Wairarapa District Health Board

Statement of Intent 2019/20 to 2022/23

Incorporating the 2019/20 Statement of Performance Expectations including Financial Performance

Presented to the House of Representatives pursuant to section 149(L) of the Crown Entities Act 2004.

Board Statement

In signing this statement, we acknowledge that we are responsible for the information contained in the Statement of Intent (SOI) for the Wairarapa District Health Board.

This information has been prepared in accordance with the requirements of the Crown Entities Act 2004. The SOI sets out the DHB's strategic intentions, the nature and scope of the DHB's functions and operations and how these will be managed for the period from 1 July 2019 to 30 June 2023.

Signed on behalf of the Board

Sir Paul Collins
Board Chair

Date: 24 June 2019

Leanne Southey
Deputy Chair

Date: 24 June 2019

SECTION 1: Strategic Direction (SOI)

1.1 Context

The Wairarapa District Health Board (DHB) is one of 20 DHBs across New Zealand, established under the NZ Public Health and Disability Act, 2000 (NZPHD Act). As Crown Entities, DHBs are accountable to the Minister of Health and the Minister of Finance for ensuring the populations health and independence, improvement of health system sustainability and quality, and to eliminate health inequities. Our accountability is demonstrated primarily through the annual planning and reporting process.

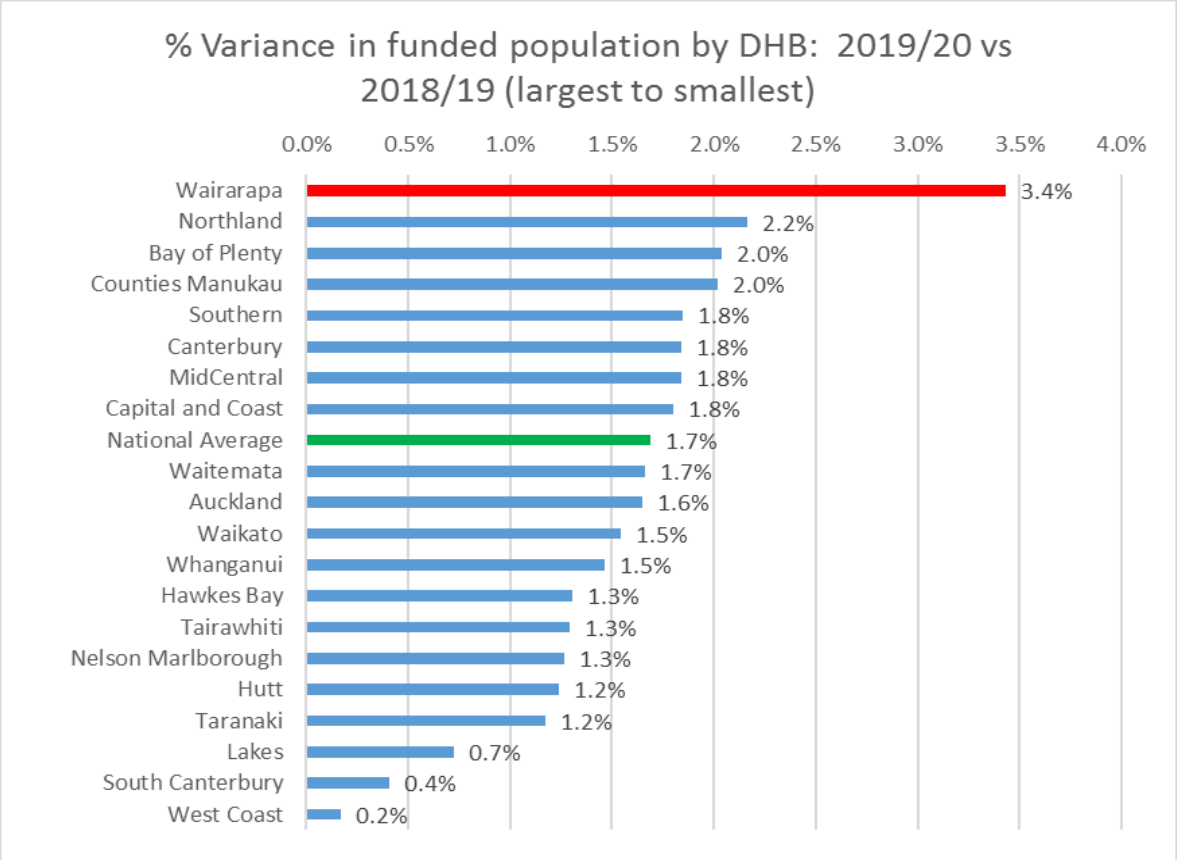
1.2 Background

1.2.1 Our population

Wairarapa DHB provides health services to a wide geographical area. The Wairarapa includes three Territorial Local Authorities (TLA's) Masterton, Carterton and South Wairarapa. It extends from the Remutaka Hill in the west to Ocean Beach in the south and Mount Bruce in the north, a total of 5,936 square kilometres.

Wairarapa DHB serves a population of approximately 46,500 people. Infants, children and youth under 20 years of age account for 25 percent of the population, adults aged 20-64 make up 53 percent and 22 percent are over 65 years of age. Between 18/19 and 19/20, Wairarapa's population has increased the most (3.4% - from 44,905 to 46,445) of all DHB populations as measured by the funded population, and this is shown in the graph below.

