Tairāwhiti District Health
Trading as

Hauora
Tairāwhiti

2018/19 Annual Plan

Incorporating the

2018/19 STATEMENT OF PERFORMANCE EXPECTATION

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

Hauora Tairāwhiti Annual Plan 2018/19

(Issued under Section 39 of the New Zealand Public Health and Disability Act 2000)

This document presents our Annual Plan 2018/19 (referred to as the Plan) and incorporates the 2018/19 Statement of Performance Expectations. Central to understanding this Plan, is our performance story which sets out our key outcomes (what we are trying to achieve), our impacts (our shorter term contribution to an outcome), our outputs (goods and services supplied), and our inputs (resources).

This plan should be read in conjunction with the Midland DHB Regional Services Plan.

Annual Plan (2018/19)

Gisborne: Tairāwhiti District Health Board trading as Hauora Tairāwhiti
Published in July 2018
by
Hauora Tairāwhiti
Private Bag 7001, Gisborne, 4010

This document is available on the Hauora Tairāwhiti website: http://tdh.org.nz/

Mihi

Tēnei te ara o Ranginui e tu nei, tēnei te ara o Papatuanuku e takoto nei
Tēnei te ara o Rangi raua ko Papa e takoto nei, tēnei te po nau mai te ao
Karangatia te ao kia ita, karangatia ko Tane i whakairihia i apiti ki runga, apiti ki raro
Tawhia mai i waho rarea mai i roto kia rarau te tapuwae o Tane Whakapiripiri, tu nei
Hikihiki nuku hikihiki rangi, watea tu ko te whaiao ko te ao marama
Marama ha roto ki to pia ki to uri e turuki nei e rangi
Turuturu o whiti, whakamaua kia tina, tina! Haumi e hui e taiki e!

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Ministers Letter of Approval for Annual Plan 2018/19

Hon Dr David Clark

MP for Dunedin North
Minister of Health

Associate Minister of Finance

17 DEC 2018

Mr David Scott
Chair
Hauora Tairāwhiti
david.scott@tdh.org.nz

Dear David

Hauora Tairāwhiti 2018/19 Annual Plan

This letter is to advise you I have approved and signed Hauora Tairāwhiti's 2018/19 Annual Plan for one year.

I understand your District Health Board (DHB) has planned deficits for 2018/19 and the out years. I encourage your Board to consider appropriate activities to ensure that you reduce the projected deficits in the coming years. This will require a concerted effort and I trust that you will continue to work with the Ministry to evaluate and improve your financial performance.

Production Plan is still to be confirmed, and you will work with the Ministry to resolve this.

I am aware you are planning a number of service reviews in the 2018/19 year. My approval of your Annual Plan does not constitute acceptance of proposals for service changes that have not undergone review and agreement by the Ministry. Please ensure that you advise the Ministry as early as possible of any proposals for service change that may require Ministerial approval. Approval of the Plan also does not constitute approval of any capital business cases that have not been approved through the normal process.

I would like to thank you, your staff, and your Board for your valuable contribution and continued commitment to delivering quality health care to your population, and wish you every success with the implementation of your 2018/19 Annual Plan. I look forward to seeing your achievements.

Please ensure that a copy of this letter is attached to all copies of the Annual Plan made available to the public.

Yours sincerely

Hon Dr David Clark
Minister of Health

cc: Mr Jim Green, Chief Executive, Hauora Tairāwhiti, jim.green@tdh.org.nz

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SECTION 1: Overview of Strategic Priorities

Strategic Intentions/Priorities

This Annual Plan articulates the Hauora Tairāwhiti commitment to meeting the Minister's expectations, and our continued commitment to our Board's vision of Whāia te hauora i roto i te kotahitanga - a healthier Tairāwhiti by working together.

There are four key areas of focus for Hauora Tairāwhiti for 2018/19, as agreed with the Ministry of Health. Actions to support these priorities are highlighted through Section 2 of this Plan. The areas of focus are:

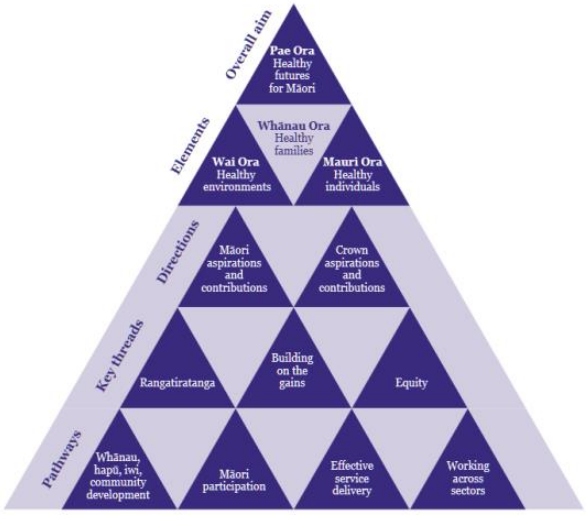
- equity
- mental health
- workforce
- financial sustainability

Treaty of Waitangi

The Treaty of Waitangi - Te Tiriti o Waitangi is New Zealand's founding constitutional document and is often referred to in overarching strategies and plans throughout all sectors. Hauora Tairāwhiti values the importance of the Treaty. Central to the Treaty relationship and implementation of Treaty principles is a shared understanding that health is a 'taonga' (treasure).

New Zealand Health Strategy

First and foremost is the updated New Zealand Health Strategy, which outlines the high level direction of the New Zealand Health system over the next 10 years along with a Roadmap of Actions. The Strategy outlines five strategic themes to ensure all New Zealanders live well, stay well and get well (People-powered; Closer to home; Value and high performance; One team and Smart system) and 27 areas for action between 2016 to 2026.



He Korowai Oranga

As New Zealand's Māori Health Strategy, He Korowai Oranga sets the overarching framework that guides the Government and the health and disability sector to achieve the best health outcomes for Māori.

The 4 pathways of the original He Korowai Oranga framework continue to tell us how to implement the strategy. These pathways are:

- supporting whānau, hapū, iwi and community development
- supporting Māori participation at all levels of the health and disability sector
- ensuring effective health service delivery
- working across sectors.

Healthy Ageing Strategy

This Strategy is designed to ensure our health system provides the care, support and treatment that older New Zealanders need and that level of care is sustainable. It has a strong focus on prevention, wellness and support for independence, recognising the importance of whānau and community in older people's lives.

UNITED NATIONS CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES

The Convention on the Rights of Persons with Disabilities is the first United Nations human rights treaty of the 21st century. The Convention makes it explicit that member countries must ensure the full realisation of all human rights and fundamental freedoms for all disabled people, on an equal basis with others, and without discrimination of any kind on the basis of disability. It will also help to ensure that mainstream services are inclusive of disabled people and delivered in non-discriminatory ways.

ALA MO'UI: PATHWAYS TO PACIFIC HEALTH AND WELLBEING 2014–2018

To facilitate the delivery of high-quality health services that meet the needs of Pacific peoples, 'Ala Mo'ui has been developed. This builds on the successes of the former plan, 'Ala Mo'ui 2010–2014. It sets out the strategic direction to address health needs of Pacific peoples and stipulates new actions, which will be delivered from 2014 to 2018.


