to FY2020/21 with $34m from 2019/20 approved projects and $3.6m from projects approved prior to 2019/20
- The majority of the carry forward relates to approved projects in the 2019/20 Capital Plan ($30.2m of $32m) that are delayed
- Some of the delay in completing these larger projects is attributed to COVID-19.For example the new LINAC, cannot still be installed as the expertise resides in Australia. The machine has arrived in new Zealand but we haven't paid the $5.5 million as they cannot commission it. However our issue remains our capacity to plan ahead. The lag time between business case development, approval, going to market via procurement, delivery, installation and 'go-live' needs to be improved and must be considered in the early phases of planning

Board Discussion

August 2020

Hutt Valley DHB May 2020 Financial and Operational Performance Report	
Action Required **The Board note** the release of this report into the Public domain.	
Strategic Alignment	Financial Sustainability
Authors	Judith Parkinson, General Manager Finance & Corporate Services Joy Farley, Director of Provider Services Rachel Haggerty, Director Strategy Planning and Performance
Endorsed by	Fionnagh Dougan, Chief Executive
Purpose	To update Board on the financial performance and delivering against target performance for the DHBs
Contributors	Finance Team, 2DHB Hospital Services, Director Strategy Planning & Performance

Executive Summary

Activity delivered by the Hutt Valley DHB provider arm for June has started to recover post COVID-19 lockdown. There are increasing ED attendances, surgical procedures, overall discharges, outpatient and community contacts. We are reviewing the implications of this service by service through robust clinical assessment, monitoring of referrals and wait lists.

The Ministry of Health monitor performance against key measures agreed in the Annual Plan. We are not delivering to target in the areas of immunisation and smoking cessation and are reviewing our approach.

From an outcomes perspective inequity remains a significant challenge with Māori, and Pacific having lower rates of immunisation and breastfeeding. People in these populations also experience higher rates of avoidable hospital admissions (known as ambulatory sensitive hospitalisations (ASH). This is a significant priority for 2020/21 as we implement Te Pae Amorangi and a pro-equity commissioning and accountability approach across HVDHB.

For the Full Financial Year, the Hutt Valley DHB has an unaudited deficit of $21.5m which is $13.3m above budget, this includes $4.2m of COVID-19 unfunded costs. Of this deficit $14.2m is in the provider arm services. Activity is 1.27% ahead of that planned. Total FTE are 15 below budget.

There is an adverse financial impact on the organisation in June as a result of a change in recognition of IDF costs and revenue due to COVID-19. Rather than actual activity being used to recognise IDF revenue and costs a forecast provided by MoH has been agreed for a 3 month period. IDF outflow costs have increased by $2.2m and inflow revenue by $0.7m.

The June result does not include the recalculation of the holidays Act provision which is expected from Ernst and Young at the end of July. The accounts will not be final until the accounts are audited.

Strategic Considerations

Service	Financial performance and funding is a key to delivering the services for the Hutt Valley population.
People	Staff numbers are 34 below plan
Financial	Full year Deficit $21.5 million, including $4.2 million net COVID-19 costs.
Governance	The Finance Risk and Audit committee is accountable for scrutinising the financial and operational performance reports on behalf of the board, and reporting back to the board on issues as identified by the committee.

Engagement/Consultation

Patient/Family	N/A
Clinician/Staff	N/A
Community	N/A

Identified Risks

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

Attachment/s

1. Hutt Valley DHB June 2020 Financial and Operational Performance Report

Monthly Financial and Operational Performance Report

For period ending
30 June 2020

Reported in July 2020

Contents

Section #	Description	Page
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❷	Funder Performance	
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❹	Financial Performance & Sustainability	
❺	Additional Financial Information & Updates	

Section 1

Financial and Performance Overview and Executive Summary

Executive Summary

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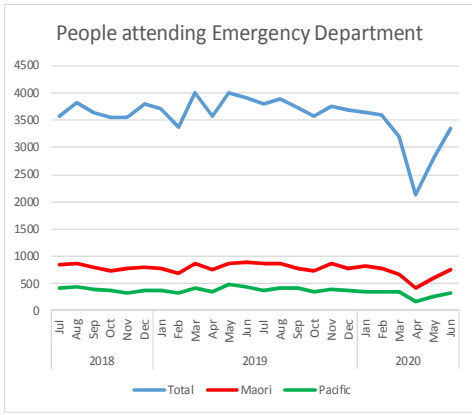
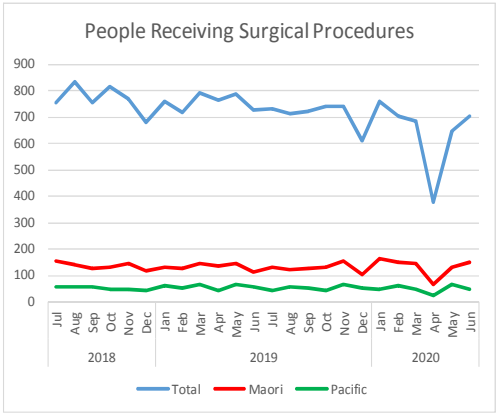
The June result does not include the recalculation of the holidays Act provision which is expected from EY soon. The accounts will not be finalised until the accounts are audited.

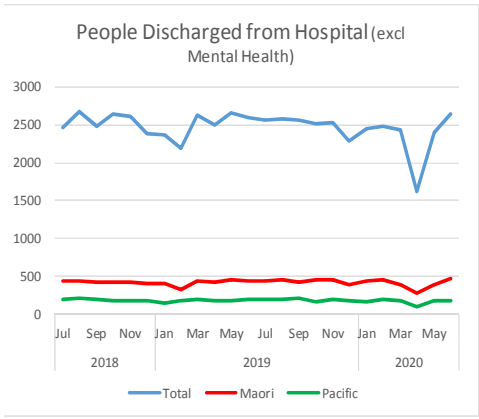
Performance Overview: Activity Context (People Served)

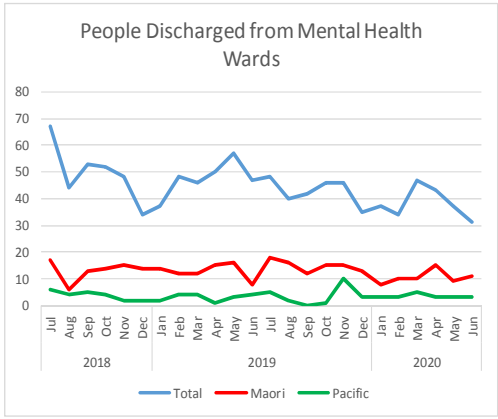
HVDHB funds services that touch thousands of people in our community every month. The numbers below count individuals once and are based on Hutt Valley DHB being the DHB of Service. Our services have returned to delivering services to our population without the restrictions due to COVID-19. Services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

People attending ED	**3,354**	743 Maori, 315 Pacific
People receiving Surgical Procedures	**702**	148 Maori, 49 Pacific
People discharged from Hospital (excl Mental Health)	**2,643**	461 Maori, 174 Pacific
People discharged from Mental Health wards	**31**	11 Maori, 3 Pacific



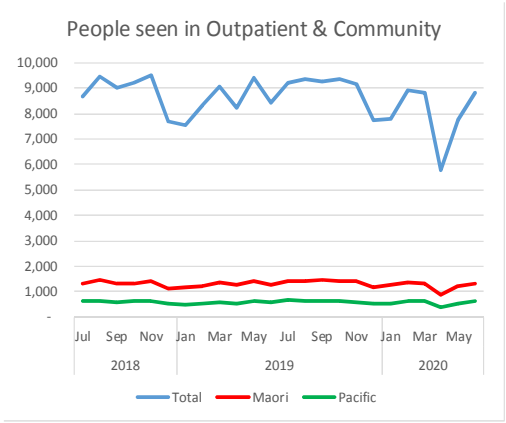


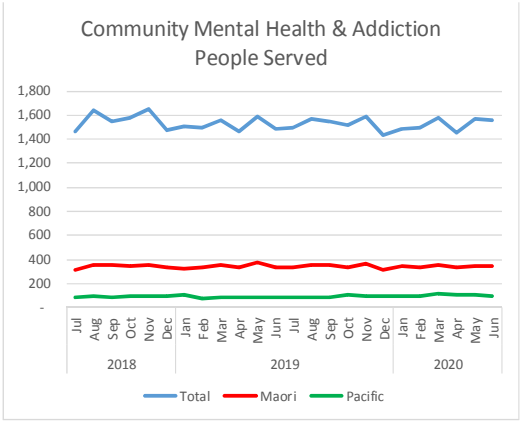


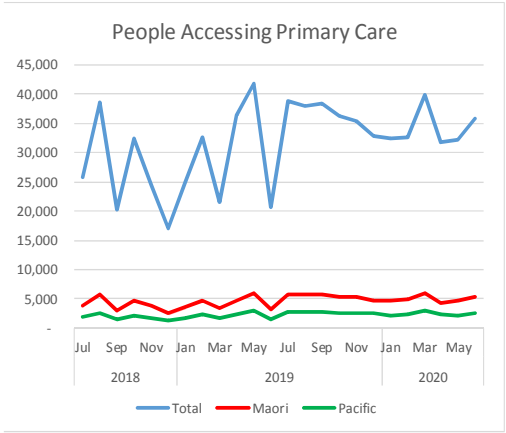


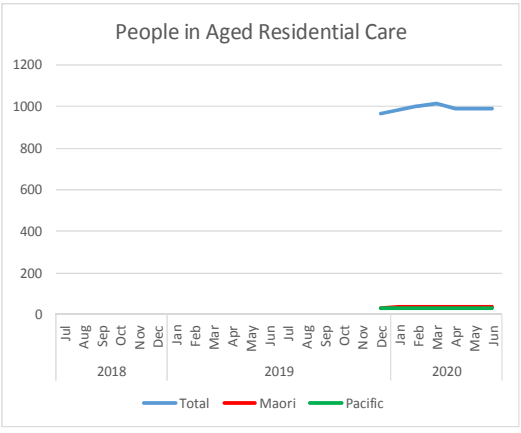
Performance Overview: Activity Context (People Served)

People seen in Outpatient & Community	**8,798**	1,333 Maori, 625 Pacific
Mental Health and Addiction Contacts	**1,563**	346 Maori, 93 Pacific
Primary Care Contacts (shows contacts and the data is 3 months old)	**35,774**	5,301 Maori, 2,503 Pacific
People in Aged Residential Care	**992**	36 Maori, 31 Pacific









Financial Overview – June 2020

YTD Operating Position	YTD Provider Position	YTD Funder Position	YTD Capital Exp
$21.5m deficit	$14.2m deficit	$7.9m deficit	$8.5m spend
Against the budgeted deficit of $8.1m. Month result was $6.2k deficit against budget deficit $0.5m.	Against the budget deficit of $2m. Month result was $0.01m deficit, on budget.	Against the budget deficit of $5.9m. Month result was $6.2m deficit against budget deficit $0.5m.	Against the prior month spend of $7.8m.

YTD Activity vs Plan (CWDs)	YTD Paid FTE	Annual Leave Accrual
1.27% ahead	1,964	$21.6m
316 CWDs ahead PVS plan at the end of June. June result is 108 over budget CWDs. IDFs were 19 CWD below budget for the month	YTD 34FTE below annual budget of 1,998 FTE. Month 15FTE below budget.	This is an increase of $0.6m on prior period.

Hospital Performance Overview – June 2020

YTD Shorter stays in ED	People waiting >120 days for treatment (ESPI5)	People waiting >120 days for 1st Specialist Assmt (ESPI2)	Faster Cancer Treatment
86.15%	1,133	1,237	88.9%
9% below the ED target of 95%, 3% below YTD for June 19.	Against a target of zero long waits a monthly movement of +41.	Against a target of zero long waits a monthly movement -145	We achieved the 62 day target. The 31 day target was also achieved 97.4%

YTD Activity vs Plan (CWD)	YTD Standard FTE	Serious Safety Events
1.27% ahead	1,945	2
316 CWDs ahead PVS plan at the end of June. June result is 108 over budget CWDs. IDFs were 19 CWD below budget for the month	31 below YTD budget of 1,976 FTE. Month FTE was 8 under budget an downwards movement from May of -3	An expectation is for nil SSEs at any point.

Section 2

FUNDER PERFORMANCE

Executive Summary – Funder

- Overall the funder has a negative variance. This is a change from last month primarily due to two factors; no wash-up for inter district flows being received, and an unexpected $2m variance in community pharmaceuticals. There was an initial expectation that lost IDF revenue would be washed up by MoH to offset this unexpected impact. The variance in pharmaceutical payments is due to lower than anticipated rebates from PHARMAC. This is likely to reflect higher costs for pharmaceutical due to the COVID-19 lockdown.
- Across funder investment there are variances with a total overspend of $832k. This includes positive variances in laboratory costs due to service delivery changes reducing the cost structure for Hutt Valley DHB. There are negative variances for pharmaceuticals and community services for Health Older People. There are positive variances in fertility services, age residential care and services not yet commissioned in mental health.
- The surveillance of COVID-19 is ongoing. Some CBACs continue to operate and primary capacity remains available. The MOH surveillance plan regarding screening and testing is continuing. MOH funding levels have not been finalised for ongoing COVID19 work in 2020/21.
- Regional Public Health has returned to ongoing business as usual, but remains ready to respond in the event of an outbreak. Funding sustainability for increased contact tracing capacity is still being reviewed.
- In this report we have also highlighted key areas of performance with a focus on our core services and achieving equity:
    - Maori enrolment in primary care and has achieved greater than 92% to improve access to care but remains below the other population. The drive to increase Maori enrolment remains;
    - Engagement with Maori and Pacific whanau needs an approach that maintains high levels of immunisation. There will be a focus on working with the Maori and Pacific team to improve the equity result.
    - Influenza vaccination rates are higher than ever. Driven by greater availability of vaccinations, promotion due to COVID and funding for Maori and Pacific providers to support higher vaccination rates. There is support from our DHBs for Maori and pacific to be eligible for subsidised vaccination from 55 years rather than 65 years.
    - We are supporting more older people than ever with long-term health conditions and disabilities to remain in their homes for longer. Developing a wider range of services for older people is a current priority.