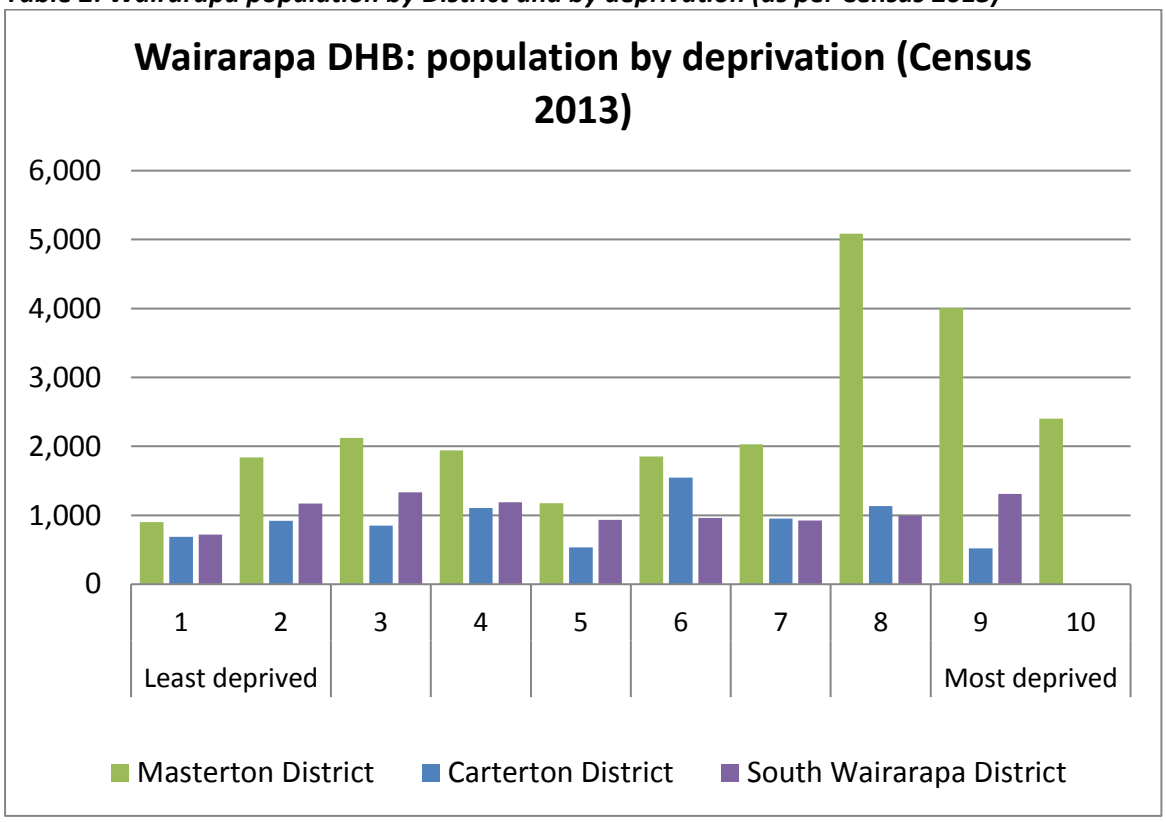
Table 1: Comparison of population increases across NZ DHBs 2019/20 vs 2018/19



The Wairarapa population is ethnically diverse; 17 percent of our population identify as Māori, 2 percent as Pacific and the balance (81 percent) as New Zealand European, Asian and Other.

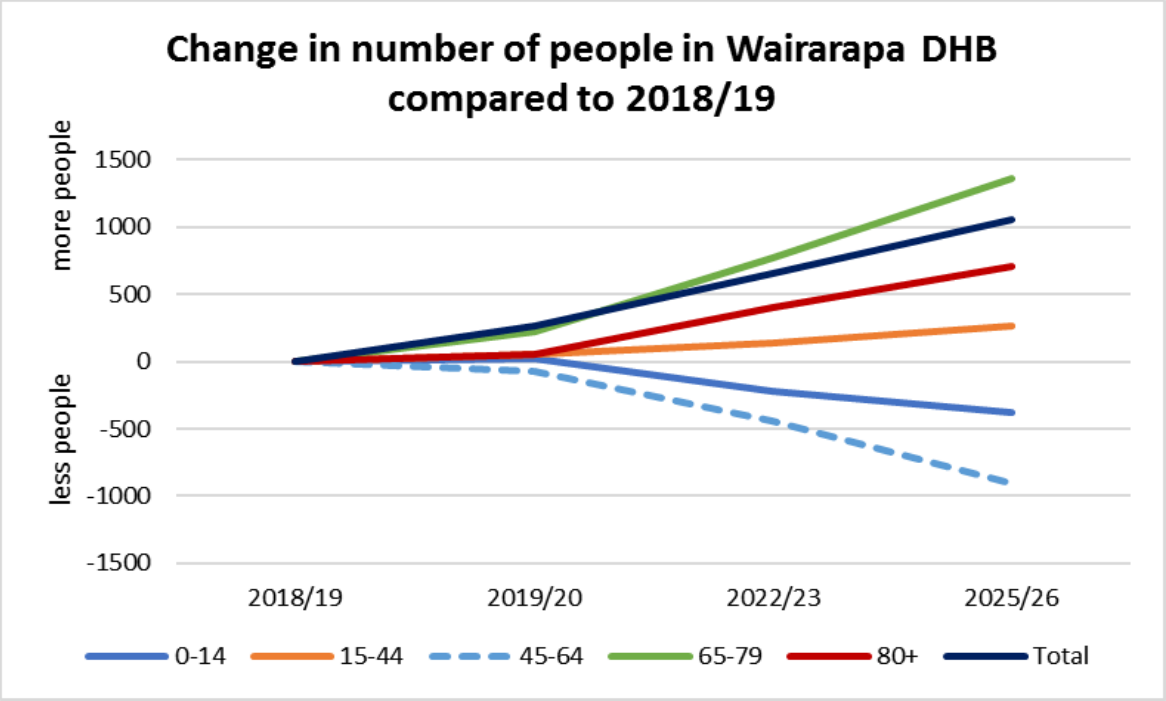
Overall, the Wairarapa region has a mixture of those living in the highest and lowest deprivation areas. There are some extremes in deprivation in the Masterton area where 27% of the population lived in decile nine or ten areas (the most deprived) and a further 22% in decile eight areas. There are no decile ten areas in Carterton or South Wairarapa, although nearly a quarter of the South Wairarapa population lived in decile eight (10%) or nine (14%).