Hauora
Tairāwhiti
Our Values and Behaviours
WHAKARĀNGATIRA
WHAT THIS MEANS
ENRICH
Enriching the health of our community by doing our very best.
THE RESULT
We take responsibility for our results
We excel in all we do
We are proud to be part of Hauora Tairāwhiti
We keep people safe
We treat people fairly
Better outcomes for all, especially those who do not do so well now
AWHI
WHAT THIS MEANS
SUPPORT
Supporting our tūroro/patients, their whānau/families, our community partners and each other.
THE RESULT
We listen to tūroro/patients and whānau/families
We involve tūroro/patients and whānau/families in decision making
People recover faster and feel better
KOTAHITANGA
WHAT THIS MEANS
TOGETHERNESS
Together we can achieve more.
THE RESULT
We work as a team
Together we perform and achieve at higher levels
We take responsibility together
Together we are resilient
Through collective thought we are more innovative
AROHA
WHAT THIS MEANS
COMPASSION
Empathy.
THE RESULT
We care for people
People want to be cared for by us
We enjoy working for Hauora Tairāwhiti and are passionate about what we do

POPULATION PERFORMANCE

The Ministry is exploring life course approaches as a way of understanding DHB population performance challenges. Therefore, DHBs are expected to identify within their Annual Plan (AP) the most significant actions they expect to deliver in the 2018/19 year to address local population challenges for the following life course groupings:

Life course group	Significant action to be delivered in 2018/19
Pregnancy	Hapū Māmā are supported to engage and access all levels of maternal services within the first trimester and throughout the course of their pregnancy.
Early years and childhood	Implementation of a Tairāwhiti Integrated Child Health Services framework from conception up to six-years of age, with children and their families at the centre thriving in their communities.
Adolescence and young adulthood	Redevelop the Youth Strategy and Action Plan for Tairāwhiti. Working with youth voice, leadership and diversity of age, need, cultural realities, locations, social and sexual orientation are key determiners of the plan and implementation.
Adulthood	Specifically addressing utilisation of health services that is amenable to change and to reversing inequity.
Older people	Hauora Tairāwhiti in 2018/19 will have completed a strategy for older persons and rehabilitation.

HE KORERO NĀ TE MANUKURA| MESSAGE FROM THE CHAIR

Kia ora koutou - This year has seen, along with a different government, a totally different approach to the formation of this Annual Plan. The new Minister Hon David Clark has driven a process which involved DHBs travelling to Wellington to discuss / debate their proposed plans and financial forecast with the Ministry of Health. For the first time ever during my time as Chair we were allowed to place a realistic budget on the table for discussion. This plan reflects the ability to have an approved financial deficit budget.

This approval allows the Chief Executive and his staff to focus more on the priorities of caring for the health of the people of Tairāwhiti and not be (as it was for the past five years) constantly concentrating on trying to achieve a non-existent non-deficit budget balance. It is my belief that the 18/19 financial year will show renewed energy and vitality by staff who will have greater freedom to design, innovate and try new methodologies and process which will benefit the people of this region.

David S Scott MNZM, JP
June 2018.

HE KORERO NĀ TE TUMUAKI| MESSAGE FROM THE CHIEF EXECUTIVE

I commend this plan as our active word to deliver on improved outcomes in health for all the people of Tairāwhiti, most especially Māori. Through this plan and the actions that result from it, we will make a measurable step forward in the elimination of health inequity for Tairāwhiti people.

Chronicled in the pages of this plan you will find innovative approaches to address health needs and to keep people well, that will be championed by a dedicated group of people working across Hauora Tairāwhiti and in the wider sector in our community. With this degree of commitment, energy, innovation and leadership, we cannot fail.

Jim Green
July 2018

SIGNATORIES

Agreement for the **Hauora Tairāwhiti** 2018/19 Annual Plan
Between

David Scott, MNZM, JP
Chair,
Hauora Tairāwhiti

Geoff Milner,
Deputy Chair,
Hauora Tairāwhiti

Jim Green
Chief Executive,
Hauora Tairāwhiti

Honourable Dr David Clark
Minister of Health

SECTION 2: Delivering on Priorities

GOVERNMENT PLANNING PRIORITIES

		NZ Health Strategy	Hauora Tairāwhiti Key Response Actions To Deliver Improved Performance		Measure
			Activity:	Milestones:	
Mental Health	Population Mental Health	One team	Tairāwhiti Hauora will continue to support Te Whare Wananga o Te Kura Huna, which is the district's new Tairāwhiti Workforce Development forum. Te Kura Huna provides wānanga on indigenous approaches, to healers, educators, artists, managers, administrators and other community members. The curriculum focusses on keeping connections alive - Oranga Whakapapa. Relationships between people, with our environment, with our past, present and future. The stories that describe these connections and relationships become the framework to deepen the totality of the student experiences that occur in the process - Mahi a Atua. The physical wellness of tangata whaiora will be maintained through the continued use of the Primary Health Care Services for People with Serious Mental Illness and Addictions. This service provides free access for tangata whaiora to primary care services across the district.	Increased awareness of this approach and integration of the forum across the health sector	PP43: Population mental health
			Tairāwhiti will recruit a prevention coordinator to pull the sector pre and post suicide intervention together to ensure that the	Coordinator in place by September 2018	Policy priorities PP26: Rising to the Challenge: The Mental Health and

	NZ Health Strategy	Hauora Tairāwhiti Key Response Actions To Deliver Improved Performance		Measure
		Activity:	Milestones:	
		resource across the district responds in a cohesive manner		Addiction Service Development Plan
		The stressors which are a precursor to mental health and addiction distress reflect the social and environmental stresses which a population faces. Hauora Tairāwhiti will work with the local interagency forum, Manaaki Tairāwhiti, during 2018/19 to create a position of action to reduce these stressors.	Agreed interagency approach to addressing mental health and addiction stressors by June 2019	PP43: Population mental health Development Plan
		Hauora Tairāwhiti will work with communities to reduce the social isolation of our youth, especially for young Māori males. This will involve making spaces more youth friendly and introducing youth specific spaces.		PP43: Population mental health Development Plan
		Hauora Tairāwhiti will set up and led an action group across Mental Health and Addiction services which will act as a cross agency support team to identify and support whanau where children of tangata whaiora have been identified.	Action Group established by Quarter 2 2018/19	PP43: Population mental health Development Plan
		Hauora Tairāwhiti will support the Government Inquiry into Mental Health and Addiction and encourage and support tāngata whaiora, whānau and other stakeholders to actively engage with the Inquiry	Respond and contribute to the inquiry	Favourable feedback from the inquiry into Te Tairāwhiti contribution to the Inquiry

	NZ Health Strategy	Hauora Tairāwhiti Key Response Actions To Deliver Improved Performance		Measure
		Activity:	Milestones:	
Mental Health and Addictions Improvement Activities	One team	**Primary care** Te Kūwatawata will become the primary point of contact for individuals and whānau suffering from mental health and addicition distress. Under Te Kūwatawata, the single point of entry team will include a secondary care clinican who will be available for first consults/wānanga	By September 2018 single point of entry criteria establish and implemented	Policy priorities PP8: Shorter waits for non-urgent mental health and addiction services for 0-19 year olds
		Community Care Feasibility plan of establishment of a single respite facility which will include addictions rehabiliation and treatment options to be considered.	Feasibility plan completed by March 2019	Policy priorities PP26: Rising to the Challenge: The Mental Health and Addiction Service Development Plan
		Increase the training opportunities across the community mental health sector to increase both capacity and quality within the sector.	Training plan for the interagency training opportunities developed by March 2019	
		Community Treatment Orders (CTOs) Review the current benefits and preceptions of benefits around being on a CTO. Once these are understood Hauroa Tairāwhiti willl look to address these benefits and preceptions to reduce the number of people on CTOs		
		Improve Crisis Team partnership model - To remove the potential for unconscious cultural bias. Ensure initial engagement and assessment on first contact with whānau is led by the cultural assessment team.	By December 2018 review of opinions on benefits and perceptions will be completed.	PP36: Reduce the rate of Māori under the Mental Health Act: section 29 community
		Review the criteria for medication funding assistance to ensure it does not include the	Plan to address how best to resolve these issues completed by March 2019	