Funder Financial Statement – June 2020

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

Month					$000s	Year to Date					Annual	
Actual	Budget	Variance	Last Year	Variance		Actual	Budget	Variance	Last Year	Variance	Budget	Last Year
					Revenue							
34,735	34,816	(81)	33,092	1,642	Base Funding	416,816	416,455	361	397,109	19,707	416,455	397,109
4,114	2,818	1,295	3,974	140	Other MOH Revenue	38,006	33,820	4,186	37,126	880	33,820	37,126
140	448	(308)	40	100	Other Revenue	619	5,372	(4,753)	654	(35)	5,372	654
9,306	8,602	704	7,874	1,432	IDF Inflows	102,280	103,225	(946)	101,806	474	103,225	101,806
48,295	**46,684**	**1,611**	**44,980**	**3,314**	**Total Revenue**	**557,721**	**558,872**	**(1,151)**	**536,694**	**21,027**	**558,872**	**536,694**
					Expenditure							
383	383	(0)	291	(92)	DHB Governance & Administration	4,597	4,597	(0)	3,467	(1,129)	4,597	3,467
21,443	20,032	(1,410)	18,249	(3,194)	DHB Provider Arm	241,131	240,388	(743)	221,939	(19,192)	240,388	221,939
					External Provider Payments							
5,478	3,080	(2,398)	4,741	(738)	Pharmaceuticals	37,365	35,275	(2,090)	37,728	363	35,275	37,728
4,283	4,329	46	4,199	(84)	Laboratory	50,903	51,954	1,051	51,172	269	51,954	51,172
2,509	2,479	(30)	2,452	(56)	Capitation	29,563	29,747	184	26,925	(2,638)	29,747	26,925
1,123	990	(133)	901	(223)	ARC-Rest Home Level	11,877	12,245	369	11,476	(400)	12,245	11,476
1,650	1,557	(94)	1,437	(214)	ARC-Hospital Level	19,154	19,231	77	18,224	(929)	19,231	18,224
3,362	2,833	(529)	3,870	508	Other HoP & Pay Equity	35,108	34,234	(874)	33,411	(1,697)	34,234	33,411
950	826	(125)	1,077	127	Mental Health	9,580	9,892	311	9,034	(546)	9,892	9,034
472	757	284	734	262	Palliative Care / Fertility / Comm Radiology	5,788	9,079	3,291	8,808	3,020	9,079	8,808
2,210	1,470	(741)	1,226	(984)	Other External Provider Payments	19,247	16,934	(2,313)	14,824	(4,423)	16,934	14,824
10,680	8,434	(2,247)	9,470	(1,210)	IDF Outflows	101,298	101,203	(96)	95,136	(6,163)	101,203	95,136
0	0	0	0	0	Provision for IDF Wash-ups	0	0	0	15	15	0	15
54,544	**47,168**	**(7,376)**	**48,647**	**(5,898)**	**Total Expenditure**	**565,610**	**564,778**	**(832)**	**532,160**	**(33,451)**	**564,778**	**532,160**
(6,250)	**(484)**	**(5,765)**	**(3,666)**	**(2,583)**	**Net Result**	**(7,889)**	**(5,906)**	**(1,983)**	**4,534**	**(12,424)**	**(5,906)**	**4,534**

There may be rounding differences in this report

Funder Financials – Revenue

Revenue:

- Revenue is made up of base funding, other MOH revenue, other revenue and inter district flows. The table shows the variance for other MOH revenue.
- Base Funding is unfavourable to budget for the month ($81k) and YTD favourable $361k.
- Other MOH revenue is favourable $1,295k for June and favourable $4,186k YTD, driven by COVID-19 income recognised. Note: This revenue is fully offset by additional costs.
- Other revenue is unfavourable ($308k) for the month and ($4,753k) YTD, mostly driven by Hospital medicine rebates now included in expenditure.
- IDF inflows are $704k favourable for the month and ($946k) YTD driven by wash-ups and COVID19 adjustments.

Other MOH Revenue Variance	MTH $000's	YTD $000's
In- Between Travel	209	142
Pay Equity Funding	197	947
Capitation Funding	100	(226)
Reduction in Capital Charge Funding	(36)	(430)
18/19 CCDM	-	365
Planned Care	(1,647)	(1,637)
Additional Funding for Major Burns	1,060	1,060
Additional Pharmaceuticals Funding	49	594
Covid19 Funding	1,511	5,741
MECA	(182)	(2,023)
Crown funding agreements		
Maternal & Child Nutrition & Physical Activity	(32)	(386)
Tobacco Control	(23)	(355)
Alcohol & Drug	86	342
Other CFA contracts	(4)	(51)
Year to date Variance $000's	**1,295**	**4,186**

Funder Financials – Expenditure

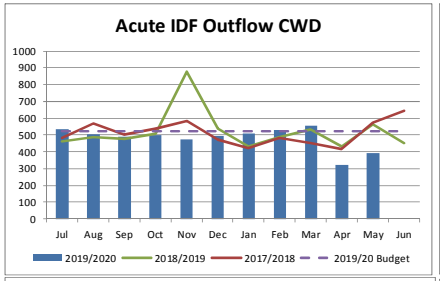
Expenditure:

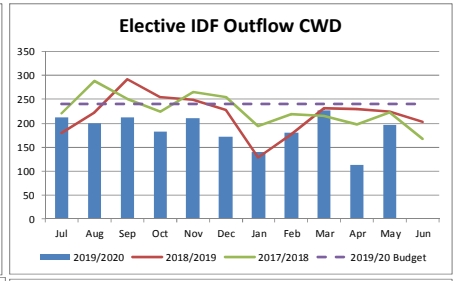
- Governance and Administration are on budget. Provider Arm payments are unfavourable ($1,410k) for the month, ($743k) YTD, mostly related to IDF wash-up payments of ($1,047k) and Public Health Unit funding for COVID-19. The IDF Outflows detail is outlined in the following page.

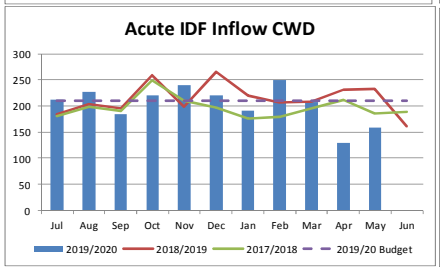
External Provider Payments:

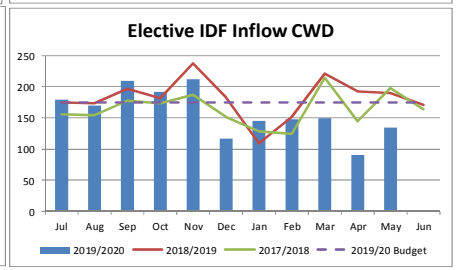
- Pharmaceutical costs are unfavourable ($2,398k) for the month and ($2,090k) YTD. This reflects the transfer of ($2,096k) Pharmac Hospital Rebates to the Hospital Provider.
- Laboratory costs are favourable $46k for the month and $1,051k YTD due to a reduction in the Hutt additional costs.
- Capitation expenses are ($30k) unfavourable for the month and favourable $184k YTD offset by changes to revenue.
- Aged residential care costs are ($227k) unfavourable for the month and $446k YTD favourable.
- Other Health of Older People (including Pay Equity) costs are unfavourable by ($529k) for the month and ($874k) YTD. includes Home Based support (FFX) contract and an unfavourable variance of ($952k) for IBT for which $502k additional offsetting revenue has been received.
- Mental Health costs are unfavourable ($125k) for the month and favourable $311k YTD. This reflects NGO contracts being finalised and planned services being commissioned.
- Palliative Care, Fertility and Community Radiology costs are favourable by $284k for the month, $3,291k YTD. These costs are now being incurred through inter-district flows.
- Other external provider costs are unfavourable to budget ($741k) for the month, ($2,313k) YTD. The month variance is driven by COVID-19 expenditure ($902k) which is mostly offset by an increase in revenue.
  - COVID19 Regional Community are $ 241k
  - COVID19 Community Pharmacy $ 65k
  - COVID19 GP Assessments $ 659k
  - COVID19 ARC $ (69k)
  - COVID19 Unfunded Packages of Care $ 5k
  - Total $ 902k
- IDF Outflows are unfavourable ($2,247k) for the month and ($96k) YTD. The YTD position compares to a favourable YTD variance for May of $2,151, a change of ($2,247), a result of methodology change in calculating IDF Wash-ups for the full year due to the impact of COVID19.

Inter District Flows (IDF)









IDF Wash-ups and Service Changes Jun 2020		
IDF Outflows $000s	Variance to budget	
	Month	YTD
Base	18	217
CCDHB - Mental Health	(18)	(18)
Hawkes Bay DHB - Mental Health	(21)	(21)
Personal Health various Service charges	-	(29)
SPO Project Charges	-	159
19/20 National Service Pymnt	(10)	(114)
Washups		
Current year FFS	-	54
Current year PHO	(128)	(497)
Current year Inpatients	(1,976)	1,689
Current year PCT	(192)	(1,250)
Current year Community Pharmacy	322	322
Current year Non-Casemix	120	120
Current year ATR	(362)	(362)
18/19 Washups	-	(365)
IDF Outflow variance	**(2,247)**	**(96)**

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.

Impact of COVID-19

There has been a change in wash-up methodology as a result of COVID-19 and the scaling back of elective services. This meant that wash-up estimates were based on February 2020 YTD estimates, rather than the expected Forecast based on expected case weights.

IDF inflow (revenue):

- As a result of end of year wash-ups, IDF inflows are under budget YTD by $937k for June. This compares to YTD May, under budget $1,648k and a Full Year May Forecast $1,955k. The difference between the Full year Forecast and actual $1,018k favourable.

IDF Outflow (expense):

- As a result of end of year wash-ups, IDF outflows are over budget by $96k YTD June. This compares to YTD May under budget by $2,151k, February $1,619k and Full Year May Forecast $1,822. The difference between the Full Year Forecast and actual $1,918 unfavourable.

Primary Care Update

What is this measure?

- Target: 90% of Māori are enrolled in a PHO

Why is this important?

- Primary health organisations (PHOs) ensure the provision of essential primary health care services, mostly through general practices, to their enrolled population. People enrolled with a PHO gain the benefits associated with belonging to a PHO, which can include reduced cost for doctors' visits and prescription medicines.

How are we performing?

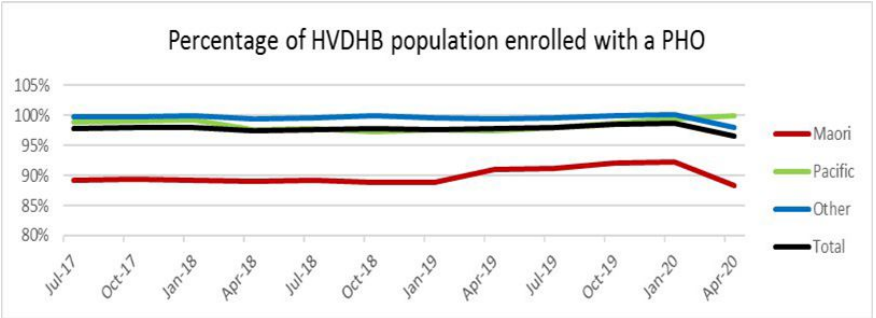
- 96% of HVDHB's estimated population are enrolled with a PHO either in Hutt Valley DHB or elsewhere, however Maori is lower. 24,383 Maori people (92%) were enrolled in Jan 2020 however the percentage decreased in Apr 2020 mainly due to an estimated increase in population.
- All Pacific peoples living in HVDHB are enrolled with a PHO, compared to 98% of non-Māori, non-Pacific peoples.

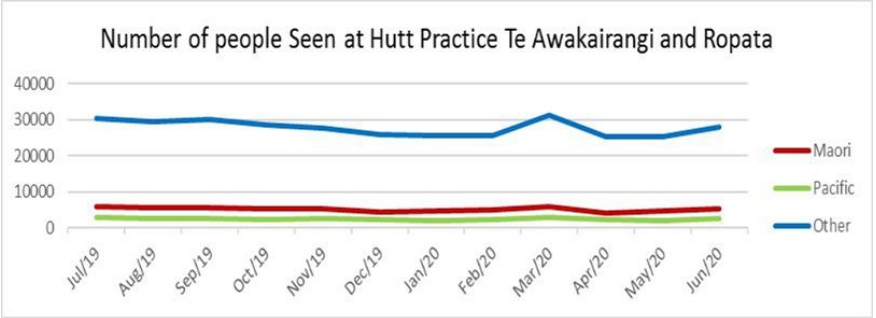
What is driving performance?

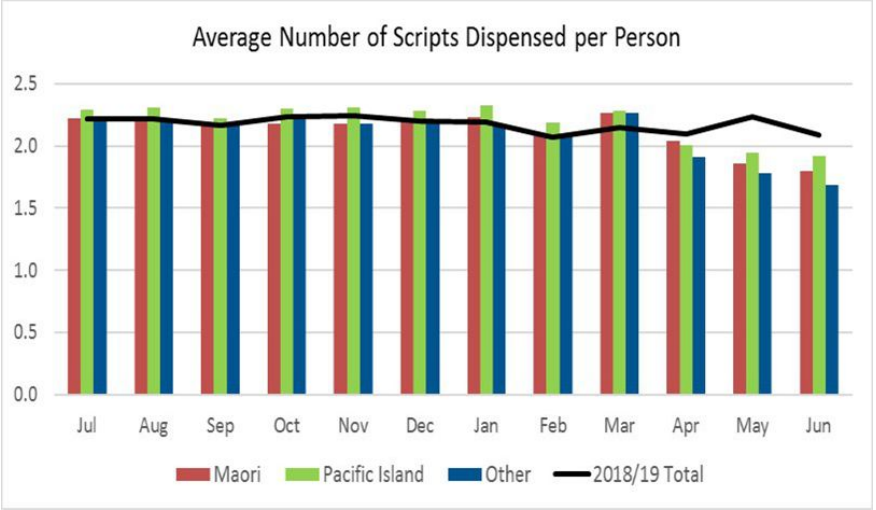
- Prior to lockdown in March, there was sharp increase in the number of people accessing primary care. This activity returned to previous levels during and after lockdown. The numbers of Māori and Pacific accessing primary care have begun to rise slightly, and Other more so.
- In March 2020, there was an increase in the number of prescriptions being dispensed by Pharmacies compared to the same time last year. As the numbers of COVID cases rose and prior to lockdown, people saw their doctor more and collected their medications to ensure they had a supply during lockdown. The drop in scripts after March showed that the COVID lockdown had a protective effect with less people picking up other infectious diseases and going less to ED. Maori and Pacific have continued to receive more scripts on average than people of other ethnicities

Management comment

- The priority focus is on access to pharmaceuticals , improving access to primary care and ensuring Māori remain engaged in primary care.







Immunisation Coverage

What is this measure?

- MOH Target: 95% of children at eight months, 2 years and 5 years of age are fully immunised

How are we performing?