Table 2: Wairarapa population by District and by deprivation (as per Census 2013)



According to Stats NZ, the Wairarapa population is forecast to grow by 1,055 or 2.4 percent between 2018/19 to 2025/26. Most of the growth is in older people (>65 years) where there will be 2,085 or 21 percent more people while the net overall number of children and working-age adults is expected to decline. This is shown in the graphic below:

Table 3: Wairarapa population forecast 2018/19 to 2025/26



1.2.2 Our regional role

Wairarapa DHB is one of six Central Region DHBs – the others are Capital & Coast, Hawkes' Bay, MidCentral, Hutt Valley, and Whanganui. We work closely with our Central Region DHB partners to plan and coordinate the delivery of health services within the region as well as locally. Technical Advisory Services (TAS) is funded by the Central Region DHBs to assist us with developing and planning services across the region.

Wairarapa DHB also forms part of a '3DHB' sub-region with Capital & Coast and Hutt Valley DHBs. We work closely with our sub-regional partners to plan and coordinate our services locally. Under the 3DHB umbrella almost all tertiary level services are provided at Capital & Coast DHB. These services include cardio thoracic, oncology, renal, vascular, tertiary maternity, and neurosurgery services.

A number of other DHB-funded services are provided by provided across the sub-region. These include:

- The Mental Health, Addictions and Intellectual Disability Service (MHAIDS) (3DHB)
- The Disability Responsiveness Programme (3DHB)
- Regional Public Health (3DHB)
- Regional Screening services (3DHB)

1.3 Nature and scope of functions

Like all DHBs, we receive funding from the Government to purchase and provide the services required to meet the health needs of our population and we are expected to operate within allocated funding.

In accordance with legislation and government objectives, we use that funding to:

- *Plan* the strategic direction of our health system and, in collaboration with clinical leaders and alliance partners, determine the services required to meet the needs of our population.

- *Fund* the health services required to meet the needs of our population and, through collaborative partnerships and performance monitoring, ensure these services are safe, equitable, integrated and effective.
- *Provide* a significant share of the specialist health and disability services delivered to our population and to the population of other DHBs.
- *Promote* and protect our population's health and wellbeing through investment in health protection, promotion and education services and delivery of evidence-based public health initiatives.

While Wairarapa DHB is the lead provider of health services for the people of the Wairarapa, it shares this responsibility with the Primary Healthcare Organisation (PHO), the Accident Compensation Corporation (ACC), and Non-Government Organisations (NGOs). This means there are health services provided in the Wairarapa that are not commissioned by the DHB and this creates a requirement to build local partnerships and an integrated health system response by working with all of these partners, including local Māori, social sector agencies, and councils.

1.4 Strategic Outcomes

Wairarapa DHB's vision is Well Wairarapa: Better Health for All – Haoura pai mote katoa

Our Mission is to improve, promote, and protect the health status of the people of the Wairarapa, and the independent living of those with disabilities, by supporting and encouraging healthy choices.

The values that underpin all of our work are:

Respect – Whakamana Tangata
According respect, courtesy and support to all.
Integrity – Mana Tu
Being inclusive, open, honest and ethical.
Self Determination – Rangatiratanga
Determining and taking responsibility for ones actions.
Cooperation – Whakawhānaungatanga
Working collaboratively with other individuals and organisations.
Excellence – Taumatatanga
Striving for the highest standards in all that we do.

Our Strategic Priorities are:

- The provision of Quality Care[1] in an environment of kindness and caring
- Accessible and equitable health outcomes
- Smart investment choices for Wairarapa
- We have the best people, places and tools to support what we do
- High performing teams driving organisational success.

Our Strategic Objectives for the next four years are to continue to:

[1] Quality Care is defined as "Care that is Accessible, Appropriate and provided in Continuity. It is care that is Effective, Efficient, Responsive and Safe."

1. improve the health outcomes for the people of the Wairarapa district,
2. eliminate inequities,
3. improve service quality, and
4. ensure the ongoing sustainability of the local health system.

In order to achieve our overall strategic objectives our key areas for action in 2019/20 are:

Completing our plan towards achieving "Well Wairarapa" and future financial and clinical sustainability

During 2018/19 our Board and Executive Team have explored and agreed a new conceptual model of health service delivery for our population which will provide improvements in access and equity of health outcomes within a financially and clinically sustainable model. This concept puts community care at the heart of the system and supports much closer integration of service design and delivery across the health and social service continuum. During 2019/20 we will undertake the detailed planning and analysis required to turn this concept into a realistic and costed strategy, supported by a cascading series of steps of achievable actions and timelines.

Primary and Community Care

We will continue, together with our alliance partners, to strengthen and support primary and community care, in partnership with other social service agencies, consistent with our vision for Well Wairarapa, and our intention to put community care at the heart of the Wairarapa health system.

We will invest in implementation of Health Care Homes to enable our primary care practices to provide better coordinated and more flexible care, tailored to their patients' needs.

Mental Health and Addictions

During 2018/19 we completed an in-depth review of mental health and addiction services in Wairarapa. The findings and recommendations of this local review provide us with detailed guidance on the actions we will take locally in 2019/20. In partnership with our neighbouring DHBs Hutt Valley (HVDHB) and Capital and Coast (CCDHB), we will also progress the directions of He Ara Oranga, the report of the government inquiry into mental health and addictions services, and Living Life Well, our three DHB strategy for development of mental health and addiction services.

With CCDHB and HVDHB, we have already begun work to re-design the continuum of acute care for mental illness so as to better meet the needs of Wairarapa people through an improved mix of local community based services supported by specialist hospital services in Hutt and Wellington.

Population health approaches

We recognise that achieving and maintaining wellness requires more than effective and efficient health services. A much broader approach across sectors is required to enable, support and promote all the requirements for a healthy life – including warm housing, employment, income, community connectedness, and a health promoting environment. This plan reflects our growing closer relationship and co-work with Regional Public Health Services and others to ensure we have strong effective approaches for health promotion and creation and protection of healthy environments. This includes working with local government on a range of issues, and supporting local district council wellness plans.

SECTION 2: Managing our Business (SOI)

This section provides an outline of the arrangements and systems that Wairarapa DHB has in place to manage our core functions and to deliver our planned services.

2.1 Managing our Business

Organisational performance management
Wairarapa DHB's performance is assessed on both financial and non-financial measures, which are measured and reported at various levels of the organisation, from unit level through to the Hospital Advisory Committee and the Board. These are reported daily, weekly, fortnightly, monthly or quarterly as appropriate.