	NZ Health Strategy	Hauora Tairāwhiti Key Response Actions To Deliver Improved Performance		Measure
		Activity:	Milestones:	
		need to be on a CTO. Utilising Te Kūwatawata to implement a reduction in the use of CTOs with new presentations. **Zero Seclusion** Zero Seclusion and reducing CTOs for Māori are both priorities in Te Ara Maioha / Te Kūwatawata 2018 -2020 Service Quality Plan. • Taking a co-design approach and building quality improvement science capability within the team. A range of strategies to be reviewed to assist the co-design approach to ending seclusion. This includes Mahi a Atua and the six core strategies (Te Pou). **Transition** Implement a project to improve transitions. Establish a Te Ara Maioha and Te Kūwatawata working group to map out current operating models and identify improvements, which will include transitions. **Substance Addiction (Compulsory Assessment and Treatment) Act 2017** • Hauora Tairāwhiti will implement the Midland Regional pathway.	Volume of CTOs and seclusion events reduced, especially for Māori. Achievement against project plans. Project group and plan established. Progress monitored	treatment orders PP36: Reduce the rate of Māori under the Mental Health Act: section 29 community treatment orders Policy priorities PP26: Rising to the Challenge: The Mental Health and Addiction Service Development Plan Policy priorities PP6: Improving the health status of people with severe mental illness through improved access

	NZ Health Strategy	Hauora Tairāwhiti Key Response Actions To Deliver Improved Performance		Measure
		Activity:	Milestones:	
	Value and high performance		From July 2018 all individuals who fall under the act follow the agreed Midland Regional pathway	Policy priorities PP7: Improving mental health services using wellness and transition (discharge) planning.
Addictions		Hauora Tairāwhiti will work with Corrections and other referrers to Addiction Intervention Services to improve the referral process to ensure that those referred to addiction intervention services are those at a stage in their addiction where services can assist their recovery.	By September 2018 referral criteria are agreed by both referrers and service providers. Improvement of waiting times for all population groups to services	Policy priorities PP8: Shorter waits for non-urgent mental health and addiction services for 0-19 year olds

		NZ Health Strategy	Hauora Tairāwhiti Key Response Actions To Deliver Improved Performance		Measure
			Activity:	Milestones:	
Primary Health Care	Access	Closer to home	Hauora Tairāwhiti will ensure that at least 95% of children 14 and under, who are eligible will have zero fee access to primary care. Hauora Tairāwhiti will maintain • Zero Fee access to general practice during regular hours within 30 minutes travel time (including exemption from the standard $5 charge on prescription medicine items) • Zero Fee access to after-hours care within 60 minutes travel time. This includes general practice services and prescriptions. Hauora Tairāwhiti will also ensure that the information on the fee structure within primary care is widely available by ensuring Primary Health Organisations, Primary Health Centres, Emergency Department and the District Health Board all publicising this information on various formats. All primary care practices in Tairāwhiti are very low cost access practices and while Hauora Tairāwhiti will watch with interest the implementation of CSC initiatives across the country we will continue to support local practices maintaining VLCA status and any other additional local initiatives which maintain or reduce access fees to primary care.	Quarterly review across various formats to ensure that fee structures, especially in relation to those 14 and younger, are widely available.	PP22: Delivery of actions to improve system integration including SLMs

	NZ Health Strategy	Hauora Tairāwhiti Key Response Actions To Deliver Improved Performance		Measure
		Activity:	Milestones:	
Integration		Hauora Tairāwhiti is committed to working in partnership with a variety of stakeholders. Current arrangements Hauora Tairāwhiti is engaged in are **Regional** **Regional PHO Alliance** with Pinnacle PHO and Tairāwhiti, Waikato, Lakes and Taranaki District Health Boards. **Midlands United Regional Integration Alliance Leadership (MURIAL)** – Membership includes all the region's PHOs and DHBs. MURIAL is a strategic leadership partnership although not a formalised 'Alliance'. It is led by the Hauora Tairāwhiti CE and includes DHB/ PHO/ NGO/ consumer leaderships across the Midland Region health sector and agrees high level direction for local alliances. Principle focus is a Child Health Project. **Local** **Te Tukutahi** consists of the Hauora Tairāwhiti, Ngāti Porou and Pinnacle PHO CEs. They have a shared work plan and have oversight of the following working groups: • Flexible Funding Pool Primary Care Reconnection Pathway through Emergency room attendees • Flexible Funding Pool • Demand Management • System Level Measures	All alliances are regular and ongoing with set terms of reference and reporting mechanisms	PP22: Improving system integration and SLMs

NZ Health Strategy	Hauora Tairāwhiti Key Response Actions To Deliver Improved Performance		Measure
	Activity:	Milestones:	
	A staged approach to have 'Mahi Tahi' (working together) programmes for: children, youth, mental health, older peoples, long term conditions and community pharmacy.	Implementation of the specific groups will begin in quarter 1 2018/19.	PP22: Improving system integration and SLMs
	An expansion to our revised local alliances Te Tukutahi, to include community pharmacy, Aged Residential Care, Home Care Support Services, Dental, as these areas are further engaged with each other. Over the last year together, including local PHOs, we have agreed to work on: • Health Care Home – Model of Care – nurse led clinics, development of support teams, expansion of Winter 18 programmes of respiratory, diabetes, cardiac • Self-Management – PHO partnership with DHB and Community leadership, agreed programmes between parties • Sexual Health Service – further expand access to services to provide tools to youth population • New entry into Primary Care is proposed to include how we build more Nurse Practitioners • Nurse Prescribers and more engagement with community pharmacy.	Implementation by quarter 4 2018/19.	