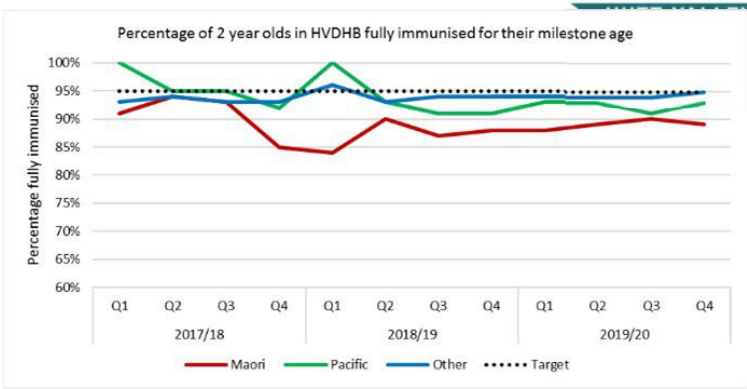
- The percentage of babies that were fully immunised at 8 months old has shown improvement in the second half of 19/20 compared to the first half of 19/20. Maori coverage remains lowest at 85%.
- Maori 2 year old immunisation coverage reached 90% (Q3 2019/20) but has decreased slightly. Pacific have been on average 93% in 2019/20 while other ethnicity groups reached the national target in Q4 19/20.
- Maori and Pacific coverage at age 5 years dropped to 85% since Q3 1819. Other ethnic groups has remained at 90%

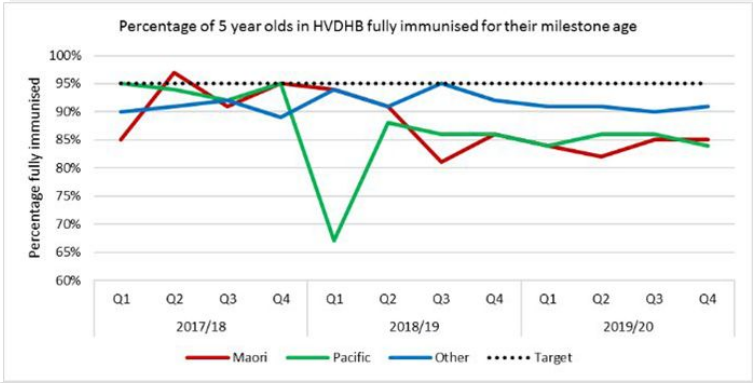
What is driving performance?

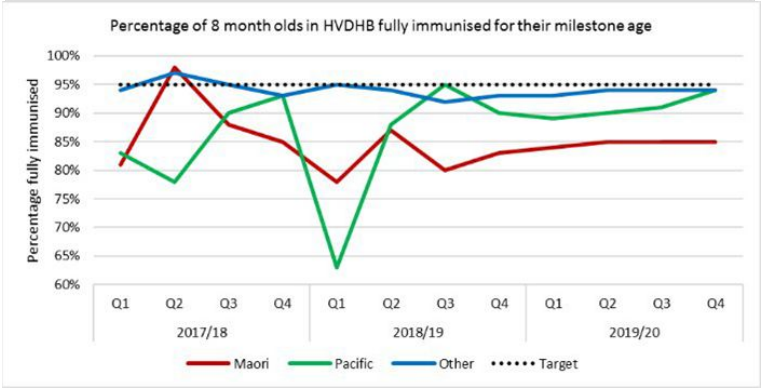
- Engagement with Maori and Pacific whanau needs an approach that maintains high levels of immunisation.

Management comment

- There will be a focus on working with the Maori and Pacific team to improve the equity result.







Influenza Vaccination Coverage

What is this measure?

- MoH Target: Percentage of eligible population aged 65 years and over immunised against influenza

Why is this important?

- Increasing influenza immunisation reduces influenza-related morbidity and mortality. The indicator of influenza at age 65 years was selected because those aged 65 years and over have the highest rates of hospital admissions for influenza-related severe acute respiratory infections (other than those aged under 5 years). Māori or Pacific people are two to five times more likely to be admitted to hospital for influenza-related severe acute respiratory infections than other ethnicities (ESR. Influenza Surveillance in New Zealand 2015).
- With the COVID pandemic, it was recommended that people received their influenza immunisation for additional protection against infection and to reduce burden on acute health services

How are we performing?

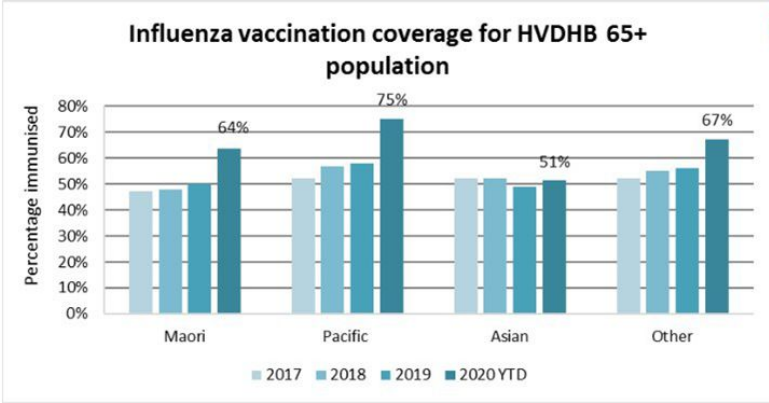
- As at June, 66% of people aged 65+ were immunised, much higher than 55% in 2019. 64% Maori and 75% Pacific older people were immunise much higher than the previous year
- The number of people receiving their immunisation at Pharmacies increased significantly during COVID lockdown March and April. Of our own workforce 76% are immunised

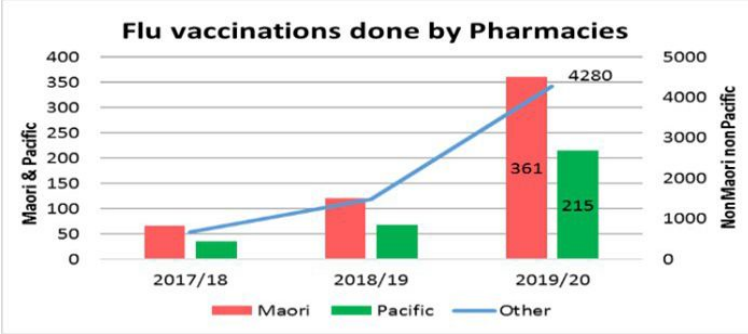
What is driving performance?

- People followed advice during COVID lockdown to be immunised. Funding for Maori and pacific organisations to improve vaccination rates. Immunisations were released earlier by PHARMAC in response to COVID More people went to their Pharmacy to get immunised especially during COVID lockdown March – April as an alternative to their GP practice

Moving forward

- Identifying how to maintain Maori and Pacific vaccinations in 2021 and seek support to reduce the age of eligibility for Maori and Pacific. This requires a PHARMAC decision.





% of HVDHB staff immunised as at Jun 2020	
Nurses	84%
Doctors	75%
Midwives	51%
Allied Health Staff	70%
HCA	68%
Other	76%
Total	**76%**

Health of Older & Frail People

What is this measure?

- DHB Target: % of older people living in own home

Why is this important?

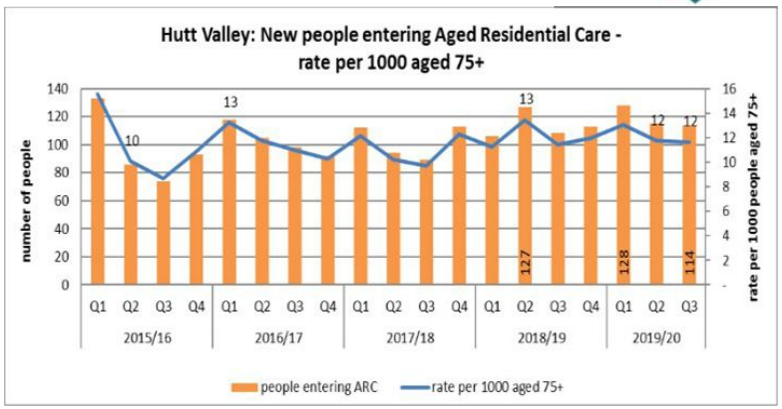
- We are supporting more people than ever with long-term health conditions and disabilities to remain independent in their homes for longer.
- We support models of care that allow older people to maintain their independence, staying healthier for longer with a better quality of life.

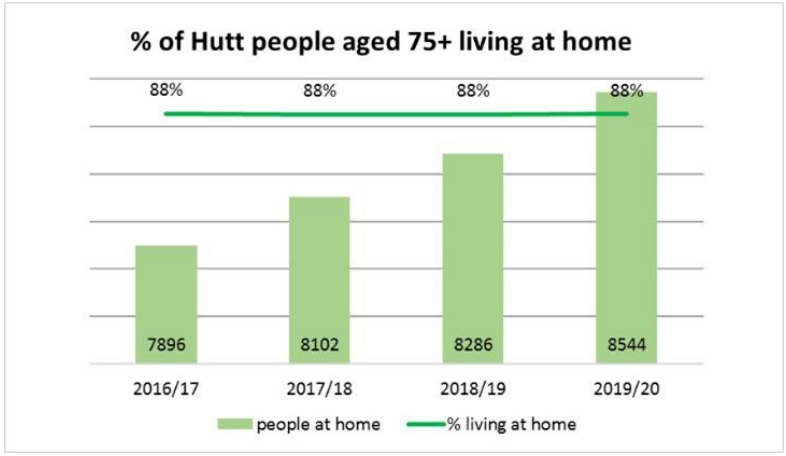
How are we performing?

- An estimated 9,740 people aged 75+ years live in Hutt Valley DHB; 88% live at home. There were 1,196 clients in Aged Residential Care facilities as at March 2020.
- The number of people entering ARC has remained steady in 2018/19 and 2019/20. People are supported to stay healthier and stay at home safely for longer delaying their entry to ARC.
- On average 116 Hutt people entered ARC or 12 per 1000 people aged 75+ in 2018/19 – 2019/20 Q3
- On average, 1156 Hutt people received Home support in Jan-Mar 2020. This dropped during COVID lockdown as the service prioritised essential services to the most frail. HCSS providers delivered on average 6327 rostered home visits per week during April –May COVID level 4 lockdown
- 456 people caring for their frail older family member received support through day programmes, carer support and overnight respite.

What is driving performance?

People are choosing to stay home longer and with more complex conditions because they see that this is possible. Community services such as Home & Community Support services provide support for frail older people to stay home safely and independently and delay entry into aged residential care. Primary Care and DHB services support older people to manage their long term conditions.





Section 3

Hospital Performance

Executive Summary – Hospital Performance

- Activity delivered by the Hutt Valley DHB provider arm for June has started to recover post COVID-19 lockdown. While ED attendances, and surgical procedures are not quite at pre COVID levels , overall discharges, outpatient and community contacts have recovered.
- The proportion of patients who were admitted from ED was overall higher than last year. Theatre visits and non-theatre procedures for June were higher than budget for the month as services catch up after COVID-19 restrictions were lifted. However at year end Surgical services caseweights are 2% lower than budget and lower than last year due to COVID-19 restrictions on elective services and a reduction in acute presentations. Medical services are 8% less caseweights than budget and lower than last year. Likewise ED volumes are 14% lower than the same time last year. The acute readmission rate is lower year to date.
- The number of people waiting for services especially in area of planned care remains high; the number waiting more than 120 days for treatment has marginally increased from last month, we have made inroads into the number of people waiting more than 120 days for assessment. We are exploring a number of innovations to address i) the Orthopaedic FSA waiting list and ii) the elective surgical waiting list.
- The overall financial impact has been negative as services ceased during preparation and implementation of Alert Levels 4, 3 2 and now 1. This has meant the provider arm has retained costs whilst reducing service delivery. The year end deficit in the provider arm services is $14.2m as the greatest cost of staff was retained with an increase in leave liabilities over last year.
- Additional factors are - the impact of increasingly older, frailer and more complex patients has driven a trend of increasing one to one care; treatment related costs such as drug, treatment Disposables, implants and prostheses have increased over last year, and non treatment Related costs such as security cost. Our planning for next year contains strategies that consider these trends.
- A number of strategies highlighted within the Acute Demand and Bed Capacity Programme continue to be progressed – notable highlights are the expansion of the Advancing Wellness at Home Initiative (AWHI) project that identifies potential patients needing intervention earlier in admission with the goal of reducing the over 10 day stays for complex patients in general medicine; the Early Supported Discharge (ESD) team continues to work from our Medical Assessment & Planning Unit, and is now integrated with community allied health and older peoples services. Patients can be seen at home shortly after discharge by the District Nursing and short-term home and community support services.

Hospital Throughput

Month					Hutt Valley DHB Hospital Throughput YTD Jun-20	Year to Date					Annual	
Actual	Budget	Variance Actual vs Budget	Last year	Variance Actual vs Last year		Actual	Budget	Variance Actual vs Budget	Last year	Variance Actual vs Last year	Annual Budget	Last year
					Discharges							
1,053	1,028	(25)	1,112	59	Surgical	12,125	12,425	300	13,175	1,050	12,425	12,797
1,850	1,752	(98)	1,880	30	Medical	21,008	20,730	(278)	21,933	925	20,730	19,506
497	409	(88)	450	(47)	Other	5,482	5,052	(430)	5,587	105	5,052	5,474
3,400	**3,189**	**(211)**	**3,442**	**42**	**Total**	**38,615**	**38,206**	**(409)**	**40,695**	**2,080**	**38,206**	**37,777**
					CWD							
1,092	1,104	13	1,176	85	Surgical	13,079	13,364	285	13,841	762	13,364	12,852
938	978	41	938	1	Medical	11,248	12,277	1,029	11,396	148	12,277	11,991
505	399	(105)	504	(0)	Other	6,574	5,053	(1,521)	6,251	(323)	5,053	4,698
2,534	**2,482**	**(52)**	**2,619**	**85**	**Total**	**30,901**	**30,695**	**(207)**	**31,489**	**587**	**30,695**	**29,540**
					Other							
3,720	4,200	480	4,333	613	Total ED Attendances	46,058	49,056	2,998	49,891	3,833	49,056	47,491
922	1,073	151	1,018	96	ED Admissions	11,217	12,187	970	12,007	790	12,187	11,847
733	686	(47)	738	5	Theatre Visits	8,514	9,047	533	9,583	1,069	9,047	9,271
136	112	(24)	120	(16)	Non- theatre Proc	1,548	1,452	(96)	1,539	(9)	1,452	1,891
7,232	7,082	(149)	7,244	12	Bed Days	85,177	82,109	(3,068)	84,537	(640)	82,109	85,515
4.32	4.30	(0.02)	4.11	(0.21)	ALOS Inpatient	4.50	4.30	(0.20)	4.35	(0.15)	4.30	4.29
1.96	2.03	0.07	2.00	0.04	ALOS Total	2.18	2.03	(0.14)	2.13	(0.05)	2.03	2.20
7.31%	8.02%	0.70%	8.77%	1.45%	Acute Readmission	7.91%	8.02%	0.10%	7.99%	0.08%	7.31%	7.36%

For the month of June, Medical and Surgical discharges and caseweights were over budget and lower than last year. Year to date, Surgical services caseweights are 2% lower than budget and lower than last year mainly due to COVID-19 restrictions on elective services and a reduction in acute presentations. Medical services have had more discharges than budget year to date, but 8% less caseweights than budget and lower than last year. Caseweights may increase as the coding is completed.