Funding and financial management
Wairarapa DHB's key financial indicator is how we are tracking against our budget. This is reported through Wairarapa DHB's performance management process to the Executive Leadership Team and the Board. Further information about Wairarapa DHB's planned financial position for 2019/20 and out years is contained in the Financial Performance Summary section of this document in Appendix A: Statement of Performance Expectations.

Investment and asset management
Wairarapa DHB completed its first stand-alone Long Term Investment Plan (LTIP) covering at least 10 years. LTIPs are part of the new Treasury system for monitoring investments across government, the Investment Management and Asset Management Performance (IMAP) system.

Shared service arrangements and ownership interests
Wairarapa DHB has a 16.67% shareholding interest in Central Region's Technical Advisory Services Limited and 0.79% shareholding interest in New Zealand Health Partnerships Ltd. The DHB does not intend to acquire shares or interests in other companies, trusts or partnerships at this time.

Risk management
Wairarapa DHB has a formal risk management framework and robust reporting system. Risks are recorded on the Wairarapa DHB SharePoint Risk Register and monitored by risk owners, a report is collated and escalated to FRAC and the Board as required. The DHB is committed to managing risk in accordance with the process set out in the Australian/New Zealand Joint Standard on Risk Management (AS/NZS ISO 31000:2009).

Quality assurance and improvement
Wairarapa DHB's approach to quality assurance and improvement is in line with the New Zealand Triple Aim: improved quality, safety and experience of care, improved health and equity for all populations, and, best value for public health system resources. Contracted services are aligned with national quality standards and auditing of contracted providers includes quality audits.

Workforce
Wairarapa DHB supports the principles of equal opportunity in underpinning all activity relating to our workforce.

E94

Wairarapa District Health Board

Statement of Performance Expectations 2019/20

Presented to the House of Representatives pursuant to section 149(L) of the Crown Entities Act 2004.

2019/20 Statement of Performance Expectations including Financial Performance

This Statement of Performance Expectations (SPE) is a requirement of the Crown Entities Act 2013 and serves three purposes:

1. To allow the responsible Minister to participate in setting the annual performance expectations of the Wairarapa DHB
2. To provide parliament with information on these expectations, and
3. To provide a base against which actual performance can be assessed. The actual results of service performance against what was forecast here will be published in our 2019/20 Annual Report.

Board Statement

In signing this statement, we acknowledge that we are responsible for the information contained in the Statement of Performance Expectations (SPE) for the Wairarapa District Health Board.

This information has been prepared in accordance with the requirements of the Crown Entities Act 2004. The SPE sets out our performance expectations for the period from 1 July 2019 to 30 June 2020.

Signed on behalf of the Board

Sir Paul Collins
Board Chair

Date: 24 June 2019

Leanne Southey
Deputy Chair

Date: 24 June 2019

Output class measures

Four Output Classes are used by (all) DHBs to reflect the nature of services provided. These are as follows:

1. **Prevention services:** publicly funded services that protect and promote health in the whole population.
2. **Early detection and management:** services delivered by a range of health and allied health professionals in various private, not-for-profit and government service settings including general practice, community and Māori health services, Pharmacist services, Community Pharmaceuticals (the Schedule) and child and adolescent oral health and dental services.
3. **Intensive assessment and treatment:** generally hospital services including Emergency Departments, ambulatory services (outpatients, district nursing and day procedures) and inpatient services (acute and planned care).
4. **Rehabilitation and support:** services delivered following a 'needs assessment' process and co-ordination input by NASC Services including palliative care, home-based support and residential care services.

The aim of selecting output measures within each class for inclusion in the SPE is to ensure that the SPE meaningfully supports the key strategic priorities of the Wairarapa DHB's planned activities as outlined in the earlier Sections of this Annual Plan, and provides representative information about the vast scope of business as usual services we provide in support of our strategic goals.

In identifying appropriate output measures[2] within each output class we have included, in addition to volume measures, a mix of measures that help us evaluate different aspects of our performance. These measures indicate performance against service coverage (encompassing health equity) quality, volume (quantity) and timeliness. The intervention logic is depicted in Figure 1.

Some performance measures are demand-based and are included to provide a picture of the services funded and/or provided by the Wairarapa DHB. For such measures, there are no assumptions about whether an increase or decrease is desirable. As such, the "target" represents an estimation of the service delivery for 2019/20 based on historical and population trends.

The following tables provide baselines, forecasts and targets for each output area.

Reference key			
HT	(National) Health Target*	C	Coverage
SLM	System Level Measure*	V	Volume (quantity) measure
PP	Policy priority measure*	Q	Quality measure
SI	System Integration measure*	T	Timeliness measure
OP	Output measure*		
OS	Ownership measure*		*These measures are part of the National non-financial performance monitoring framework.
DV	Development measure*		
WPI	Wairarapa DHB performance indicator		
3DHB[3]	3DHB performance indicator (Capital & Coast DHB, Hutt Valley DHB, Wairarapa DHB)		

[2] Some performance measures show health indicators by locality, i.e. the people who live in the Wairarapa DHB's catchment, while other measures show performance of the services provided by Wairarapa DHB regardless of the service user's home district.

[3] Some measures show combined data for all 3 DHBs; Wairarapa, Hutt Valley and Capital & Coast, most often where services are provided on a sub-regional basis and data is not disaggregated by DHB. These measures are indicated in the tables as (3DHB).

Figure 1 – Intervention logic map for Wairarapa DHB SPE Output classes.