NZ Health Strategy	Hauora Tairāwhiti Key Response Actions To Deliver Improved Performance		Measure
	Activity:	Milestones:	
	New-born Enrolments Hauora Tairāwhiti during 2018/19 will		
	• Engage with maternity, primary care and well child providers to map current new-born enrolment process	By quarter 2	SI22 – Systems Implementation
	• Obtain agreement and preferred option for new-born enrolment process.	By quarter 2	
	• Engage with wider stakeholders at café style consultation to test preferred option.	By quarter 2	
	• Implement agreed option.	By quarter 3	
	• Review implementation.	By quarter 4	

	NZ Health Strategy	Hauora Tairāwhiti Key Response Actions To Deliver Improved Performance		Measure
		Activity:	Milestones:	
System Level Measures	Value and high performance	Partners within Te Tairāwhiti will agree a data sharing according initially around the "ASH frequent flyer" list; we will also explore financial support to provide resources to promote.	Quarter 1 2018/19 for data sharing Quarter 1 2018/19 plan to implement dental resources across primary care.	PP22: Improving system integration and SLMs
		Te Tairāwhiti will implement the WIN18 programme to address the social supports for those individuals identified with respiratory conditions that have present more than 5 times to the emergency department during a 6 month period.	Quarter 1 2018/19 plan implemented Quarter 3 2018/19 programme reviewed	
		Hauora Tairāwhiti will support primary care partners to increase primary options for acute care for individuals diagnosed with either DVT or cellulitis. This programme will be aimed specifically at Māori.	Programme will be implemented by quarter 2 2018/19 in.	
		Te Tairāwhiti partners will jointly implement an ED reconnection programme; this programme will focus on increasing availability of influenza vaccinations through community pharmacy to over 65s and pregnant women, with a focus on Māori.	Quarter 3 2018/19 programme implemented for the 2019 flu season.	
		Primary Options for Mental Health and Addictions services to support the transition of people out of the acute Mental Health ward will be expanded.	Quarter 2 2018/19 expansion plan agreed Quarter 3 2018/19 plan implemented	

NZ Health Strategy	Hauora Tairāwhiti Key Response Actions To Deliver Improved Performance		Measure
	Activity:	Milestones:	
	Hauora Tairāwhiti will support the local managing demand group to improve the pathway of care to reduce acute bed days	Quarter 2 2018/19 plan implemented	PP22: Improving system integration and SLMs
	Te Tairāwhiti partners will support the implementation of Primary Care Patient Experience Survey within all primary healthcare providers.	Quarter 3 2018/19 plan implemented Quarter 4 2018/19 review of response and regular monitoring programme agreed.	
	Hauora Tairāwhiti will provide additional workforce support to its Emergency Department to ensure alcohol-related presentations data is being captured accurately. We will refine the reporting to ensure youth contact is discernible.	Quarter 2 2018/19 accurate and comprehensive data on alcohol related presentation being reported	
	Tairāwhiti will implement a smoking brief advice and referral linkage service through Tairāwhiti community pharmacies	Quarter 2 2018/19 pathway will be implemented	
	Hauora Tairāwhiti will advocate for the Ministry of Health and PHO's to work with Karo and Well Child Tamariki Ora providers to ensure data collection, collation and flows are accurate.	Continued advocacy for the improvement in current collection and sharing of well child information	

		NZ Health Strategy	Hauora Tairāwhiti Key Response Actions To Deliver Improved Performance		Measure
			Activity:	Milestones:	
	CVD and diabetes risk assessment	One team	Te Tairāwhiti will focus on improving identification of people at risk of developing diabetes or CVD related conditions. This will be achieved through improvement in the districts CVD rates. We acknowledge an overall drop since target recorded. We will work with PHO and Population health team to promote and do. This work will focus mainly on Māori.	Continuously across 2018/19	PP20: Improved management for long term conditions (CVD, Acute heart health, Diabetes, and Stroke)
			PHO partners will sign up to ensure all primary health care centres proactively recall people with diabetes at a minimum annually for a review of their health.	Quarter 4 2018/19 review of response and regular monitoring programme agreed.	
			Te Tairāwhiti will establish a diabetes leadership group and virtual diabetes register for the sharing of information across the sector.	Quarter 2 2018/19 leadership group established Quarter 4 2018/19 Virtual diabetes register implemented	
			Te Tairāwhiti will establish an acute chest pain pathway within general practise.	Quarter 2 2018/19 pathway established	
			Work is now occurring with PHOs to ensure the Flexible Funding Plan (FFP) has appropriate focus on Planning for the population of people with diabetes. The FFP plan for the 18/19 year will feature the exploration and implementation of self-management programmes, development of Nurse led clinics looking at Diabetes and increased focus on education support for prescribers.	Quarter 1 2018/19 Flexible funding plan's will be agreed by all partners	

	NZ Health Strategy	Hauora Tairāwhiti Key Response Actions To Deliver Improved Performance		Measure
		Activity:	Milestones:	
Pharmacy Action Plan	One team	From 1 October 2018 the contracting framework will change to enable the development of patient-centric services and local DHB commissioning for integrated pharmacist services to meet population needs. Delivering the Integrated Community Pharmacy Services Agreement (ICPSA) vision will take time, and it is anticipated the vision will be delivered by 2020-2025. We will work towards different contracting arrangements for the provision of community pharmacist services by working with consumers and other stakeholders within the framework of the new contract to develop and agree local service options, including potential options for consumer-focused pharmacist service delivery, with wider community- based inter-disciplinary teams. A range of activities involving community pharmacists can be seen in the systems integration part of the plan, these include • Increasing influenza vaccination programme provided to over 65's in the community pharmacy setting through the ED reconnection programme • As part of the Tahi Mahi programme there will be increased connectivity between community pharmacies and prescribers across the district	New ICPSA signed by local pharmacists by 1 October 2018 Programme in place for the 2019 flu session Quarter 3 implementation of the Mahi Tahi groups will start in quarter 1	PP22: Delivery of actions to improve system integration including SLMs

		NZ Health Strategy	Hauora Tairāwhiti Key Response Actions To Deliver Improved Performance		Measure
			Activity:	Milestones:	
Child Health	Child Wellbeing	Value and high performance	A child and whānau centred approach will drive all planned Hauora Tairāwhiti child health services. The integration process which has a clear equity focus will draw on the Tairāwhiti specific service models such as *E Tipu E Rea, Te Hiringa Matua and Mokopuna Ora Plan.* The priorities, values, and outcomes for these services target whānau with identified needs. Links with Well Child Tamariki Ora services and Quality Improvement ensures that universal checks are provided to all tamariki within Tairāwhiti. Paediatric Outpatient service implement model to utilising clinical nurse to connect whanau to outpatient services. We envision this improvement will improve equity, access and responsiveness of services to service need	Provide strategic Mahi-Tahi Tamariki "working together" quarterly forums with key child health leaders and informants to guide service planning and implementation Undertake the quality improvement programme for WCTO services to in include current year priorities which include increasing breastfeeding, eliminating SUDI, implement SLM – babies living in smokefree homes, and improving immunisation rates at 8months Outcomes Evaluation of the E Tipu E Rea Service - coordination, hub functionality, stakeholder engagement and whānau outcomes. Implemented by quarter 2 Evaluation by quarter 4	Policy priorities PP37: Improving breastfeeding rates SI13: SLM Babies living in smokefree homes Quarterly reporting against each measure by reviewing percentage and whanau stories. Final report to Board in Q4 Report on implementation to Board in Q4
	Maternal Mental Health Services (activities are linked to Maternity Quality and Safety Programme)	Closer to home	Hauora Tairāwhiti commits to a stocktake of maternal mental services currently funded by the DHB. There is no specific funding within Tairāwhiti for primary maternal mental health services. Hauora Tairāwhiti will work with the MoH and local PHOs to try to identify from the wider primary health mental health service the number of people requiring primary maternal mental health services.	By quarter 2 the findings/stocktake and service mapping included in project scope of larger review work By quarter 4 the stocktake and service mapping completed. Which will inform and be included within the scope for the review of all Mental Health services for Tairāwhiti to be undertaken in By quarter 4 Action plan developed in conjunction with the two PHO's Ngāti Porou Hauora, Te Hiringa Matua and Pinnacle Midlands Health Network, LMC, Mental Health services & Te Kūwatawata	Quarterly reporting against agreement 350633 Annual report against Maternity quality safety programme