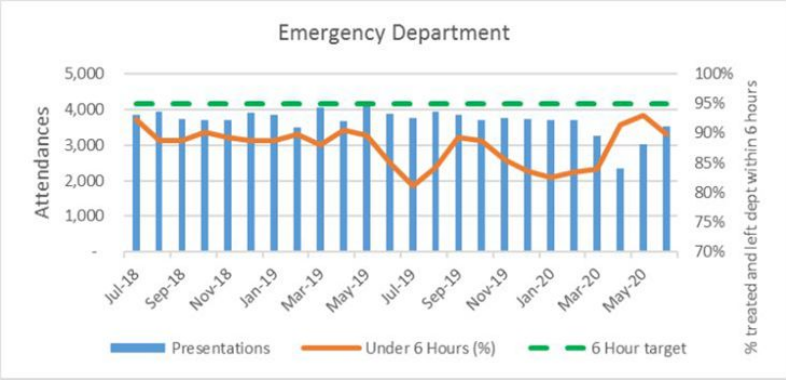
ED volumes for the month were 11% under budget and 14% lower than the same time last year. Year to date, ED volumes are 8% lower than last year mainly due to a decrease during the COVID-19 lockdown period. The proportion of patients who were admitted from ED in June was lower than budget but higher than last year. Theatre visits and non-theatre procedures for June were higher than budget as services catch up after COVID-19 restrictions were lifted. Bed days were higher than budget in June and over budget year to date. Inpatient ALOS in June was close to budget. The acute readmission rate is lower than budget for June and year to date.

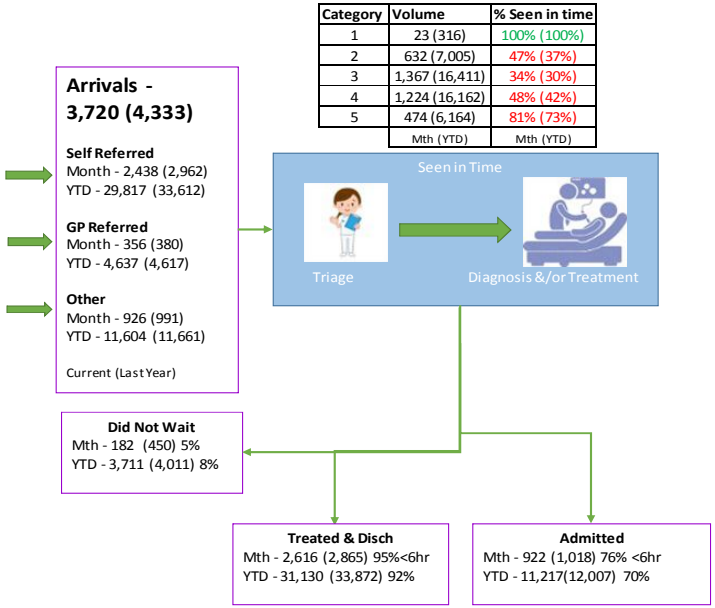
Operational Performance Scorecard – Period June 2019- June 2020

Domain	Indicator (MoH KPIs highlighted yellow)	2019/20 Target	13 Months Performance Trend													Last Four Weeks			
			Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	8/06/20	15/06/20	22/06/20	29/06/20
Safe	Serious Safety Events[1]	Zero SSEs	4	2	4	1	6	3	0	1	4	1	2	2	2				
	SABSI Cases [2]	Zero	1	0	0	0	0	0	0	1	0	0	0	0					
	C. difficile infected diarrhoea cases	Zero	1	1	2	1	2	2	1	2	2	4	0	2					
	Hand Hygiene compliance	≥ 80%	86%	N/a	N/a	N/a	84%	N/a	N/a	N/a	N/a	83%	N/a	N/a					
	Seclusion Hours- average per event (MH Inpatient ward TWA)[3]		33.3	25.3	0.0	14.5	81.0	126.8	36.4	21.8	14.0	31.1	39.1	16.3	9.0				
Patient and Family Centred	Complaints Resolved within 35 calendar days[4]	≥90%																	
	Patient reported experience measure[5] Quarterly	≥80%	85.5%	85.3%			N/a			N/a									
Timely	Emergency Presentations	49,056	4,333	4,251	4,348	4,166	4,054	4,239	4,133	4,053	4,028	3,558	2,405	3,104	3,720	853	877	946	933
	Shorter Stays in ED (SSiED) % within 6hrs	≥95%	85.1%	81.2%	84.4%	89.3%	88.7%	84.6%	83.7%	82.6%	83.5%	83.9%	91.4%	93.0%	89.9%	90.2%	90.4%	88.0%	89.5%
	SSiED % within 6hrs - non admitted	≥95%	91.0%	88.6%	90.4%	94.1%	92.7%	90.1%	90.9%	89.5%	90.1%	90.1%	95.7%	97.0%	94.7%	94.9%	93.9%	94.1%	94.0%
	SSiED % within 6hrs - admitted	≥95%	68.6%	61.0%	67.9%	75.2%	77.7%	71.0%	64.5%	63.1%	64.4%	66.6%	81.1%	82.4%	76.1%	75.9%	80.8%	70.7%	77.6%
	Total Elective Surgery Long Waits -ESPI 5	Zero Long Waits	156	227	274	303	435	536	626	737	689	834	1,015	1,092	1,133	1,072	1,087	1,107	1,122
	No. Theater surgeries cancelled (OP 1-8)		131	180	143	162	169	137	116	134	98	194	50	72	98	32	20	25	6
	Total Elective & Acute Operations in MainTheatres 1-8[6]		761	770	752	744	788	769	664	784	743	704	389	673	733				
	Specialist Outpatient Long Waits- ESPI 2	Zero Long Waits	355	456	486	562	583	632	889	1,130	1,189	1,233	1,363	1,382	1,237	1,300	1,259	1,279	1,294
	Outpatient Failure to Attend %	≤6.3%	5.7%	7.2%	6.3%	6.6%	6.8%	6.9%	7.6%	7.1%	7.6%	6.9%	6.1%	7.4%	8.1%	6.9%	9.6%	5.2%	9.8%
	Full Year Forecast surplus / (deficit) $m - Provider (1) (2)	($2.03)	($12.74)	($2.03)	($2.03)	($4.48)	($6.90)	($5.21)	($5.21)	($6.57)	($8.19)	($10.37)	($13.04)	($13.59)					
	Full Year Forecast surplus / (deficit) $m - DHB (1) (2)	($8.14)	($8.34)	($8.14)	($8.14)	($8.97)	($8.14)	($8.58)	($8.58)	($8.76)	($10.39)	($13.04)	($14.64)	($15.64)					
	% Theatre utilisation (Elective Sessions only)[7]	≤90%	90.5%	88.1%	88.5%	87.9%	87.1%	86.5%	85.5%	87.9%	89.6%	86.4%	74.5%	85.2%	87.6%	84.0%	87.1%	91.5%	92.0%
	Overnight Patients - Average Length of Stay (days)	≤4.3	4.25	4.46	4.38	4.36	4.82	4.52	4.37	4.34	4.35	5.31	4.90	4.26	4.44	4.37	4.45	3.93	4.57
	Long Stay Patients Not Yet Discharged (>14 days)	≤5	14	15	14	21	13	10	23	15	16	7	12	15	14	18	14	20	19
	Overnight Beds (General Occupancy) - Average Occupied	≤130	133	139	140	140	135	138	137	131	136	129	105	118	136	126	138	145	139
	Overnight Beds (General Occupancy) - % Funded Beds Occupied	≤85%	82.1%	86.1%	85.9%	86.2%	87.9%	89.5%	89.0%	87.2%	88.2%	79.5%	65.1%	73.1%	84.2%	77.7%	85.0%	89.2%	86.4%
	All Beds - ave. beds occupied[8]	≤250	241	248	253	250	242	244	232	231	244	223	179	207	241	229	246	249	251
	% sick Leave v standard	≤3.5%	3.7%	4.0%	3.9%	3.7%	3.5%	2.9%	2.7%	2.0%	2.5%	3.6%	7.5%	6.9%	3.1%				
	% Nursing agency v employee	≤1.49%	5.2%	2.3%	2.0%	3.8%	2.6%	2.3%	1.7%	3.9%	3.0%	2.6%	2.3%	3.3%					
	% overtime v standard (medical)	≤9.22%	4.9%	7.6%	9.6%	7.4%	8.7%	11.2%	5.9%	11.6%	9.3%	7.6%	9.2%	9.7%					
	% overtime v standard (nursing)	≤5.47%	13.5%	12.9%	12.6%	12.8%	12.4%	13.8%	11.5%	17.9%	14.1%	10.6%	13.2%	12.6%					

Refer to later pages for more details on HVDHB performance. Highlighted where an identified target in 19/20.

Shorter Stays in Emergency Department (ED)





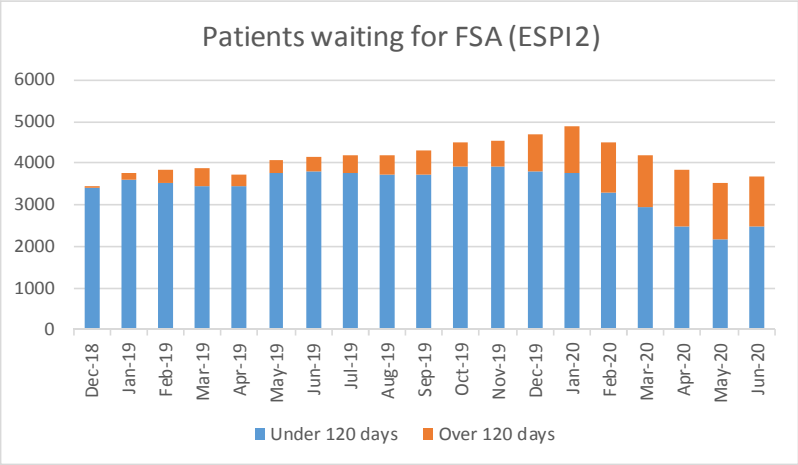
Category	Volume	% Seen in time
1	23 (316)	100% (100%)
2	632 (7,005)	47% (37%)
3	1,367 (16,411)	34% (30%)
4	1,224 (16,162)	48% (42%)
5	474 (6,164)	81% (73%)
	Mth (YTD)	Mth (YTD)

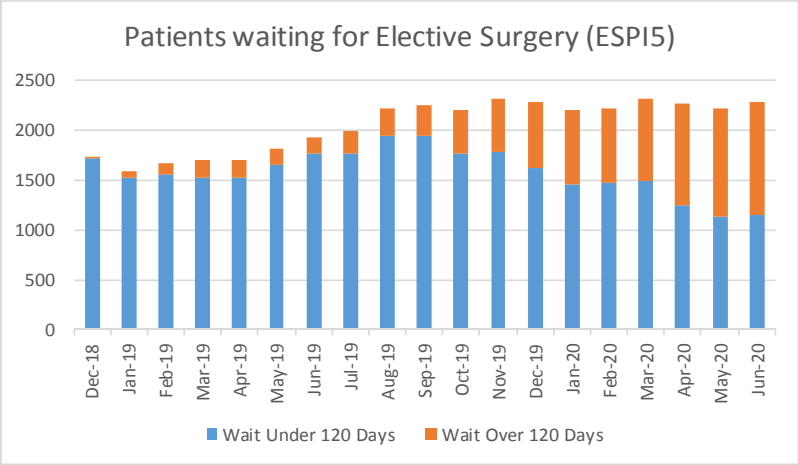
- **What is this Measure**
  - The percentage of patients admitted, discharged and transferred from an Emergency Department within 6 hours.
- **Why is it important**
  - This indicator measures flow through the whole system it is impacted by the number of people arriving at ED, how fast ED treats them, availability of beds in the hospital and community service availability.
- **How are we performing**
  - Performance of the target improved during April with lower numbers through the ED however then dropped in June. 91% in April, 93% in May, 90% in June.
- **What is driving Performance**
  - A higher volume of presentations and people being admitted to the hospital has driven the performance down. Admissions from ED to general medicine and general surgery are more likely to wait longer
- **Management Comment**

The following work streams are being rolled out:

- MAPU – from 8 July, we have rolled out Medical, General Surgery and Gynaecology admissions to MAPU. Gives access for more services to use these assessment beds to free up ED and provide a more positive patient journey. June was our busiest month in MAPU ever, with 354 admissions during this month, 73% Medical, 17% Surgical, 5% Gynae, ALOS reduced to 15 hours down from 48 hours.
- The Early Supported Discharge team continues to work from MAPU, and is now integrated with community allied health and older peoples services. Patients can be seen at home within 4 hours of discharge by the District Nursing and short-term home and community support services. Next steps planned are to expand the capacity of the ESD team, improve efficiency of discharge planning and “pull” patients home from ED and wards, and implement hospital avoidance and prevention strategies in the community.