National	**NZ Health System intended outcomes: New Zealanders live longer, healthier and more independent lives.**						
Central Region Triple Aim	In the Central region we aim to achieve: • Improved health & equity for all populations • Improved quality, safety & experience of care • Best value for public health system resources						
DHB vision	**Better health for all**						
System level health outcome measures	**For the Wairarapa success will mean:** • Improved health equity - reduced outcome disparity in system level measures • Reduction in Ambulatory sensitive hospital (ASH) admissions 0-4 yr olds and age 45-64 • Reduction in amenable mortality rates • Reduction in Acute Hospital bed days per capita • Improved scores across domains of the patient experience survey • Increase in number of babies in smoke-free homes at 6 weeks • Improved youth health – reduced hospitalisations for self-harm and increased chlamydia testing						
Impacts How we measure our progress.	• Increased and more equitable number of babies who live in smoke-free households. • More babies breastfed. • More adults and pregnant women offered help to quit smoking. • High proportion 8-month old immunised equitably across ethnicities. • Improved and more equitable oral health for children. • More women screened for breast and cervical cancers equitably across ethnicities.		• More adults referred to Green Prescription program. • Increased and more equitable number of patients enrolled in PHOs. • More people assessed for CVD risk equitably across ethnicities. • Improved access to mental health and addiction services. • Reduced Rheumatic Fever (first) hospitalisation rates. • More patients attend planned appointments equitably across ethnicities.		• Shorter stays in our Emergency Department. • Shorter and equitable waiting time for cancer diagnosis and treatment. • Timely access to planned elective services. • Proportion of older people receiving long term support that are comprehensively clinically assessed (inter RAI). • Number of people registered with Disability Alert.	
DHB intended outcomes	• Environmental and disease hazards minimized • Lifestyle factors affecting health well managed • Children have a healthy start in life • Long term conditions well managed • Improved health, wellbeing & independence of our older people			• Responsive services for people with disabilities • People receive high quality hospital and specialist health services when needed • People receive high quality mental health services when needed • Reduced health disparities			
Outputs Services provided	**Prevention** • Health protection & regulatory services • Health promotion & education • Pop-In health screening • Immunisation • Smoking cessation		**Early Detection & Management** • Primary health care • Oral health • Community care • Pharmacy services • Diagnostics	**Intensive Assessment & Treatment** • Mental Health & Addictions services • Elective and acute medical and surgical services • Cancer services • Maternity		**Rehabilitation & support** • Disability services • Health of older people • Age-related residential care • Needs assessment • Home based care • Palliative care	
Inputs	People & knowledge	Collaborative partnerships	Quality systems & processes	Technology	Facilities	Funding	Risk management

Output class 1: Prevention Services

Prevention services

- Preventative services are publicly funded services that protect and promote health in the whole population or identifiable sub-populations comprising services designed to enhance the health status of the population as distinct from treatment services which repair/support health and disability dysfunction.
- Preventative services address individual behaviours by targeting population wide physical and social environments to influence health and wellbeing.
- Preventative services include health promotion to ensure that illness is prevented and unequal outcomes are reduced; statutorily mandated health protection services to protect the public from toxic environmental risk and communicable diseases; and, population health protection services such as immunisation and screening services.
- On a continuum of care these services are public wide preventative services.

Outputs measured by	Note		Target/Est. 2019/20	Baseline	Baseline data date
Health promotion and education					
Number of adult referrals to the Green Prescription program.	V	WPI	≥ 224	224	2018/19 Q2
Smoking cessation					
Percentage of PHO enrolled patients who smoke and have been offered help to quit smoking by a health care practitioner in last 15 months.	C	PH04	≥90%	91%	2018/19 Q2
Percentage of pregnant women who identify as smokers upon registration with a DHB-employed midwife or LMC being offered brief advice and support to quit smoking.	Q	CW09	≥90%	100%	2018/19 Q2
Babies living in Smokefree Homes at 6 weeks post-natal	Q	PHO4	Total ≥37.5% Māori ≥18.5% Other ≥48.3%	Total 37.5% Māori 18.5% Other 48.3%	2018/19 Q2
Immunisation					
Percentage of 2-year olds fully immunised.	C	CW05	≥95%	Total 93.6% Māori 92.9% Pacific 100% Other 100%	2018/19 Q2
Percentage of 8-month olds fully vaccinated	C	W08	≥95%	Total 92% Māori 95% Pacific 94% Other 77.8%	2018/19 Q2
Percentage of 5-year olds fully immunised	C	CW05	≥95%	Total 91.1% Māori 91.5% Pacific 66.7% Other 87.5%	2018/19 Q2

Outputs measured by	Note		Target/Est. 2019/20	Baseline	Baseline data date
Percentage of year 7 children provided Boostrix vaccination in Wairarapa district.	C	WPI	≥92%	Total 92%, Māori 94%, Pacific 113%, Other 90%	2018/19 Q2
Percentage of year 8 girls and boys vaccinated against HPV (final dose) in Wairarapa district.	C	CW05	≥89%	Total 89% Māori 118% Pacific 75% Other 85%	2018/19 Q2
Percentage of people aged 65+yrs who have completed their annual influenza immunisation.	C	CW05	≥75%	Total 65% Māori 57% Other 67%	2018/19 Q2
Breastfeeding					
Percentage of infants fully or exclusively breastfed at 3-months.[4]	Q	CW06	≥70%	59%	2018/19 Q1
Population based screening services					
Percentage of eligible children receiving a B4 School Check.	C	CW10	≥90%	Total 99.8%	2018/19 Q2
Percentage of eligible women (25-69 years) having cervical screening in last 3 years.	C	SS08	>80%	Total 79% Māori 69% Pacific 85% Other 79%	2018/19 Q2
Percentage of eligible women (50-69 years) having breast screening in the last 2 years.	C	SS07	>70%	Total 77% Māori 70% Pacific 65% Other 78%	2018/19 Q2

[4] This measure is based on all WCTO providers (not just Plunket).

Output class 2: Early detection and management

Early detection and management

1. Early detection and management services are delivered by a range of health and allied health professionals in various private, not-for-profit and government service settings. Include general practice, community and Māori health services, Pharmacist services, Community Pharmaceuticals (the Schedule) and child and adolescent oral health and dental services.
2. These services are by their nature more generalist, usually accessible from multiple health providers and from a number of different locations within the DHB.
3. On a continuum of care these services are preventative and treatment services focused on individuals and smaller groups of individuals.