	NZ Health Strategy	Hauora Tairāwhiti Key Response Actions To Deliver Improved Performance		Measure
		Activity:	Milestones:	
Supporting Health in Schools	One team	Undertake review of current GP – Primary care service within current secondary schools in Gisborne. Review will consider how Redevelop a service that is 'Youth-centred', identifies the diversity of need and extends to include those schools in rural and coastal communities, and integrates the Mahi-a-Atua wānanga approach Te Kūwatawata service has implemented with schools.	Quarter 2 2018/19 review completed Quarter 3 2018/19 new service implemented	PP39: Supporting Health in Schools
School-Based Health Services (SBHS)		Hauora Tairāwhiti will undertake a stocktake of health services in public secondary schools. Through Mahi Tahi Rangatahi, Tairāwhiti will begin the process of developing an implementation plan to support the local youth health strategy. This plan will prioritise Māori and rural population across all secondary, area, kura tuarua and alternate schools in Tairāwhiti.	Quarter 2 2018/19 stocktake completed Quarter 4 2018/19 implementation plan developed and implementation started	PP39: Supporting Health in Schools
Immunisation		Within Te Tairāwhiti we will work as one team across all immunisation providers, this activity will be lead through Mahi Tahi Tamariki. Mahi Tahi Tamariki is the local integrated leadership group which incorporates DHB, PHO and other community partners with a specific focus on equity for Māori. This collaborative network will focus on • developing joined up multi-disciplinary team approach to current barriers which is delaying immunisation pre 8 months and persistent decliners.	Mahi Tahi Tamariki established by Quarter 1 2018/19 Membership, Priorities and TORs confirmed by Quarter 2 Regular MDT monthly meetings underway by Quarter 3 Quarter 3 2018/19 MDT approach agreed and implementation started Quarter 3 2018/19 communications plan	PP21: Immunisation coverage

		NZ Health Strategy	Hauora Tairāwhiti Key Response Actions To Deliver Improved Performance		Measure
			Activity:	Milestones:	
			• A communication plan for the districts immunisation services to improve health literacy for work force and whānau	developed	
			• Short term additional Outreach Immunisation Service support was trialled in late 2017/18. We will evaluate the impact of this additional intervention on immunisations across the district.	Evaluation report completed by end of December 2018	
	Childhood Obesity		**Raising Health Kids** – community based initiatives for 2- 5 year olds with referral pathway based on B4SC Healthy Growth assessment via primary care. Programme embodies whānau ora to include whole of whānau aspirational health and wellbeing goals, ensuring the environment the child comes from changes around them at the same time.	Quarter 1 Models in place Quarter 3 – 4 Evaluation underway	Qualitative & Quantitative data received. Analysis informing ongoing work. Evaluation completed
			School based services – Population health services continue to promote healthy eating and healthy activities in primary and intermediate school settings		
			Population Health – promotion of nutrition and physical activity for rangatahi using purakau including Kai Atua connecting with the whenua, awa/moana, ngahere. Aē to WAI (Yes to Water), Hikoi tōu maunga (Climbing your mountains), Restoring our waterways and Eco-systemsas this is when their independence is emerging and their choices and decisions about all things in life	Q1 – Q2 Engagement and planning with communities Q3 – Q4 Projects underway	Community plans developed Bi-monthly hui: Monitoring and reporting informing projects.

		NZ Health Strategy	Hauora Tairāwhiti Key Response Actions To Deliver Improved Performance		Measure
			Activity:	Milestones:	
System Settings (both Māori and Pacific focussed equity actions are expected in this priority area)	Strengthen Public Delivery of Health Services	Value and high performance	Hauora Tairāwhiti will strengthen public delivery of health services by progressing the following new service developments – • A local cardiology service to support local health care services address the inequity gaps which current exist within the district due to distance and isolation. • Review the current model of care for chronic pain for people that have been seen by multiple clinical services. A pathway will be designed for these people which provides the right service level and mix going forwards at a sustainable price • Review the existing system flow for retinal screening and look to implement a service design which simplifies the current system for both people and referrers while also improving the coverage of this service to the local population with diabetes. • Review rehabilitation services and options which exist across Tairāwhiti	Implemented by Quarter 2 2018/19 Review by Quarter 2 2018/19 Pathway by Quarter 4 2018/19 Review by Quarter 2 2018/19 Implementation by Quarter 4 2018/19 Preliminary review by Quarter 4 2018/19	SI16: Strengthening Public Delivery of Health Services
	Shorter stays in emergency department		Activities Implemented by the Hauora Tairāwhiti will • Review ED reporting systems to enable equity reporting to inform opportunities for improvement. Following review activities where improvements have been identified will have a planned implementation	Review by Quarter 3 2018/19 Implementation started Quarter 4 2018/19	

	NZ Health Strategy	Hauora Tairāwhiti Key Response Actions To Deliver Improved Performance		Measure
		Activity:	Milestones:	
	Value and high performance	• Implement opportunistic screening and referral for outreach immunisation where possible.	Implemented by Quarter 2 2018/19	
		• Undertake initial assessment of potential for implementation of snomed coding of Ed presentations.	Implemented by Quarter 3 2018/19	
		• Review and strengthened pathways and partnership with mental health services for those patients presenting with health needs in both physical and mental health. Following review activities where improvements have been identified will have a planned implementation	Review by Quarter 2 2018/19 Implementation started Quarter 3 2018/19	
Access to Elective Services		Hauora Tairāwhiti DHB will utilise National Prioritisation tools to support a reduction in variation in prioritisation to improve equity.	Stocktake of prioritisation tools completed by Quarter 2 2018/19.	SI4: Standardised Intervention Rates
		Hauora Tairāwhiti DHB will monitor the timeliness of patient's access to services and treatment and address barriers that impact on meeting the four month timeframes for assessment and treatment.	Complete by Quarter 4 2018/19	OS3: Inpatient Length of Stay (Electives) Electives and Ambulatory Initiative Elective Services Patient Flow Indicators
		Hauora Tairawhiti will deliver against the agreed volume schedule for our planned surgical discharges by maximising capacity in all areas of the DHB e.g. clinic based, primary care and theatre.	2,568 publicly funded elective and arranged discharges for people living within Hauora Tairāwhiti by 30 June 2019.	Number of Elective Discharges

	NZ Health Strategy	Hauora Tairāwhiti Key Response Actions To Deliver Improved Performance		Measure
		Activity:	Milestones:	
Cancer Services	One team	**Models of care** During 2018/19 Hauora Tairāwhiti will open Kahikatea, the new Medical Day Unit, this will improve the integration of visiting and local specialist services and improve workflow, increasing the effectiveness of diagnosis, care and treatment for people with cancer.		
		In response to the inequity of access to clinical nurse specialists either by tumour type or treatment pathway, Hauora Tairāwhiti will reconfigure current roles to increase the number of cancer care nurses available from 1 to 3.	By September 2018 service will be reconfigured to enable increased access to clinical nurse specialists for those tumours and pathways which the Midland Regional Networks reports indicate require increased access.	PP30: Faster cancer treatment
		Equity Increasingly utilise the Midland Regional Network reporting to screen for inequities to cancer treatment. Specific inequities reported on include ethnicity/rurality/socioeconomic and sex. Where an inequity exists' a plan to resolve this inequity will be instigated.	By July 2019 an improvement in the equity of coverage in the Midland Regional Networks reporting	PP30: Faster cancer treatment
		Through the Male Survivorship programme we will provide increased opportunities for men to engage across all tumour streams. Support the local development of an exercise programme for prostate cancer.	By March 2019	PP30: Faster cancer treatment
		Lung Cancer Hauora Tairāwhiti will continue to work with its tertiary cancer centre (Waikato DHB) to improve access and equity to treatment options for those diagnosed with lung cancer.	By June 2019 an improvement in the treatment time and survivorship of the people of Te Tairāwhiti diagnosed with lung cancer.	PP30: Faster cancer treatment