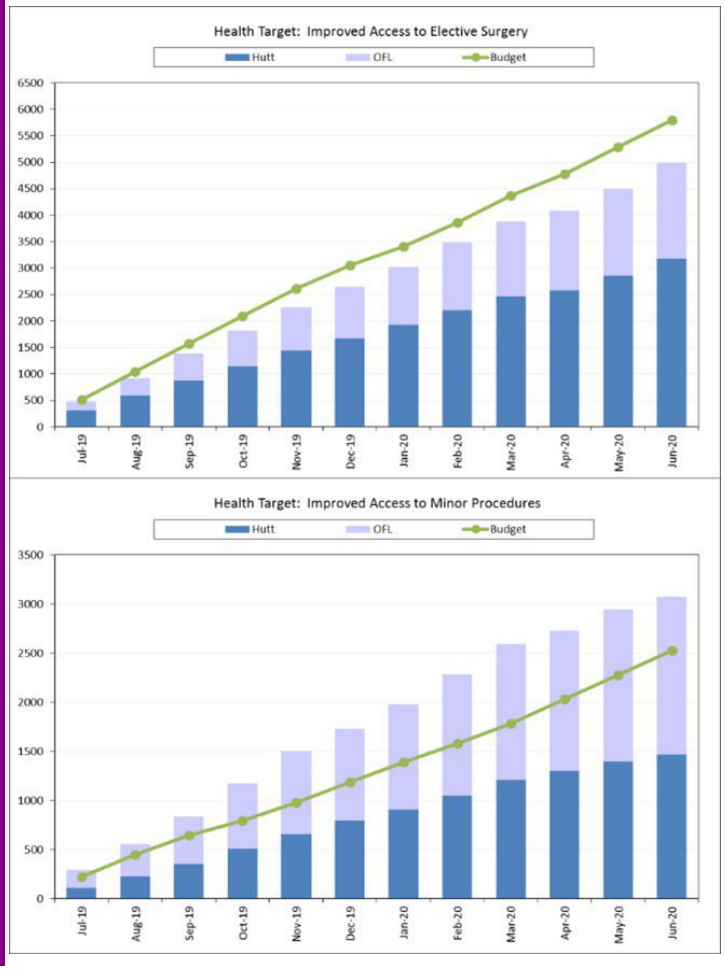
Waiting times - Planned Care





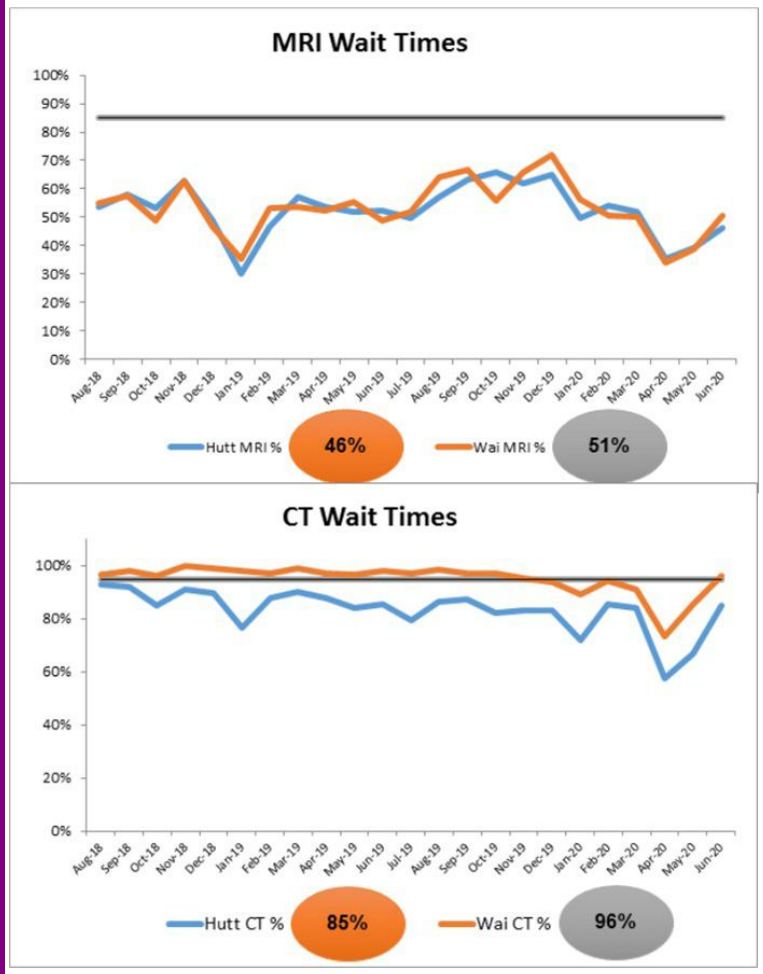
- **What is this measure?**
  - The delivery of Specialist assessments or Treatment within 120 days
- **Why is it important?**
  - It is important to ensure patients receive care at the most appropriate time to support improved health.
- **How are we performing?**
  - The total waiting for an FSA has risen slightly this month however the number waiting over 120 days has decreased
  - The number waiting for elective surgery rose by 54 to 2,275 and the number waiting over 120 days rose by 41 to 1,133
- **What is driving performance?**
  - A number of staffing issues and the close down during the COVID-19 lock down have resulted in an increase in patients waiting
- **Management Comment**
  - We are exploring a number of innovations to address i) the Orthopaedic FSA waiting list and ii) the elective surgical waiting list. The orthopaedic approach when in place will enable advanced physiotherapy support and wider MDT involvement in FSA (enabling surgeon time for patients with greatest complexity) , along with a strengthened primary-secondary model of care for patients with specific orthopaedic conditions.
  - We are working hard to schedule surgery and utilising private providers where possible to assist us address our surgical backlog. Our SMO's have been significantly involved with planning based on those patients with greatest clinical urgency and greatest risk of deterioration if not treated shortly.

Planned Care – Inpatient discharges and Minor procedures



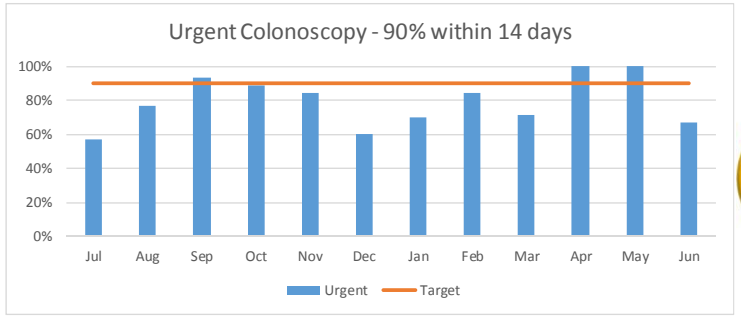
- **What is this measure?**
  - The delivery of an agreed number of inpatient surgical discharges and minor procedures to the Hutt Valley Population
- **Why is it important?**
  - It is important to ensure patients are receiving the planned care procedures required.
- **How are we performing?**
  - Inpatient surgical discharges were impacted by the COVID-19 lockdown so we were unable to reach the target
  - Minor procedures exceeded target
- **What is driving performance?**
  - A number of staffing issues and the close down during the COVID-19 lock down have resulted in an increase in patients waiting
  - There continued to be a number of minor procedures completed during the lockdown both in the hospital and community
- **Management Comment**
  - Significant work undertaken by clinicians and management in partnership to ensure safety for patients and staff during COVID-19 alert. A focus on urgent non-deferrable surgery resulted in HVDHB being one of only 4 DHBs in New Zealand reported as having a positive year to date cancer registration figure, in comparison to 2019.
  - Working with our SMO's to schedule surgery and utilising private providers reduce our surgical waiting list. Based on those with greatest clinical urgency and risk of deterioration.
  - Exploring innovations to address the Orthopaedic FSA waiting list & elective surgical waiting list.
  - Capex proposal for procedure suite build in 2020-2021 to Board this month. The Suite will cover off i) Plastics Service significant clinical risks (as presented in May 2020 to the Board) ii) deliver minor procedures under LA outside of main OT iii) support us to deliver greater volumes of complex elective surgery in main OT in replacement of minor procedures
  - PCI volumes for 2020-2021 have been submitted to MoH and an extant 3 year Improvement Action Plan with our recovery initiatives has also been provided to MOH.

CT & MRI wait times

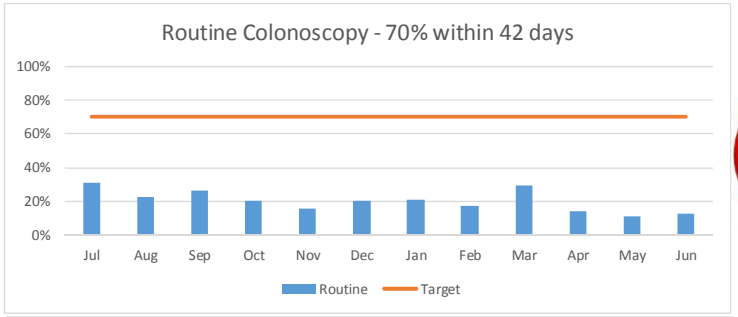


- **What is this measure?**
  - The delivery of computerised tomography (CT) scans and Magnetic Resonance Imaging (MRI) scans in a timely fashion to non-acute patients (within 42 days of referral).
- **Why is it important?**
  - Delayed diagnostic results can negatively affect health outcomes.
- **How are we performing?**
  - The % of patients receiving their MRI within 6 weeks increased in June after falling in May.
  - CT wait times remain close to target although performance fell a little in May.
- **What is driving performance?**
  - There is insufficient staffing capacity to meet demand. and Some level of reduced capacity will continue for the foreseeable future but is difficult to model with confidence.
- **Management comment**
- We are also supporting CCDHB by scanning all Hutt Valley domicile patients even if they are under care at CCDHB.
- Actions currently underway:
  - Working with Strategy Planning & Performance and HVDHB to maximise and plan best outsourcing approach moving forwards in light of radiologist shortages.
  - Maximise opportunities in the Radiology workforce to extend “elective” hours to weekends
  - Reviewing current workflow within Radiology to maximise flexibility of bookings and acute imaging response.

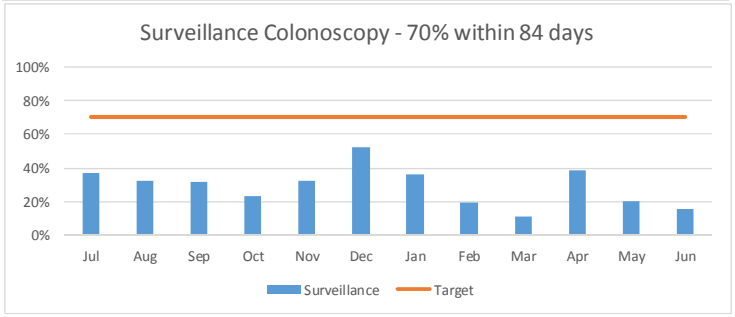
Colonoscopy Wait Times



Urgent
81% YTD



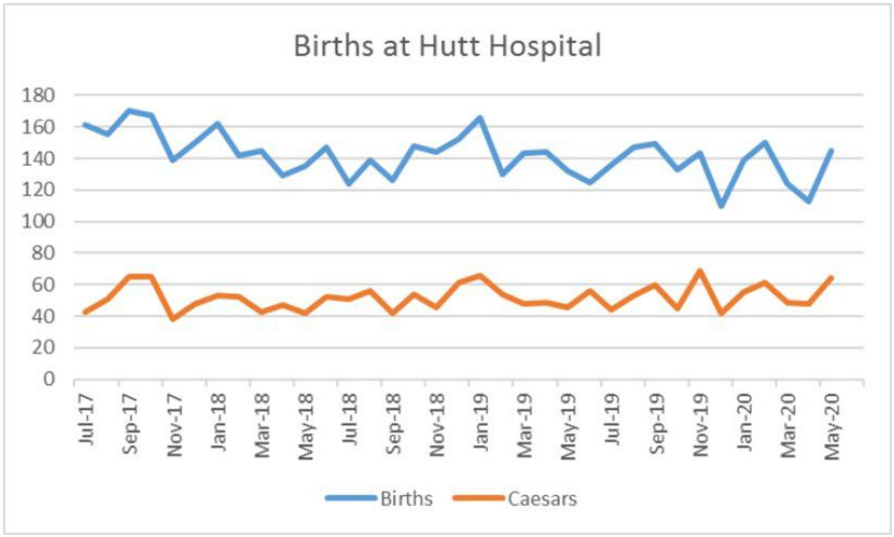
Routine
20% YTD

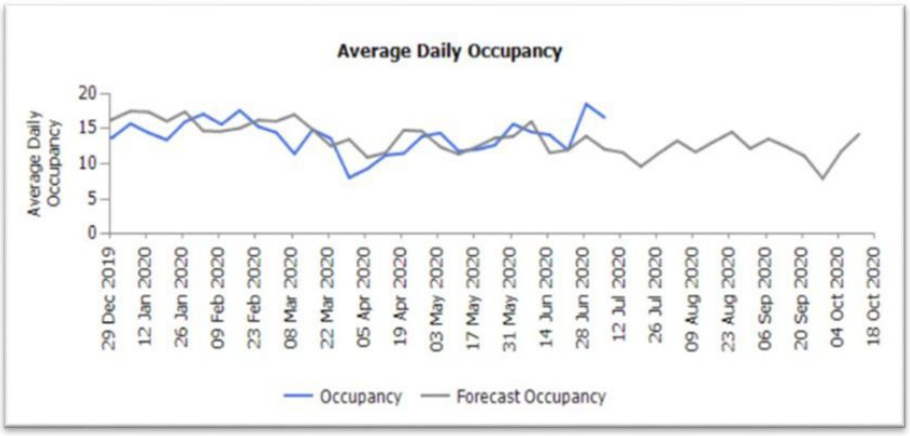


Surveil
26% YTD

- **What is this measure?**
  - The delivery of Colonoscopy, urgent within 14 days, routine 42 days and surveillance within 84 days of being due.
- **Why is it important?**
  - Delayed diagnostic results can negatively affect health outcomes.
- **How are we performing?**
  - We are close to meeting the urgent colonoscopy target however we continue to struggle with both routine and surveillance
- **What is driving performance?**
  - There is insufficient staffing capacity to meet demand. Some level of reduced capacity will continue for the foreseeable future but this is difficult to model with confidence.
- **Management comment**
  - We have recruited 2 additional SMO's to assist with the number of procedure lists per week. A Fellow has also been employed for 6 months (June – December 2020).
  - Covid-19 has resulted in a reduction of new referrals which has enabled our lists to be booked with additional surveillance patients.
  - We are still investigating a nurse endoscopist to provide further procedure lists without the increase in clinics or other SMO work that is not required at present.

Maternity





- **What is the issue?**
  - In 2019 a number of clinical and community concerns around Hutt hospital's maternity services were identified.
- **Why is it important?**
  - An external review of the service and HDC investigations showed a number of areas where improvements needed to be made.
- **How are we performing?**
  - We are receiving an increase in positive feedback from women using our maternity service
  - The number of births at Hutt hospital remained relatively stable
  - The Caesarian rate for the 12 months to May 2020 was an average of 40% which is an increase on the previous 12 months average of 37%. During alert level 4 and 3 less caesarean sections were done and this change in practice reduced high risk surgical intervention during the pandemic.
  - Bed Occupancy rose in June
- **Management comment**
  - Progress continues to be made to meet the review recommendations.
  - Work is underway on the infrastructure investment single stage business cases that will enable a building upgrade of maternity and special care baby unit facilities. The business case is due to the Ministry of Health by 1 September 2020.
  - A hui is planned for 23 July 2020 to update key stakeholders (internal and external to HVDHB) on our achievements in Maternity over the last 12 months.