Outputs measured by	Note		Target/Est 2019/20	Baseline	Baseline data date
Primary Care services / Long term conditions management					
Newborn enrolment with General Practice	SI18	CW07[5]	≥80%	Total 82% Māori 88% Pacific NA Other 80%	April 2019
Percentage of DHB-domiciled population enrolled in a PHO.	C	PH03	All ethnicities ≥99%	Total 99%, Māori 99% Pacific 107% Asian 76% Other 100%	2018/19 Q2
ASH Rates (avoidable hospitalisations) for 0-4 years (rate per 100,000)	PP22	PH016	Total ≤ 6,300 Māori ≤ 9,000 Pacific NA Other ≤5,000	Total 6,452 Māori 9,318 Pacific NA Other 5,014	12 months to Dec 2018
ASH Rates (avoidable hospitalisations) for 45-64 years	SI1	SS	Total ≤ 3,500 Māori ≤ 5,500 Pacific NA Other ≤3,400	Total 3,756 Māori 5,935 Pacific NA Other 3,490	12 months to Dec 2018
Percentage of DHB-domiciled population (15-74 yrs) enrolled in a PHO with well managed diabetes (HbA1c ≤ 64 mmol/mol)	PP20	SS13 FA2	≥70%	Total64% Māori 61% Pacific 56% Other 65%	April 2019
Oral health					
Percentage of children under 5 years enrolled in DHB-funded dental services.	C	CW04	≥91%	Total 91.5% Māori 86.4% Pacific 71.4% Other 95.5%	2018/19 Q2
Percentage of children Carries Free at 5 years	Q	CW02	Total ≥68% Māori≥52% Pacific ≥60% Other≥76%	Total 67.87% Māori 51.2% Pacific 58.8% Other 75.3%	2018/19 Q2
Percentage of children with Decayed, Missing, Filled Teeth-DMFT in year 8 kids	Q	CW01	Total ≤76% Māori≤72% Pacific ≤80% Other≤78%	Total 76% Māori 71.3% Pacific 80% Other 77.46%	2018/19 Q2

[5] Also a Well Child/Tamariki Ora Quality Improvement Framework Indicator (number 11) - with a national target of ≥90%.
6 Also a HQSC Health System Quality Indicator (EFCT-15)

Output class 3: Intensive assessment and treatment

Intensive Assessment and Treatment services

- Intensive assessment and treatment services are delivered by a range of secondary, tertiary and quaternary providers using public funds. These services are usually integrated into facilities that enable co-location of clinical expertise and specialized equipment such as a 'hospital'. These services are generally complex and provided by health care professionals that work closely together.
- They include:
  - Ambulatory services (including outpatient, district nursing and day services) across the range of secondary preventive, diagnostic, therapeutic, and rehabilitative services
  - Inpatient services (acute and elective streams) including diagnostic, therapeutic and rehabilitative services
  - Emergency Department services including triage, diagnostic, therapeutic and disposition services
- On a continuum of care these services are at the complex end of treatment services and focussed on individuals.

Outputs measured by	Note		Target/Est. 2019/20	Baseline	Baseline data date
Mental Health and Addiction services					
Percentage of patients 0-19 yrs referred to non-urgent child & adolescent mental health services & seen within 8 weeks.	T	MH03	≥95%	88%	2018/19 Q2
Percentage of patients 0-19 years referred to non-urgent child & adolescent Addiction services & seen within 8 weeks.	T	MH03	≥95%	97.6%	2018/19 Q2
Percentage of clients with transition (discharge) plan	3DHB	MH02	≥95%	44%	2018/19. Q2 (April-Dec 2018)[7]*
Percentage of people discharged from an acute mental health inpatient service that were seen by the mental health community team in the 7 days following discharge.	Q	WPI	≥90% (Nat'l ≥90%)	92%	2017/18 Q2
Elective and Acute (Emergency Dept.) inpatient/outpatient					
Number of surgical elective discharges.	V	HT2	≥2,417	2,380	2018/19 Q2
Percentage of patients admitted, discharged or transferred from ED within 6 hours.	T	SS10	≥90%	87%	2018/19 Q2
Standardised inpatient average length of stay ALOS (Acute).	T	OS3 (SS)	≤2.35	2.36	2018/19 Q2
Standardised inpatient average length of stay ALOS (Elective).	T	OS3 (SS)	≤1.55	1.45	2018/19 Q2
Standardised Acute Readmissions	Q	OS8 (SS)	Total ≤11%	Total 11.2% Māori 12.2% 75+Total 11.4% 75+ Māori 17.2%	2018/19 Q2
Rate of inpatient falls causing harm per 1,000 bed days.	Q	WPI	≤0.50	0.27	2017/18

[7] Data period is 1 April 2018 to 31 December 2018: new client pathway with suite of new digital documentation rolled out in March 2018

Outputs measured by	Note		Target/Est. 2019/20	Baseline	Baseline data date
Rate of hospital acquired pressure injuries per 1,000 bed days.	Q	WPI	≤1.40	1.39	2017/18
Rate of identified medication errors causing harm per 1,000 bed days.	Q	WPI	≤0.85	0.85	2017/18
Weighted average score in Patient Experience Survey	Q	SI8	≥8.3	Communication: 8.7 Coordination: 8.5 Partnership: 8.7 Physical and emotional needs: 8.9	2018/19 Q2
Percentage Did Not Attend (DNA) appointments for outpatient First Specialist assessments.	Q	WPI	≤8%	8%	2017/18
Percentage DNA appointment for follow-up Specialist appointments.	Q	WPI	≤8%	8%	2017/18
Cancer services					
Percentage of patients receiving their first cancer treatment (or other management) within 31 days from date of decision-to-treat.	T	SS01	≥85%	87.7%	2018/19 Q2
Percentage of patients with a high suspicion of cancer and a need to be seen within 2 weeks that received their first cancer treatment (or other management) within 62 days of being referred.	T	SS11	≥90%	88.9%	2018/19 Q2

Output class 4: Rehabilitation and Support

Rehabilitation and Support services

- Rehabilitation and support services are delivered following a 'needs assessment' process and co-ordination input by NASC Services for a range of services including palliative care, home-based support and residential care services.
- On a continuum of care these services will provide support for individuals.