NZ Health Strategy	Hauora Tairāwhiti Key Response Actions To Deliver Improved Performance		Measure
	Activity:	Milestones:	
	Hauora Tairāwhiti will also continue to work and support the faster cancer treatment early detection of lung cancer		
	Prostate Cancer Scope the current pathway to treatment, as access to this tumour stream is currently showing levels below those achieved in other streams.	By June 2019 improved	PP30: Faster cancer treatment
	Hauora Tairawhiti will support the local rollout of the regional prostate decision support tool for Primary Care; this tool will improve the quality of the referral pathway into specialist services.	By quarter 4 2018/19 decision support tool implemented	
	Work with visiting specialist team from tertiary cancer centre to improve availability of clinics for prostate cancers	By Quarter 4 2018/19 Tairāwhiti will be prepared for the implementation of the Bowel Screening programme across the District in early 2019/20	
	Bowel Screening Hauora Tairāwhiti will continue its preparation for the implementation of the Bowel Screening programme during 2019/20.	First draft by Quarter 2 2018/19, with the final CE signed version by Quarter 3 2018/19.	PP30: Faster cancer treatment
	Hauora Tairāwhiti to provide MoH with the phase one information to support the Ministry of Health Business Case	By December 2018 a pathway for clinical nurse specialist to develop to nurse practitioner will be developed for implementation in 2019.	
	Workforce Hauora Tairāwhiti will support the development of a Cancer Care Nurse Practitioner		

	NZ Health Strategy	Hauora Tairāwhiti Key Response Actions To Deliver Improved Performance		Measure
		Activity:	Milestones:	
Healthy Ageing		**Models of care** Hauora Tairāwhiti is developing a local health of older persons and rehabilitation service. This service will have to address how we provide services to a growing older population which will be increasingly diverse. Within the next 5 years 1/3 of the over 65 population is likely to be Māori	Service developed by 31 December 2018,	PP23 Delivery of actions to improve Wrap Around Services for Older People
		This strategy will enable the district to move to: • a responsive HBSS model integrated with the provider arm post discharge	HBSS models across country reviewed by 31 December 2018	
		• Integrate HOPS and Rehab in model	New HBSS model plan developed ready for implementation by 30 June 2019	
		• Review Mental Health of the older person service for east coast patients	Mental health of older persons service in place by 30 October 2018	
		• Pilot Te Ara Whakapiri end of life cares in medical ward of hospital	Six month pilot completed and evaluated by 28 February 2019	
		Delirium • Increase the number of staff trained in the diagnosis and care of people with delirium by 20%	20% increase in staff trained in delirium care by 30 June 2018	PP23 Delivery of actions to improve Wrap Around Services for Older People
		Reduce falls and injuries from falls • Increase the number of falls screening assessments to 20% of the older population	20% increase in falls screening assessments by 30 June 2019	PP23 Delivery of actions to improve Wrap Around Services for Older People
		• Monitor volumes quarterly of the falls programme	10% increase in people attending strength and balance classes by 30 June 2019	
		• Falls nurse, Nurse Practitioner and GP liaison to promote and support practices	10% Reduction in falls in aged care by 30 June 2019	
		• Fracture liaison service in primary and secondary care established	Fracture liaison first assessments completed by 1 October 2018	

		NZ Health Strategy	Hauora Tairāwhiti Key Response Actions To Deliver Improved Performance		Measure
			Activity:	Milestones:	
		One Team	• Continue to monitor hip fracture registry (ANZHFR) **Advance care planning/EPOA** • Five community providers funded and supported to promote ACP in the community • Train the trainer ACP training • Explore strategies to increase EPOA discussions pre-discharge **Acute Demand** • Reduced readmissions through appropriate management of inpatient stay and transfer of care • Utilise InterRAi data to identify the potential for acute demand for over 75 • Increase use of CRT (community response team) in primary care to reduce presentations to ED	200 conversations and 20 completed ACPs by 30 June 2019 ACP Train the trainer training completed by 30 October 2018 Send one person to serious illness conversation training by 31 November 2018 5% reduction in ED presentation for those over 75 10% increase in referrals to CRT from primary care	PP23 Delivery of actions to improve Wrap Around Services for Older People PP23 Delivery of actions to improve Wrap Around Services for Older People
	Disability Support Services		Hauora Tairāwhiti commits to develop an e-learning training platform for front line staff and clinicians by the end of quarter 2 2018/19 that provides advice and information on what might be important to consider when interacting with a person with a disability.	Hauora Tairāwhiti commits to reporting on the percentage of staff that have completed the training by the end of quarter 4, 2018/19.	
	Improving Quality	Value and high performance	Hauora Tairāwhiti will look to reduce variations in equity for people with diabetes across the district identified in the Atlas of Healthcare Variation. These include • Improving retinal screening coverage specially focusing on improvements in		Quarterly Board reporting

NZ Health Strategy	Hauora Tairāwhiti Key Response Actions To Deliver Improved Performance		Measure
	Activity:	Milestones:	
	ethnicity and rurality. This will be achieved through the retinal screening service assessment and improved pathway.		
	• The local diabetes leadership group will be focusing on increasing the monitoring of HbA1C across the district. This new group will be composed of community, primary, secondary and other NGO representations.	Quarter 3 2018/19 group established and work plan established Quarter 4 local diabetes leadership group will receive report on those individuals who have not received a regular HbA1c in the last 12 months	
	Hauora Tairāwhiti will host a café session with a focus on quality to identified solution based initiatives to increase the patients voice in service provision, improve communication across the sector, speaking up for quality and discharge planning. This session will inform activity plan for 2018/19 and be basis of 2019/20 plan.	Quarter 2 2018/19 café session Quarter 3 2018/19 activities plan	
	As Tairāwhiti scores are all similar in the patient experience as measured by the Health Quality & Safety Commission's national inpatient experience surveys, we will look to improve on all components of this survey.		
	Hauora Tairāwhiti will continue to work to improve service delivery around our Quality Plan. Our initial focus will be on care plans and assessment and discharge planning		
	Hauora Tairawhiti will continue to roll out consumer involvement in care which sees consumer representation at Clinical Governance.	Monthly consumer representation at Clinical Governance.	