Section 4

Financial Performance & Sustainability

Summary the Financial Performance for June 2020 (unaudited)

Month					Hutt Valley DHB Operating Report for the month of June 2020	Year end Result					Annual		
Actual	Budget	Variance	Last Year	Variance	$000s	Actual	Budget	Variance	Last Year	Variance	Budget	Last Year	
					Revenue								
38,849	37,683	1,165	37,066	1,782	Devolved MoH Revenue	454,822	450,868	3,954	434,235	20,587	450,868	434,235	
2,579	1,760	819	2,151	427	Non Devolved MoH Revenue	19,272	19,446	(174)	19,742	(470)	19,446	19,742	
(360)	582	(942)	555	(915)	ACC Revenue	6,457	7,341	(884)	7,539	(1,082)	7,341	7,539	
234	902	(668)	1,306	(1,072)	Other Revenue	6,074	10,891	(4,818)	6,987	(913)	10,891	6,987	
9,313	8,602	710	7,874	1,438	IDF Inflow	102,288	103,225	(937)	101,806	483	103,225	101,806	
495	326	169	814	(319)	Inter DHB Provider Revenue	4,507	3,915	592	4,577	(70)	3,915	4,577	
51,110	**49,856**	**1,254**	**49,767**	**1,343**	**Total Revenue**	**593,420**	**595,687**	**(2,267)**	**574,886**	**18,534**	**595,687**	**574,886**	1
					Expenditure								
					Employee Expenses								
4,973	5,041	69	4,844	(129)	Medical Employees	60,010	59,826	(184)	56,594	(3,416)	59,826	56,594	
6,524	5,888	(636)	5,528	(996)	Nursing Employees	75,339	69,893	(5,446)	69,463	(5,876)	69,893	69,463	
2,822	2,707	(115)	2,385	(437)	Allied Health Employees	32,175	32,008	(167)	29,882	(2,293)	32,008	29,882	
765	656	(109)	477	(288)	Support Employees	8,676	7,642	(1,034)	7,392	(1,285)	7,642	7,392	
2,421	2,476	55	2,263	(158)	Management and Admin Employees	28,166	29,481	1,314	27,228	(938)	29,481	27,228	
17,505	**16,768**	**(737)**	**15,497**	**(2,008)**	**Total Employee Expenses**	**204,366**	**198,850**	**(5,517)**	**190,558**	**(13,808)**	**198,850**	**190,558**	2
					Outsourced Personnel Expenses								
488	221	(267)	487	(1)	Medical Personnel	3,763	2,649	(1,114)	3,600	(163)	2,649	3,600	
131	87	(44)	287	156	Nursing Personnel	2,002	1,039	(963)	2,268	265	1,039	2,268	
75	29	(46)	59	(15)	Allied Health Personnel	583	344	(239)	502	(81)	344	502	
55	20	(35)	31	(24)	Support Personnel	522	244	(278)	323	(199)	244	323	
135	42	(94)	298	162	Management and Admin Personnel	1,671	502	(1,169)	1,299	(373)	502	1,299	
884	**398**	**(485)**	**1,162**	**279**	**Total Outsourced Personnel Expenses**	**8,541**	**4,778**	**(3,763)**	**7,991**	**(550)**	**4,778**	**7,991**	2
1,120	616	(504)	125	(995)	Outsourced Other Expenses	9,845	7,498	(2,347)	8,486	(1,358)	7,498	8,486	3
604	1,897	1,293	1,209	605	Treatment Related Costs	27,169	26,099	(1,070)	24,879	(2,290)	26,099	24,879	4
2,158	1,581	(577)	12,727	10,569	Non Treatment Related Costs	19,886	18,458	(1,427)	29,932	10,046	18,458	29,932	5
10,680	8,434	(2,247)	9,470	(1,210)	IDF Outflow	101,298	101,203	(96)	95,136	(6,163)	101,203	95,136	6
22,037	18,319	(3,718)	20,637	(1,401)	Other External Provider Costs	218,583	218,591	8	211,615	(6,968)	218,591	211,615	7
2,358	2,348	(10)	2,103	(255)	Interest, Depreciation & Capital Charge	25,186	28,352	3,167	26,163	978	28,352	26,163	8
57,346	**50,362**	**(6,985)**	**62,931**	**5,585**	**Total Expenditure**	**614,874**	**603,828**	**(11,046)**	**594,761**	**(20,112)**	**603,828**	**594,761**	
(6,237)	**(506)**	**(5,731)**	**(13,165)**	**6,928**	**Net Result**	**(21,454)**	**(8,141)**	**(13,313)**	**(19,876)**	**(1,578)**	**(8,141)**	**(19,876)**	
					Result by Output Class								
(6,250)	(484)	(5,765)	(3,666)	(2,583)	Funder	(7,889)	(5,906)	(1,983)	4,534	(12,424)	(5,906)	4,534	
89	(5)	94	143	(54)	Governance	634	(210)	844	(134)	768	(210)	(134)	
(76)	(16)	(60)	(9,641)	9,565	Provider	(14,198)	(2,025)	(12,173)	(24,276)	10,078	(2,025)	(24,276)	
(6,237)	**(506)**	**(5,731)**	**(13,165)**	**6,928**	**Net Result**	**(21,454)**	**(8,141)**	**(13,313)**	**(19,876)**	**(1,578)**	**(8,141)**	**(19,876)**	

There may be rounding differences in this report

Executive Summary – Financial Position

Financial performance year to date (unaudited)

- Total Revenue unfavourable ($2,267k)
- Personnel and outsourced Personnel unfavourable ($9,280k)
  - Medical unfavourable ($1,298k); Nursing unfavourable ($6,410k); Allied Health unfavourable ($406k), Support Staff unfavourable ($1,312k); Management and Admin; favourable $145k; Annual leave Liability cost has increased $2,280k since June 2019
- Outsourced other expenses unfavourable ($2,347k)
- Treatment related Costs unfavourable ($1,070k)
- Non Treatment Related Costs unfavourable ($1,427k)
- IDF Outflow unfavourable ($96k)
- Other External Provider Costs favourable $8k
- Interest depreciation and capital charge favourable $3,167k
- Net additional costs relating to COVID-19 of $4.2m are included in the June year to date result

Note – any increase in the holidays Act provision is not included in the result as numbers are yet to be confirmed.

Analysis of Operating Position – Revenue

- **Revenue:** Total revenue favourable $1,254k for the month
  - Devolved MOH revenue $1,165k favourable, driven by the recognition of MoH COVID-19 Funding $769k which is offset by an increase in expenditure and the reclassification of White Island Income from ACC, partly offset by other variances.
  - Non Devolved revenue $819k favourable driven largely by the reversal of deferred Public Health core contract Revenue, as per Ministry of Health advice.
  - ACC Revenue ($942k) unfavourable this month reflecting the reclassification recognition of White Island Revenue to Devolved MoH revenue.
  - Other revenue ($668k) unfavourable for the month reflecting lower than expected revenue for MECA settlements being recognised.
  - IDF inflows favourable $710k for the month reflecting a change in methodology a result of COVID-19.
  - Inter DHB Revenue favourable $169k, reflecting the use of shared 2 & 3DHB services.

COVID-19 Revenue and Costs

YTD Result - June 2020	Funder [1]	Provider (excl. Regional Public Health)	Provider - Regional Public Health (RPH)	Total
$000s	Actual	Actual	Actual	Actual
Revenue				
Devolved MoH Revenue Recognised - COVID19	3,472	(0)	1,527	4,999
Expenditure				
Employee Expenses				
Medical Employees		280	296	576
Nursing Employees		626	726	1,352
Allied Health Employees		388	825	1,213
Support Employees		81	0	81
Management and Admin Employees		147	209	356
Total Employee Expenses	**0**	**1,521**	**2,056**	**3,577**
Expenses				
Outsoruced - Provider	0	687	152	839
External Providers - Funder	4,183	0		4,183
Clinical Expenses - Provider	0	130	54	184
Non-clinical Expenses- Provider	0	223	173	396
Total Non Employee Expenses	**4,183**	**1,040**	**379**	**5,603**
Total Expenditure	**4,183**	**2,562**	**2,435**	**9,180**
Net Impact	**(711)**	**(2,562)**	**(908)**	**(4,181)**

(1) Net of RPH tagged funding

- The June year to date financial position includes $9.2m additional costs in relation to COVID-19.
- Revenue of $5.0m has been received to fund additional costs for community providers and Regional Public Health.
- The net impact year to date is $4.2m additional costs currently unfunded.

Analysis of Operating Position – Personnel

- **Total Personnel** including outsourced unfavourable ($1,222k) for the month
  - Medical personnel incl. outsourced unfavourable ($198k). Outsourced costs are ($267k) unfavourable Medical Staff Internal are $69k favourable.
  - Nursing incl. outsourced ($681k) unfavourable. Employee costs are ($636k) unfavourable, driven by Internal Registered Nurses ($470k), Internal Bureau Nurses ($157k), Senior Nurses ($124k) and other minor variances.
  - Allied Health incl. outsourced ($161k) unfavourable, with outsourced unfavourable ($46k), internal employees unfavourable ($115k) driven by Radiology ($93k), Community Dental ($52k).
  - Support incl. outsourced unfavourable ($144k), with Outsourced ($35k) unfavourable, and employee costs ($109k) unfavourable, reflecting larger than expected increases in the Multi Union Collective Agreement (MUCA) rates for employees.
  - Management & Admin incl. outsourced unfavourable ($39k); internal staff favourable $55k, Outsourced unfavourable $94k, the later includes savings targets.
  - Sick leave for June was 3.1%, which is lower than the same time last year, which was 3.7%.

FTE Analysis

Month					FTE Report	Year To Date					Annual	
Actual	Budget	Variance	Last Year	Variance	Jun-20	Actual	Budget	Variance	Last Year	Variance	Budget	Last Year
					FTE							
284	280	(5)	269	(15)	Medical	276	280	4	273	(3)	280	273
810	792	(18)	797	(13)	Nursing	800	792	(8)	776	(24)	792	776
402	408	5	392	(10)	Allied Health	393	408	15	387	(7)	408	387
140	135	(5)	136	(4)	Support	140	135	(5)	135	(5)	135	135
346	383	37	364	18	Management & Administration	353	383	30	353	(1)	383	353
1,982	**1,998**	**15**	**1,958**	**(25)**	**Total FTE**	**1,963**	**1,998**	**35**	**1,923**	**(40)**	**1,998**	**1,923**
					$ per FTE							
17,488	18,015	527	17,982	493	Medical	217,515	213,946	(3,569)	207,668	(9,847)	214,784	219,529
8,056	7,434	(622)	6,939	(1,117)	Nursing	94,123	88,243	(5,879)	89,469	(4,654)	94,637	90,022
7,015	6,640	(374)	6,084	(931)	Allied Health	81,795	78,414	(3,381)	77,244	(4,550)	78,697	82,741
5,459	4,857	(602)	3,510	(1,949)	Support	62,066	56,575	(5,491)	54,899	(7,166)	63,422	56,760
7,005	6,466	(538)	6,221	(784)	Management & Administration	79,721	76,934	(2,787)	77,188	(2,533)	73,660	83,574
8,831	**8,395**	**(436)**	**7,916**	**(915)**	**Average Cost per FTE all Staff**	**104,120**	**99,517**	**(4,603)**	**99,086**	**(5,034)**	**102,062**	**103,398**

Medical over budget for the month by (5). SMOs under budget by 6 FTE, MOSS under budget by 3 FTE, offset by RMO's & House Officers combined.

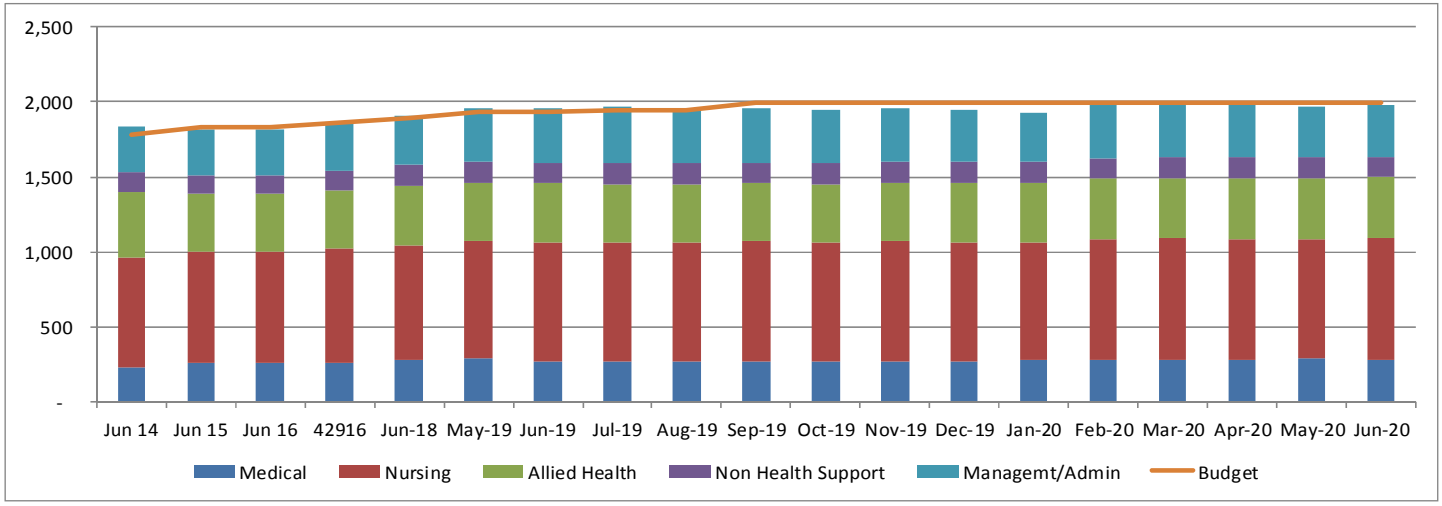
Nursing over by (18) FTE for the month. Internal Bureau Nurses are over budget (13) FTE mostly driven by ED (6), Maternity (3) and other variances. Internal Bureau Nursing variances are driven by one to one care demands. Health Care Assistants are over budget (5FTE), Registered Midwives are over budget by (6) FTE. Registered Nurses under budget 6 FTE.

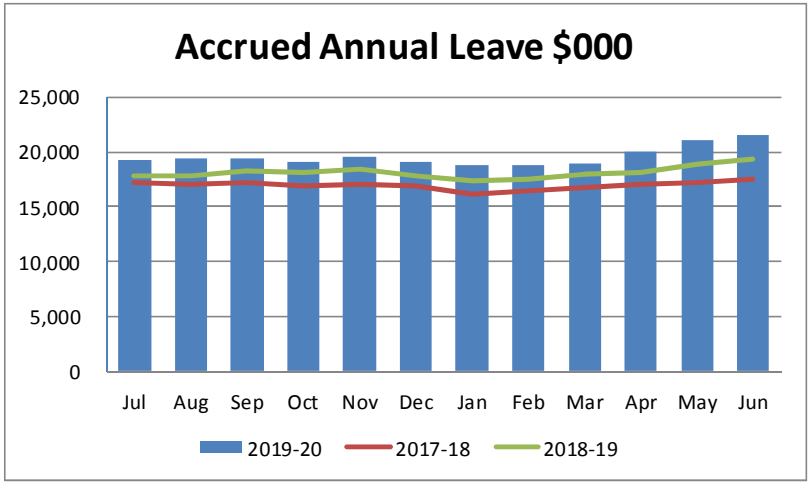
Allied FTEs are under by 5 FTEs for the month due in the main to, favourable variances in Health promotion offices.