Outputs measured by	Note		Target/Estimate 2019/20	Baseline	Baseline data date
Disability care services					
Total number of hospital staff that have completed the Disability Responsiveness eLearning module.	Q	WPI	≥330	198	2018/19 Q2
Total number of Disability alert registrations	Q	WPI	≥100	0	2018/19 Q2
Health of Older People (HOP) services					
Percentage of people 65+years receiving DHB funded HOP support that are being supported to live at home.	C	WPI	≥ 67%	69%	2018/19 Q2
Percentage of the population aged 75+ years that are in Aged Residential Care (including private payers).	C	WPI	≤14%	14%	2018/19 Q2
% people who have received a LTCF residing in ARC or Residential Facilities within timeframes	Q	SS04	≥ 75%	76%	2018/19 Q2

SECTION 4: Financial Performance (SOI & SPE)

PROSPECTIVE FINANCIAL PERFORMACE FOR THE FOUR YEARS ENDED 30 JUNE 2020, 2021, 2022 AND 2023.

Statement of Comprehensive Income	2017/18 Audited Actual	2018/19 Forecast	2019/20 Plan	2020/21 Plan	2021/22 Plan	2022/23 Plan
	$000	$000	$000	$000	$000	$000
Revenue						
Ministry of Health Revenue	145,094	153,680	161,980	164,732	167,531	170,378
Other Government Revenue	2,412	2,435	2,392	2,428	2,453	2,477
Other Revenue	10,862	9,307	9,870	9,927	9,980	10,034
Interest Revenue	30	54	24	24	24	25
Total Revenue	**158,398**	**165,476**	**174,266**	**177,111**	**179,988**	**182,914**
Expenditure						
Personnel	45,862	50,159	52,343	54,175	56,071	58,034
Outsourced Services	8,474	8,637	8,390	8,388	8,390	8,395
Clinical Supplies	12,526	11,710	12,196	11,830	11,476	11,131
Infrastructure and Non Clinical	8,035	8,953	10,213	9,923	9,624	9,337
Payments to Non-DHB Providers	48,850	53,274	54,886	55,710	56,545	57,394
Inter District Flows	39,528	39,561	42,242	42,875	43,519	44,171
Interest, Capital Charge, Depreciation and Amortisation	4,125	4,457	4,719	4,751	4,751	4,751
Total Expenditure	**167,400**	**176,751**	**184,989**	**187,652**	**190,376**	**193,213**
Total Comprehensive Income/(Deficit)	**(9,002)**	**(11,275)**	**(10,723)**	**(10,541)**	**(10,388)**	**(10,299)**

Statement of Cashflow	2017/18 Audited Actual	2018/19 Forecast	2019/20 Plan	2020/21 Plan	2021/22 Plan	2022/23 Plan
	$000	$000	$000	$000	$000	$000
Cash flows from operating activities						
Operating receipts:						
Government & crown agency revenue	151,661	158,554	170,239	172,540	175,371	178,251
Other	4,893	4,742	4,503	4,547	4,593	4,638
Payments to suppliers & employees	(160,159)	(171,224)	(179,982)	(182,489)	(185,213)	(188,049)
Capital charge paid	(1,750)	(1,776)	(1,941)	(1,997)	(1,997)	(1,997)
Goods and Services Tax (net)	(349)	(400)	(400)	(400)	(400)	(400)
Net cash flows from operating activities	**(5,704)**	**(10,104)**	**(7,581)**	**(7,799)**	**(7,646)**	**(7,557)**
Cash flows from investing activities						
Proceeds from sale of property, plant & equipment	132	0	0	0	0	0
Interest received	30	54	24	24	24	25
Investments	(9)	0	0	0	0	0
Acquisition of property, plant & equipment	(385)	(2,251)	(2,564)	(1,700)	(1,700)	(1,700)
Acquisition of intangible assets	(2,692)	(1,671)	(1,108)	(1,800)	(1,800)	(1,800)
Net cash flows from investing activities	**(2,924)**	**(3,868)**	**(3,648)**	**(3,476)**	**(3,476)**	**(3,475)**
Cash flows from financing activities						
Equity injected	10,800	11,000	14,000	12,000	11,000	11,000
Repayments of loans	(79)	(84)	(91)	(48)	0	0
Interest paid	(25)	(15)	(7)	0	0	0
Net cash flows from financing activities	**10,696**	**10,901**	**13,902**	**11,952**	**11,000**	**11,000**
Net increase / (decrease) in cash held	**2,068**	**(3,071)**	**2,673**	**677**	**(122)**	**(32)**
Cash & cash equivalents at beginning of year	(3,006)	(938)	(4,009)	(1,336)	(659)	(781)
Cash & cash equivalents at end of year	**(938)**	**(4,009)**	**(1,336)**	**(659)**	**(781)**	**(813)**

Statement of Financial Position	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
	Audited Actual	Forecast	Plan	Plan	Plan	Plan
	$000	$000	$000	$000	$000	$000
Assets						
Current assets						
Cash & cash equivalents	5	5	5	5	5	5
Investments	343	140	140	140	140	140
Inventories	1,175	1,140	1,140	1,140	1,140	1,140
Trade & other receivables	4,214	6,160	5,660	5,660	5,660	5,660
Total current assets	**5,737**	**7,445**	**6,945**	**6,945**	**6,945**	**6,945**
Non-current assets						
Property, plant & equipment	38,821	39,644	40,548	40,606	40,663	40,720
Intangible assets	10,232	10,664	10,661	11,350	12,039	12,729
Investments in Associates	0	0	0	0	0	0
Total non-current assets	**49,053**	**50,308**	**51,209**	**51,956**	**52,702**	**53,449**
Total assets	**54,790**	**57,753**	**58,154**	**58,901**	**59,647**	**60,394**
Liabilities						
Current liabilites						
Cash & cash equivalents - Overdraft	943	4,014	1,341	664	786	818
Interest-bearing loans & borrowings	85	85	48	0	0	0
Payables & accruals	10,400	10,625	10,226	10,227	10,226	10,226
Employee entitlements	9,030	9,202	9,489	9,501	9,514	9,528
Total current liabilities	**20,458**	**23,926**	**21,104**	**20,392**	**20,526**	**20,572**
Non-current liabilities						
Term loans & borrowings	138	54	0	0	0	0
Employee benefits (non-current)	653	710	710	710	710	710
Trust funds	343	140	140	140	140	140
Total non-current liabilities	**1,134**	**904**	**850**	**850**	**850**	**850**
Total liabilities	**21,592**	**24,830**	**21,954**	**21,242**	**21,376**	**21,422**
Net assets	**33,198**	**32,923**	**36,200**	**37,659**	**38,271**	**38,972**
Equity						
Crown equity	79,578	90,578	104,578	116,578	127,578	138,578
Revaluation reserve	5,558	5,558	5,558	5,558	5,558	5,558
Retained earnings	(51,938)	(63,213)	(73,936)	(84,477)	(94,865)	(105,164)
Total equity	**33,198**	**32,923**	**36,200**	**37,659**	**38,271**	**38,972**