	NZ Health Strategy	Hauora Tairāwhiti Key Response Actions To Deliver Improved Performance		Measure
		Activity:	Milestones:	
Climate Change		Hauora Tairāwhiti will undertake to establish a baseline measure of greenhouse gas emissions from its sites from Environmark's CEMARS (Certified Measurement and Reduction Scheme) to enable the DHB to establish and set realistic carbon emission targets for future monitoring	Pricing completed by September 2018 and put to Board for review Reported implement by March 2019	
		Hauora Tairāwhiti will continue to replacement general purpose fleet vehicles with electric vehicles as replacements are required	Replacement as vehicles reach end of life	
		From July 2018 Hauora Tairāwhiti will require all product suppliers to provide an environmental impact statement and ensure priority is given to environmentally responsible products and suppliers.	From July 2018	
		Hauora Tairāwhiti will develop a Sustainability Plan which will include targets for greenhouse gas emission reduction.	Plan by December 2018, staged and timeline.	
Waste Disposal		Hauora Tairāwhiti will undertake a stocktake to identify activity/actions to support the environmental disposal of hospital and community (eg, pharmacy) waste products (including cytotoxic waste)	Review completed by December 2018	PP41 Waste disposal
		Hauora Tairāwhiti has recently established a waste management review to develop more sustainable waste management processes on all its campuses to identify work streams and implement waste reduction actions	Review completed by December 2018	

	NZ Health Strategy	Hauora Tairāwhiti Key Response Actions To Deliver Improved Performance		Measure
		Activity:	Milestones:	
	Value and high performance	Hauora Tairāwhiti will extend its current PVC recycling programme for single-use PVC plastics across the hospital	Whole wide programme established by September 2018	
		Hauora Tairāwhiti will undertake an audit to review and improve logistical issues for waste storage and on site collection processes and hardware; this will include baling, compacting, processing options.	Audit completed by December 2018 Recommendation implementation will start March 2019	
		Hauora Tairāwhiti will measure and establish baseline waste volumes by category including medical, general, paper and set waste reduction targets for outward years.	Baseline established by end September 2018. Reduction target established by March 2019	
		Hauora Tairāwhiti will eliminate the use of single use non compostable cutlery, straws and plastics bags	By December 2018 single use items will be biodegradable	
Fiscal Responsibility		Hauora Tairāwhiti commits to deliver best value for money by managing our finances in line with the Minister's expectations. This will be achieved by • The establishment of a local cardiology service which will reduce out of district flows and associated travel and accommodation expenses	Local service established by Quarter 2 2018/19	
Delivery of Regional Service Plan	One team	In addition to those activities outlined in the Midland Regional Services Plan 2018/19 and a part of Midland Region District Health Boards Hauora Tairāwhiti in 2018/19 will • Implement the eliminating Hep C by 2030	By Quartere4 2018/19 10% of the expected 626 individuals with Hep C across the district will receive treatment.	

	NZ Health Strategy	Hauora Tairāwhiti Key Response Actions To Deliver Improved Performance		Measure
		Activity:	Milestones:	
		programme of work • The local implementation of the Midland Regional Alliance Leadership Meeting (MURIAL) work programme to improve child health outcomes from pregnancy through to the first year of life. This work programme is strongly community and primary care focused • Continued utilisation of TRENDLY to monitor Māori health outcomes **Mental Health & Addiction** • Eating Disorders - Implementation of EDS Model of Care • Substance Abuse Legislation - Implementation of SACAT Model of Care • National MH Inquiry - Implement recommendations from the Inquiry report • Health Equity for Maori - Working with GMS Maori to develop Equity framework • Workforce Capacity and Capability - Provide regional and local support to the Quality Safety & Health Commission projects **Midland Trauma System -** Build of the TQUAL relational platform Stage 2 **Hauora Tairawhiti** will also • Participate in the implementation of national guidelines and pathways for the	Establishment of clinical resources within the local community child health care services hub by Quarter 1 2018/19. Service level agreements in place by Quarter 4 Local model of care developed and implemented by Quarter 4 Regional agreements are decided and projects are put into place by Quarter 4 Agreed equity measures are in place for MH&A by Quarter 4 Implement consistent pathways for the Zero Seclusion and Transition projects by Quarter 4 By Quarter 3 TQUAL stage 2 fully functional Hauora Tairāwhiti will continue to contribute to regional groups and will work towards meeting implementation for guidelines and pathways	

	NZ Health Strategy	Hauora Tairāwhiti Key Response Actions To Deliver Improved Performance		Measure
		Activity:	Milestones:	
		management of age related Macular degeneration and Glaucoma • Participate in the development and implementation of regional pathways in line with national guidelines for plastic and reconstructive service particularly breast. • Contribute to the regional stocktake of DHB access vascular ultrasound and compete gap analysis of access against national guidelines. • Participate in audit of current coding practices with a view to improve coding quality and accuracy in vascular cases. • Participate in the review of health pathways for vascular services • Participate in the improvement of regional auditing and benchmarking for all these services.		

FINANCIAL PERFORMANCE SUMMARY

PROSPECTIVE STATEMENT OF FINANCIAL PERFORMANCE (comprehensive income) for the years ending 30 June 2018 to 30 June 2022

Statement of Comprehensive Income	2016/17	2017/18	2017/18	2018/19	2019/20	2020/21	2021/22
	Audited Actual	**Forecast**	**Plan**	**Plan**	**Plan**	**Plan**	**Plan**
	$000	**$000**	**$000**	**$000**	**$000**	**$000**	**$000**
REVENUE							
Ministry of Health Revenue	168,794	181,172	180,806	185,132	190,686	196,406	202,299
Other Government Revenue	2,966	3,033	2,608	5,642	5,812	5,986	6,165
Other Revenue	3,338	3,357	839	3,224	3,320	3,420	3,523
Total Revenue	**175,098**	**187,562**	**184,253**	**193,998**	**199,818**	**205,812**	**211,987**
EXPENDITURE							
Personnel	65,547	69,467	66,369	76,583	78,881	81,247	83,684
Outsourced	7,280	8,298	6,064	6,393	6,553	6,717	6,885
Clinical Supplies	14,437	15,385	13,708	15,773	16,080	16,393	16,712
Infrastructure and Non Clinical	9,941	9,391	10,437	9,732	9,910	10,092	10,277
Payments to Non-DHB Providers	78,784	85,756	81,780	88,897	91,117	93,387	95,708
Interest	463	98	121	101	103	106	109
Depreciation and Amortisation	3,055	3,183	3,233	3,341	3,424	3,510	3,597
Capital Charge	1,684	2,422	2,541	2,678	2,745	2,813	2,884
Total Expenditure	**181,191**	**194,000**	**184,253**	**203,498**	**208,813**	**214,265**	**219,856**
Other Comprehensive Income	36	0	0	0	0	0	0
Revaluation of Land and Building	0	-2,315	0	0	0	0	0
Total Comprehensive Income/(Deficit)	**-6,129**	**-6,438**	**0**	**-9,500**	**-8,995**	**-8,453**	**-7,869**

Prospective financial performance by output class for the years ending 30 June 2018 to 30 June 2022