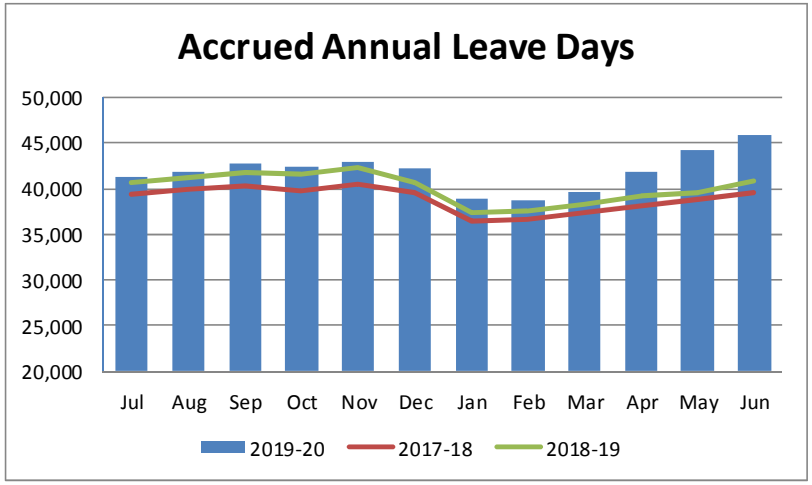
Support FTEs are (5) FTEs over budget driven by Food services (3) FTE and Clinical Services Supply (1), and other minor variances.

Management & Admin are under budget by 37 FTEs. Driven by administrative support staff vacancies and includes the capitalisation of 15 FTE's in June. Some roles are under outsourced personnel if they are now on the CCDHB payroll which do not show in this report as FTEs.

FTE Analysis







Analysis of Operating Position – Other Expenses

- **Other Operating Costs**
  - Outsourced other unfavourable ($504k) for the month, driven by Outsource Clinical Services ($584k), predominantly related to Outsourcing for COVID-19.
  - Treatment related costs $1,293k favourable, driven by the treatment and recognition of Hospital Pharmaceutical Rebates $2,096k, party offset by a general increase in the Cost of cost of Community Pharmaceuticals ($702k), Treatment Disposables ($26k), Implants and Prostheses ($42k), Implants and Prostheses ($95k) and other minor variances.
  - Non Treatment Related costs unfavourable ($577k) driven Security Costs ($140k), largely related to COVID-19 ($104k) , Rent ($104k) – COVID-19 related ($109k), Consultant Fees ($156k), and minor other variances.
  - IDF Outflows ($2,247k) unfavourable for the month driven by a change in agreed methodology a, an in pact of COVID-19.
  - Other External costs unfavourable ($3,718k), driven by Public Health ($818k) mostly COVID-19 related, Disability support ($1,126k), Mental Health ($164k), Pharmaceuticals ($2,407k) – reflecting the recognition of the Hospital Rebate in the Provider arms in Clinical Supplies.
  - Interest, Depreciation & Capital Charge unfavourable ($10k), driven by the re-confirmation of the Capital charge for the 2019-20 Financial Year and higher than expected depreciation.

Section 5

Additional Financial Information & Updates

Financial Position as at 30 June 2020

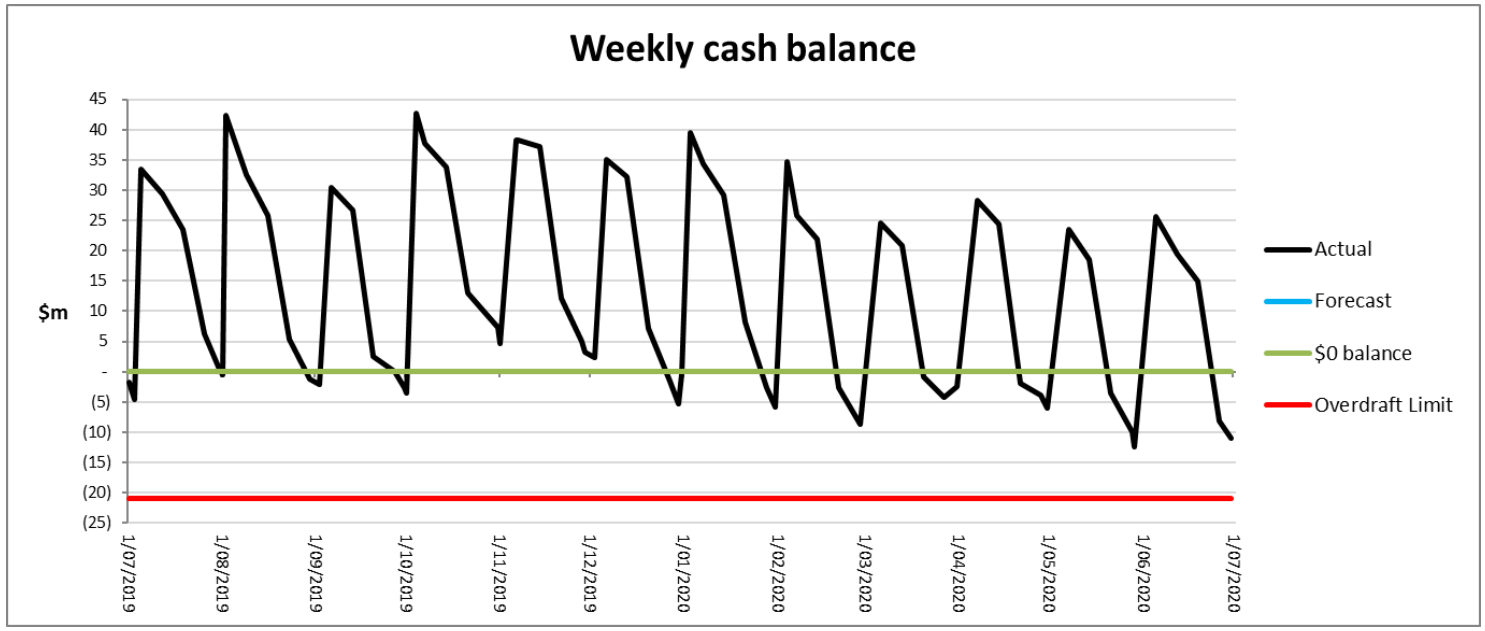
$000s	Actual	Budget	Variance	Jun 19	Variance	Explanation of Variances Between Actual and Budget
Assets						
Current Assets						
Bank - Non DHB Funds *	4,927	5,216	(289)	5,216	(289)	Payments from NHMG to DHB's paid earlier than budgeted
Accounts Receivable & Accrued Revenue	27,577	27,030	547	27,095	482	
Stock	2,199	1,501	697	1,434	764	
Prepayments	815	727	88	727	88	
Total Current Assets	**35,518**	**34,475**	**1,043**	**34,473**	**1,045**	
Fixed Assets						
Fixed Assets	229,790	208,350	21,441	210,483	19,307	
Work in Progress	14,001	19,710	(5,709)	19,710	(5,709)	
Total Fixed Assets	**243,791**	**228,060**	**15,731**	**230,193**	**13,598**	
Investments						
Investments in Associates	1,150	1,150	0	1,150	0	Allied Laundry
Trust Funds Invested	1,347	1,409	(62)	1,409	(62)	Restricted trusts
Total Investments	**2,497**	**2,559**	**(62)**	**2,559**	**(62)**	
Total Assets	**281,806**	**265,094**	**16,712**	**267,225**	**14,581**	
Liabilities						
Current Liabilities						
Bank	10,986	7,443	(3,543)	1,433	(9,553)	Average bank balance in Jun-20 was $9.4m
Accounts Payable and Accruals	56,285	52,164	(4,121)	52,164	(4,121)	
Crown Loans and Other Loans	42	221	179	221	179	
Current Employee Provisions	26,518	24,190	(2,327)	24,190	(2,327)	
Total Current Liabilities	**93,831**	**84,019**	**(9,812)**	**78,009**	**(15,822)**	
Non Current Liabilities						
Other Loans	178	0	(178)	0	(178)	
Long Term Employee Provisions	8,972	8,245	(727)	8,245	(727)	
Non DHB Liabilities	4,927	5,216	289	5,216	289	Payments from NHMG to DHB's paid earlier than budgeted
Trust Funds	1,347	1,409	62	1,409	62	
Total Non Current Liabilities	**15,424**	**14,870**	**(553)**	**14,870**	**(553)**	
Total Liabilities	**109,255**	**98,889**	**(10,366)**	**92,879**	**(16,376)**	
Net Assets	**172,552**	**166,205**	**6,347**	**174,346**	**(1,795)**	
Equity						
Crown Equity	123,916	124,123	(207)	124,123	(207)	
Revaluation Reserve	146,289	126,422	19,866	126,422	19,866	
Opening Retained Earnings	(76,199)	(76,199)	(0)	(56,323)	(19,876)	
Net Surplus / (Deficit)	(21,454)	(8,141)	(13,313)	(19,876)	(1,578)	
Total Equity	**172,552**	**166,205**	**6,346**	**174,347**	**(1,795)**	

* NHMG - National Haemophilia Management Group

Statement of Cash Flows to 31 May 2020

$000s	Jul Actual	Aug Actual	Sep Actual	Oct Actual	Nov Actual	Dec Actual	Jan Actual	Feb Actual	Mar Actual	Apr Actual	May Actual	Jun Actual
Operating Activities												
Government & Crown Agency Revenue	39,286	38,734	39,537	38,354	39,000	39,508	38,611	37,686	39,520	40,064	39,118	45,375
Receipts from Other DHBs (Including IDF)	8,191	8,284	7,981	15,604	9,403	11,289	7,699	8,968	7,914	3,314	8,068	13,069
Receipts from Other Government Sources	1,100	1,188	(134)	1,210	774	180	340	555	467	634	1,891	(633)
Other Revenue	1,472	553	(406)	738	(1,975)	(608)	1,419	990	21	420	(500)	(1,666)
Total Receipts	**50,049**	**48,759**	**46,978**	**55,906**	**47,202**	**50,368**	**48,070**	**48,200**	**47,922**	**44,433**	**48,578**	**56,145**
Payments for Personnel	(18,535)	(17,294)	(15,756)	(17,871)	(16,974)	(18,656)	(17,957)	(16,467)	(16,295)	(19,656)	(16,360)	(16,595)
Payments for Supplies (Excluding Capital Expenditure)	(1,524)	(6,314)	(6,549)	(3,500)	(4,315)	(4,426)	(6,511)	(6,636)	(4,336)	(1,790)	(8,102)	(5,514)
Capital Charge Paid	0	0	0	0	0	(5,244)	0	0	0	0	0	(5,013)
GST Movement	22	(297)	120	1,389	(1,537)	2,412	(2,162)	(391)	1,050	(676)	(449)	1,350
Payments to Other DHBs (Including IDF)	(8,416)	(8,221)	(7,778)	(9,363)	(7,921)	(8,151)	(7,881)	(8,118)	(8,594)	(8,291)	(7,884)	(10,680)
Payments to Providers	(18,044)	(18,060)	(17,755)	(15,737)	(19,590)	(18,745)	(18,343)	(19,119)	(12,609)	(16,771)	(21,634)	(18,365)
Total Payments	**(46,498)**	**(50,186)**	**(47,719)**	**(45,083)**	**(50,337)**	**(52,809)**	**(52,854)**	**(50,730)**	**(40,785)**	**(47,183)**	**(54,428)**	**(54,817)**
Net Cashflow from Operating Activities	**3,551**	**(1,427)**	**(741)**	**10,823**	**(3,135)**	**(2,440)**	**(4,785)**	**(2,530)**	**7,137**	**(2,750)**	**(5,851)**	**1,329**
Investing Activities												
Interest Receipts	26	22	16	23	27	18	14	6	5	1	0	0
Dividends	0	47	0	0	0	0	0	65	0	0	0	0
Total Receipts	**26**	**68**	**16**	**23**	**27**	**18**	**14**	**71**	**5**	**1**	**0**	**0**
Capital Expenditure	(1,708)	(132)	(758)	(912)	(874)	(892)	(1,137)	(105)	(851)	(830)	(592)	(64)
Increase in Investments and Restricted & Trust Funds Assets	(75)	(82)	106	(32)	(19)	0	35	(208)	(6)	4	(13)	351
Total Payments	**(1,782)**	**(213)**	**(652)**	**(944)**	**(893)**	**(891)**	**(1,102)**	**(313)**	**(858)**	**(826)**	**(604)**	**287**
Net Cashflow from Investing Activities	**(1,756)**	**(145)**	**(635)**	**(922)**	**(867)**	**(873)**	**(1,089)**	**(242)**	**(853)**	**(825)**	**(604)**	**287**
Financing Activities												
Equity Injections - Capital	0	0	0	0	0	0	0	0	0	0	0	(207)
Total Receipts	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**(207)**
Interest Paid on Finance Leases	(1)	(1)	(1)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)
Total Payments	**(1)**	**(1)**	**(1)**	**(0)**	**(0)**	**(0)**	**(0)**	**(0)**	**(0)**	**(0)**	**(0)**	**(0)**
Net Cashflow from Financing Activities	**(1)**	**(1)**	**(1)**	**(0)**	**(0)**	**(0)**	**(0)**	**(0)**	**(0)**	**(0)**	**(0)**	**(207)**
Total Cash In	50,075	48,827	46,995	55,928	47,229	50,386	48,083	48,270	47,927	44,434	48,578	55,938
Total Cash Out	(48,280)	(50,400)	(48,371)	(46,027)	(51,231)	(53,700)	(53,957)	(51,043)	(41,642)	(48,009)	(55,033)	(54,530)
Net Cashflow												
Opening Cash	(1,433)	362	(1,211)	(2,588)	7,313	3,311	(3)	(5,876)	(8,649)	(2,364)	(5,939)	(12,394)
Net Cash Movements	1,795	(1,573)	(1,376)	9,901	(4,002)	(3,314)	(5,873)	(2,773)	6,285	(3,575)	(6,455)	1,408
Closing Cash	**362**	**(1,211)**	**(2,588)**	**7,313**	**3,311**	**(3)**	**(5,876)**	**(8,649)**	**(2,364)**	**(5,939)**	**(12,394)**	**(10,986)**

Weekly Cash Flow – Actual to 30 June 2020



Note

- the overdraft facility shown in red is set at $21 million as at June 2020
- the lowest bank balance for the month of June was $15.8m overdrawn

Capital Expenditure – Actual to 30 June 2020

- Capital projects are behind plan due to limited technical resource availability.
- A 3DHB Digital and Data Intelligence Governance Group has been set up to guide future ICT strategy and investment.
- Capital projects from 20/21 have been brought forward if required to mitigate COVID-19 risk areas, other less urgent 19/20 capital projects have been delayed.