Statement of Movements in Equity	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
	Audited Actual	Forecast	Plan	Plan	Plan	Plan
	$000	$000	$000	$000	$000	$000
Balance at 1 July	31,444	33,198	32,923	36,200	37,659	38,271
Net surplus / (deficit) for the year	(9,002)	(11,275)	(10,723)	(10,541)	(10,388)	(10,299)
Other comprehensive revenue and expense	(44)	0	0	0	0	0
Equity injection from the Crown	10,800	11,000	14,000	12,000	11,000	11,000
Repayment of equity to the Crown	0	0	0	0	0	0
Balance at 30 June	**33,198**	**32,923**	**36,200**	**37,659**	**38,271**	**38,972**

Prospective Summary of Revenue and Expense by Output Class	2017/18	2018/19	2019/20	2020/21	2020/22	2020/23
	Audited Actual	Forecast	Plan	Plan	Plan	Plan
	$000	$000	$000	$000	$000	$000
Revenue						
Prevention Services	1,231	4,306	4,332	4,405	4,479	4,555
Early Detection and Management Services	38,401	28,657	31,014	31,529	32,053	32,585
Intensive Assessment and Treatment Services	95,039	102,724	106,208	107,943	109,696	111,479
Rehabilitation and Support Services	22,880	29,789	32,711	33,234	33,760	34,295
Total Revenue	157,551	165,476	174,265	177,111	179,988	182,914
Expenditure						
Prevention Services	1,983	4,295	4,626	4,695	4,766	4,838
Early Detection and Management Services	42,211	28,610	30,169	30,630	31,099	31,577
Intensive Assessment and Treatment Services	97,643	116,541	121,821	123,479	125,177	126,968
Rehabilitation and Support Services	24,420	27,305	28,372	28,848	29,334	29,830
Total Expenditure	166,257	176,751	184,988	187,652	190,376	193,213
Subsidiary Not Allocated	(297)	-	-	-	-	-
Consolidated Surplus / (Deficit)	(9,002)	(11,275)	(10,723)	(10,541)	(10,388)	(10,299)

Financial Assumptions

The assumptions are the best estimates of future factors, which affect the predicted financial results. As such, there is necessarily a degree of uncertainty about the accuracy of the predicted result, which is unable to be quantified. Factors, which may cause a material difference between these prospective financial statements and the actual financial results would be a change in the type and volume of services provided, significant movement in staff levels and remuneration, plus unexpected changes in the cost of goods and services required to provide the planned services.

Revenue

- PBFF Increase as per expected Funding Envelope
- IDF levels based on expected Funding Envelope or agreed changes within the sub-region.

Expenditure

- Personnel expenditure has increased in line with settled MECAs and expected increases of 4.5%-5% where MECAs are still in negotiation.
- Supplies and expenses based on current contract prices where applicable with a 3% increase in some areas
- Depreciation includes base, plus work in progress, plus new purchases
- Capital Charge at 6% payable half yearly
- Total Capital Expenditure of $3.9M is planned for 2019/20.

Capital Plan

The operational capital funding requirements for the Provider Arm will be met from cash flow from depreciation expense and prioritised with the clinical leaders both within the cost centres and across the Provider Arm. The baseline CAPEX for 2019/20 of $3.9M includes IT projects and hardware costs of $2.5M, which covers regional, sub-regional and local projects.

Debt & Equity

Equity Drawing

Wairarapa DHB anticipates $14M equity support will be required for the 2019/20 financial year.

Working Capital
The Board has a working capital facility with the Bank of New Zealand, which is part of the national DHB collective banking arrangement negotiated by NZ Health Partnerships Limited. This facility is limited to one month's provider's revenue, to manage fluctuating cash flow needs for the DHB.

Gearing and Financial Covenants
No gearing or financial covenants are in place.

Asset Revaluation
Wairarapa DHB revalued its land, building as at 30 June 2018. The revaluation was carried out by an independent Registered Valuer (CBRE Limited), which is consistent with the New Zealand Equivalent to International Public Sector Account Standard 17 Property, Plant and Equipment (PBE IPSAS 17).

Just prior to the release of the valuation report the main hospital building was identified as requiring seismic remediation to meet its service and function requirements as an IL4 building. At that time the level of remediation was unknown and therefore no revaluation or impairment adjustment has been made to the value of Wairarapa DHBs asset values as at 30 June 2018.

An updated valuation is proposed to be undertaken at the 30 June 2019 but no forecast impact has been included in the financial statements.

Strategy for disposing of assets
The DHB regularly reviews its fixed asset register, and undertakes fixed asset audits in order to dispose of assets, which are surplus to requirements. This ensures that the DHB reduces its level of capital to the minimum consistent with the supply of contracted outputs.

Disposal of Land
All land that has legally been declared to be surplus to requirements will be disposed of following the statutory disposal process defined in the Public Works Act 1991, the Health Sectors Act 1993, the New Zealand Public Health and Disabilities Act 2000, the Reserves Act 1977 and the Māori Protection Mechanism Regulations set up to fulfil the Crown's obligations under the Treaty of Waitangi.