Project description	Budget rolled over from 2018/19	New budget for 2019/20	Prior year approved projects budget	Prior year approved projects spend	Committed costs from prior year approved projects budget	Total maximum spend in 2019/20	Actual 2019/20 spend till date	Remaining funds available in 2019/20
	$000	$000	$000	$000	$000	$000	$000	$000
Baseline								
Buildings and Plant	1,545	3,355	5,559	4,027	1,532	6,432	2,537	3,896
Clinical Equipment	215	3,500	2,427	1,479	948	4,663	2,870	1,793
Information Technology (Hardware)	100	750	1,971	1,599	372	1,222	571	651
Intangible Assets (Software)	932	625	3,301	2,433	869	2,425	568	1,857
Baseline Total	**2,792**	**8,230**	**13,258**	**9,538**	**3,720**	**14,742**	**6,546**	**8,196**
Strategic								
Buildings and Plant	1,185	480	-	-	-	1,665	-	1,665
Clinical Equipment	1,390	1,500	862	146	716	3,606	536	3,070
IT	2,394	2,750	2,330	1,157	1,173	6,317	984	5,333
Strategic Total	**4,969**	**4,730**	**3,192**	**1,303**	**1,889**	**11,588**	**1,520**	**10,069**
Total Capital (excluding Trust & Covid-19 Fund	**7,761**	**12,960**	**16,450**	**10,841**	**5,609**	**26,330**	**8,065**	**18,264**
Covid-19 Emergency							455	
Total Capital (excluding Trust)							**8,521**	

Summary of Leases – as at 30 June 2020

		Original Cost	Monthly Amount	Annual Amount	Total Lease Cost	Start Date	End Date	Lease type
Rental Property Leases	**Occupants**							
Wainuiomata Health Centre	District Nurses		1,149	13,787		1/11/2017	31/10/2020	Operating
Public Trust House Lower Hutt	Community Mental Health		21,887	262,643		1/09/2017	1/09/2023	Operating
CREDS - Johnsonville	Eating Disorders		5,370	64,435		1/01/2015	Rolling lease	Operating
RPH - Porirua Public Health	RPH School Health - Promotional Health		9,088	109,055		15/03/2015	14/03/2021	Operating
Criterion Lane Upper Hutt	Lagans Pharmacy - Physiotherapy		2,363	28,359		5/01/2019	31/12/2020	Operating
CBD Towers Upper Hutt	Community Mental Health		9,854	118,247		8/06/2015	7/06/2021	Operating
Upper Hutt Health Centre	District Nurses		974	11,688		24/01/2015	1/02/2022	Operating
			50,685	**608,214**				
Car Park Leases								
CBD Towers Upper Hutt			542	6,500		8/06/2015	7/06/2021	Operating
Public Trust House Lower Hutt			1,603	19,240		1/09/2017	1/09/2023	Operating
			2,145	**25,740**				
Motor Vehicle Leases								
Motor Vehicle Lease plus Management Fees (115 Vehicles)			38,886	466,637		Ongoing	Ongoing	Operating
			38,886	**466,637**				
Equipment Leases	**Supplier**							
MRI Ingenia 1.5T	De Lage Landen (paid monthly in arrears)		22,498	269,981	1,349,905	19/09/2019	19/08/2024	Operating
Fluoroscopy Combi Diagnost	De Lage Landen (paid monthly in arrears)		9,753	117,037	585,185	1/08/2019	31/07/2024	Operating
Plastics Micro Power Tools	Stryker New Zealand Ltd	293,188	3,490	41,884	125,652	1/10/2018	30/09/2025	Finance
Orthopaedic Tools	Stryker New Zealand Ltd		9,024	108,292	758,044	1/09/2016	31/08/2023	Operating
3 x Ultrasounds (Equigroup)	GE Healthcare Ltd		7,303	87,641	438,205	28/06/2017	28/06/2022	Operating
1 x Ultrasound (Equigroup)	Philips NZ Commercial Ltd		1,761	21,129	105,645	28/08/2017	28/07/2022	Operating
CT Scanner (Equigroup)	Toshiba Medical Systems		25,187	302,244	1,511,220	28/05/2017	28/05/2022	Operating
Philips Digital Diagnost C90	De Lage Landen (paid monthly in arrears)		7,265	87,186	435,930	31/01/2020	31/01/2025	Operating
Philips Digital Diagnost C90	De Lage Landen (paid monthly in arrears)		6,184	74,214	371,070	31/01/2020	31/01/2025	Operating
		293,188	**92,465**	**1,109,608**	**5,680,856**			
Total Leases			**184,181**	**2,210,199**				

Treasury as at 30 June 2020

1) Short term funds / investment ($000)

NZHP banking activities for the month	Current month ($000)	Last month ($000)
Average balance for the month	$9,404	$6,502
Lowest balance for the month	($15,827)	($12,412)
Average interest rate	(0.37%)	(1.12%)
Net interest earned/(charged) for the month	($3)	($6)

2) Hedges

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

3) Foreign exchange transactions for the month ($)

No. of transactions involving foreign currency	5
Total value of transactions	$2,677 NZD
Largest transaction	$1,013 NZD

	No. of transactions	Equivalent NZD
AUD	5	$2,677
GBP		
SGD		
USD		
Total	**5**	$2,677

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	$3,335	$556	$148	$200	$233	$147	$202	$1,848
Ministry of Health	$2,750	$1,884	$14	$311	$0	$0	$177	$363
Wairarapa District Health Board	$1,334	$122	$354	$0	$0	$28	$86	$744
Accident Compensation Corporation	$1,061	$785	($136)	$19	$50	$7	($72)	$409
Health Workforce NZ Limited	$231	$174	$0	$0	$57	$0	$0	$0
Boulcott Pulse Health Ltd	$167	$167	$0	$0	$0	$0	$0	$0
Wellington Southern Community Laboratories	$70	$2	$2	$3	$62	$0	$0	$0
Non Resident	$53	$0	$0	$0	$0	$0	$0	$53
Ministry of Social Development	$46	$46	$0	$0	$0	$0	$0	$0
Oranga Tamariki - Ministry for Children	$42	$0	$0	$0	$0	$0	$42	$0
Total Top 10 Debtors	**$9,089**	**$3,738**	**$382**	**$533**	**$402**	**$182**	**$436**	**$3,417**

Board Information

August 2020

Children's Hospital Programme Update

Action Required

It is recommended the Board note:

(a) There have been no reportable incidents since the last update.

(b) McKee Fehl are forecasting Project Handover on 16 July 2021.

(c) The Electrical Services contractor has been appointed and the work is commencing on site during August.

(d) The Link Bridge & Raised Carpark roof Building Consents are still being reviewed by Wellington City Council.

(e) Grace Neill Block – Level 3 office area has been occupied.

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

Executive Summary

1. The project is progressing slower than planned due to a number of contributing factors. The full impact is being assessed and an updated programme will be issued in August.

Strategic Considerations

Service	The environment in which child health services are delivered will be significantly improved on completion of this programme of work.
People	The new hospital provides fit for purpose work environment.
Financial	Programme funding provided by Mark Dunajtschik, Ministry of Health, Wellington Hospital Foundation and CCDHB. Programme cost to completion currently within budget.
Governance	Major Capital Projects Advisory Committee.

Engagement/Consultation

Patient/Family	Ongoing
Clinician/Staff	Ongoing
Community	Ongoing

Attachment/s

1. Appendix 1 Site Photos - July 2020

New Children's Hospital Programme Update

Health & Safety

There are currently two active construction sites to report on:

1. Main construction site - McKee Fehl Construction
2. Wellington Blood & Cancer Centre reconfiguration with Naylor Love.

There have been no reportable incidents.

SiteSafe completed an audit of McKee Fehl Construction's site on 23 July. McKee Fehl Construction have also continued to complete internal weekly audits. MFC are working to rectify the issues identified from the audit.

The next SiteSafe audit will be will be conducted on 27 August 2020.

Benefactor progress

The Benefactor's builder, McKee Fehl Constructors, are progressing with the installation of the curtain walling, roof plant room structure, building services and internal wall framing. Offsite manufacturing & procurement continues. Updated site photos are included in Appendix 1.

Site Works carried out during July, includes, but is not limited too:

- Hydro-excavation of foundations for Link Bridge.
- Completion of the roof plant room structure.
- Stair 2 precast installation completed.
- Internal partition framing are continuing on L2 (98%), L3 (90%) and L4 (70%).
- Roof vapour barrier complete, insulation 75%, and balustrade 80%.
- Incoming water mains connection completed.

Site Works planned for August include:

- Isolator bearing, galvanised bolt swap over & grouting complete and unlocked.
- North balconies windows commenced framing & sills.
- Barrier membrane progressing across roof – 95% complete.
- Fire water connection commenced.
- Bored Piles Commenced to Link Bridge.

Design

New Children's Hospital project:

- Shop drawings and technical reviews are being completed regularly.
- No specific design updates for this period.

L3 Link & Blood and Cancer Centre Reconfiguration

- Wellington Regional Hospital Building Level 3 Link and WBCC Day Ward Reconfigurations (WRH)
    - First fix to ceilings on-going, seismic bracing to services on-going; wall framing largely complete; first fix to walls underway.
    - Consultant and construction contracts review, finalisation and preparation for signature is ongoing.
    - Communication is ongoing for enabling works programme in conjunction with Blood and Cancer Clinic.

- Planned for this period;
    - Complete first fix;
    - Commence wall linings.

Programme

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

Task	Target Completion Date	% Complete on site (30/06/2020)	Comment
Demolition Works Project	02/05/2019	100%	Closed
Civil Diversions	16/08/2018	100%	Closed
Internal Reconfiguration works within Regional Hospital	01/03/2021	35%	GNB relocation works complete. WRH works in delivery phase.
Building Services Works Project (WRH), delivery phase	01/12/2020	15%	Contractor appointed, long lead items ordered. Commencing on site during August.
Furniture Fitting & Equipment (FF&E): Identification of equipment & evaluation of costs	30/06/2019	100%	Next stage to be reporting in this table includes: the development - lists of items to be procured by CCDHB & the process of procurement.
Children's Hospital Construction phase: internal works commenced	16/07/2021	65%	Reflects the percentage of work completed. Practical completion is targeted for July 2021. See milestone programme below.
New Children's Hospital Project – Soft fit out	8/03/2021	0%	Commencement of time allocation allowance for the CCDHB to complete the final fit out/installation of FF&E and all training & commission where required.

Programme Milestones as at 16/07/2020

Recent delays, predominantly in commencing the link bridge construction, have pushed the anticipated completion date into July 2021.

CCDHB Wellington Children's Hospital Project - Milestone dates from MFC Construction Programme			
	MFC July PCG 2020		
Construction and Associated Activities	**Start**	**Complete**	**Current Status**
Design - Stages	8/03/2019	13/08/2021	Commenced (94%)
Approval of Budget and Development Deed Signed	3/09/2018	3/09/2018	Completed
Resource Consent	28/05/2018	25/07/2018	Completed
Building Consents (5 stages)	19/12/2018	12/06/2020	Commenced (97%)
Link Bridge & connection	18/06/2020	4/02/2021	Design Stage
External and Associated works (includes eastern carpark)	27/05/2020	1/04/2021	Design Stage
Construction	15/10/2018	16/07/2021	Commenced (65%)
Handover	19/07/2021	23/07/2021	Not due

New Children's Hospital

Site Progress Photos

To 13th August 2020

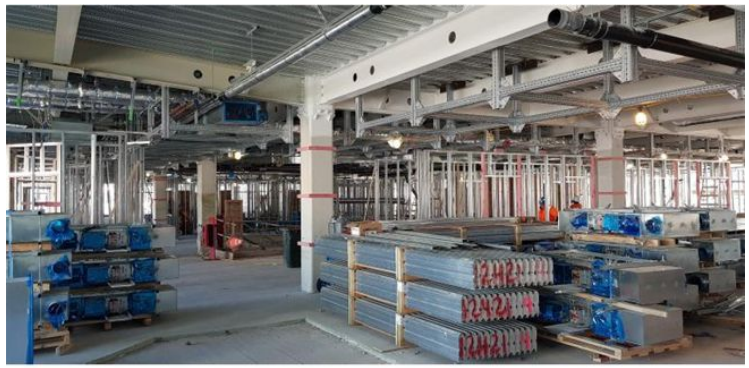
Exterior North & East Elevations

Exterior South & East Elevations

Roof plantroom

New Children's Hospital
Site Progress Photos
To 13th August 2020

Level 2 ceiling framing & wall linings



Level 4 – Bedroom wall framing & Services 1st Fix

Level 3 wall framing and services first fix

Annex Block Walls with Generator stored on site

Capital and Coast DHB and Hutt Valley DHB

CONCURRENT Board Meeting

Meeting to be held on 3 September 2020

Resolution to exclude the Public

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

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

TABLE

Agenda item and general subject of matter to be discussed	Grounds under clause 34 on which the resolution is based	Reason for passing the resolution in relation to each matter, including reference to OIA where applicable
Confirmation of minutes of previous meeting (public excluded session) and Matters Arising from those minutes.	paragraph (a) i.e. the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 6, 7 or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982	OIA, section 9(2)(ba) to protect information which is subject to an obligation of confidence where the making available of that information would be likely to prejudice the supply of information from the same source, and it is in the public interest that such information should continue to be supplied. OIA, section 9(2)(j) to enable this organisation to carry on, without prejudice or disadvantage, commercial and industrial negotiations.
Report from Chair – Part II.	As above	As above
Report from Chief Executive – Part II.	As above	As above
CCDHB Quality and Safety Report	As above	As above
HVDHB Quality and Safety Report	As above	As above
MHAIDs Quality and Safety Report	As above	As above

Patient Story	As above	As above
FRAC items for Board approval - NZHP Business Case for the Health System Catalogue - Audit NZ Audit Fees 2019/20 2DHB - NZHP Statement of Performance Expectations 2020/21 2DHB - Variation Request for Angio Laboratory and Suite Replacement - Write-off of Overseas Patient Debt	As above	As above
2DHB Bowtie Analysis 4.2.1 Bowtie Analysis	As above	As above
3DHB Health Emergency Plan	As above	As above
Te Hopai Negotiations	As above	As above
Upgrade of Maternity and Neonatal Facilities	As above	As above
HVDHB July 2020 Financial and Operational Performance Report	As above	As above
CCDHB July 2020 Financial and Operational Performance Report	As above	As above
Staff Health and Safety Reports 4.3.1 HVDHB Dashboard 4.3.2 CCDHB Dashboard	As above	As above
Children's Hospital Project Update	As above	As above
Pacific Engagement Review DRAFT Terms of Reference	As above	As above
HVDHB Fire Safety Risk Update	As above	As above

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

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