Prospective Summary of Revenues and Expenses by Output Class	2017/18	2018/19	2019/20	2020/21	2021/22
	Forecast	**Plan**	**Plan**	**Plan**	**Plan**
	$000	**$000**	**$000**	**$000**	**$000**
Prevention					
Total Revenue	$8,567	$5,414	$5,576	$5,743	$5,915
Total Expenditure	$8,861	$5,679	$5,827	$5,979	$6,135
Net Surplus / (Deficit)	-$294	-$265	-$251	-$236	-$220
Early Detection					
Total Revenue	$46,865	$48,381	$49,832	$51,327	$52,867
Total Expenditure	$48,473	$50,750	$52,075	$53,435	$54,831
Net Surplus / (Deficit)	-$1,609	-$2,369	-$2,243	-$2,108	-$1,964
Intensive Assessment & Treatment					
Total Revenue	$108,279	$117,382	$120,904	$124,531	$128,267
Total Expenditure	$111,996	$123,130	$126,346	$129,645	$133,030
Net Surplus / (Deficit)	-$3,717	-$5,748	-$5,443	-$5,115	-$4,763
Rehabilitation & Support					
Total Revenue	$23,851	$22,821	$23,506	$24,211	$24,937
Total Expenditure	$24,669	$23,939	$24,564	$25,205	$25,863
Net Surplus / (Deficit)	-$819	-$1,118	-$1,058	-$994	-$926
Consolidated Surplus / (Deficit)	**-$6,438**	**-$9,500**	**-$8,995**	**-$8,453**	**-$7,873**

SECTION 3– Whirihoranga Ratonga | Service Configuration

RATONGA ROHE | SERVICE COVERAGE

All DHBs are required to deliver a minimum of services, as defined in the Service Coverage Schedule, which is incorporated as part of the Crown Funding Agreement under section 10 of the New Zealand Public Health and Disability Act 2000, and is updated annually.

Responsibility for service coverage is shared between DHBs and the Ministry. DHBs are responsible for taking appropriate action to ensure that service coverage is delivered for their population, including populations that may have high or different needs such as Māori, Pacific and high-needs groups. Hauora Tairāwhiti may, pursuant to section 25 of the New Zealand Public Health and Disability Act 2000, negotiate and enter into, or amend any current agreement for the provision or procurement of services.

Hauora Tairāwhiti is not seeking new any formal exemptions to the Service Coverage Schedule in 2018/19, continuing those that have been agreed in prior years.

Our plan is to deliver services that are closer to home and that benefit our community and population as a whole. Changes to services are always carefully considered, not only for the benefits they can bring, but also the impact they may have on other key stakeholders.

All service reviews/changes with likely material impacts must be/are signalled to the Ministry of Health (MoH) for an opinion about whether or not they can or should be actioned. Ultimately, if the impact is significant, consultation with key stakeholders, including our community, may be required before Ministerial approval is given.

HURI RATONGA | SERVICE CHANGE

The following services have been highlighted to the MoH as potential areas of service change.

Description of change	Benefits of change	Change due to Local, regional or national reasons?
Tamariki *Healthiest, Happiest children in the world* Hauora Tairāwhiti is reviewing child health services with the aim of providing a tamariki hauora service which meets the needs of the children most at risk of not achieving their potential in our communities through providing the highest quality integrated care as close to the whānau as possible.	Reduce disparities, improved access, reduced cost, earlier intervention, improvement of long term outcomes	Local
Health of Older People Services for older people in our community can be fragmented and do not always provide a consistent quality service across different disciplines. A one team approach to service provision will increase the effectiveness of delivery and ensure older people maintain their independence and functionality for as long as possible.	Improved outcomes, increased quality, improved access and reduced cost	Local
Rehabilitation In conjunction with the health of older people change we will be setting out a new way of working within rehabilitation services. It is expected that this change will see more services delivered closer to the people requiring them.	Improved outcomes, increased quality, improved access and reduced cost	Local
Health of Older People – Home Care Support Services Hauora Tairāwhiti is locally looking to procure a new approach to home care support services. During the 2018/19 we will	Improved outcomes, increased quality and improvement of long term outcomes.	Local

begin the process of integrating clinical services into the provision of home care support services.		
Cardiology Services Hauora Tairāwhiti will during 2018/19 implement a local Cardiology service led by a Cardiologist. This implementation will improve a number of flows which, due to distance and isolation, have seen inequity of service to the people of Tairāwhiti. It will also have a strong focus to support primary care and other community based providers.	Reduce disparities, improved access, reduced cost, earlier intervention, improvement of long term outcomes	Local
Pain Intervention Service Provision of a service to the people of Tairāwhiti with chronic pain who have been seen by multiple clinical services has been a long term issue. During 2018/19 Hauora Tairāwhiti will review the current model of care and design a pathway for these people which provides the right service level and mix going forwards at a sustainable price	Improved outcomes, increased quality and reduced cost	Local
Retinal Screening Retinal screening services for people with diabetes have been identified as a service where flow could be improved. We are currently reviewing the existing system flow and during 2018/19 look to implement a service design which simplifies the current system for both people and referrers while also improving the coverage of this service to the local population with diabetes.	Simplification of referral system and improved access	Local
Community Pharmacy and Pharmacist services Implement the national pharmacy contracting arrangements and develop local services once agreed.	More integration across the primary care team. Improved access to pharmacist services. Empowerment. Safe supply of medicines. Improved support. More use of pharmacists as a first point of contact within primary care.	National & local

SECTION 4– Kōwae Tuarima | Stewardship

(refer to the Hauora Tairāwhiti 2016/17 Statement of Intent for more information)

This section provides an outline of the arrangements and systems that Hauora Tairāwhiti has in place to manage our core functions and to deliver planned services. Greater detail is included in the Hauora Tairāwhiti three-yearly Statement of Intent, which was last produced for the 2016/17 year and is available on our website at http://www.tdh.org.nz/about-us/documents-and-publications/health-plans/.

TE WHAKAHAERE I TO TĀTOU PAKIHI | MANAGING OUR BUSINESS

The environment in which we are operating is constantly changing and the level of our success over the next few years will depend on our ability to adapt to this changing environment. We acknowledge that iwi leadership is fundamental to improving the existing inequities in the health and well-being of the people of te Tairāwhiti. Whānau and community are central: we are committed to supporting and building on the strength of whānau and of communities.

ORGANISATIONAL PERFORMANCE MANAGEMENT

Hauora Tairāwhiti performance is assessed on both financial and non-financial measures, which are measured and reported at all levels of the organisation. These are reported daily, weekly, fortnightly, monthly or quarterly as appropriate.

FUNDING AND FINANCIAL MANAGEMENT

Hauora Tairāwhiti key financial indicators are comprehensive income (surplus/deficit), financial position (surplus/deficit) and cash flows. These are assessed against and reported through the Hauora Tairāwhiti performance management process to the Board, Board Committees, and the Ministry of Health on a monthly basis. Further information about the Hauora Tairāwhiti planned financial position for 2018/19 and out years is contained in the Financial Performance Summary section of this document on page 19, and in Appendix A: Statement of Performance Expectations.

INVESTMENT AND ASSET MANAGEMENT

All DHBs are required to complete a 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. The Hauora Tairāwhiti DHB LTIP was completed in November 2016.

SHARED SERVICE ARRANGEMENTS AND OWNERSHIP INTERESTS

Hauora Tairāwhiti has a part ownership interest in HealthShare Limited the Midland Shared Services Agency and New Zealand Health Partnerships Limited the National Shared Services Agency. The DHB does not intend to acquire shares or interests in other companies, trusts or partnerships at this time.

RISK MANAGEMENT

Hauora Tairāwhiti has a formal risk management and reporting system, which entails Executive and Board reporting. 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). Hauora Tairāwhiti is working on a regional DATIX Risk Module that will allow comparisons between DHBs. We have a three year roadmap to fully implement a 'whole of organisation approach'.

QUALITY ASSURANCE AND IMPROVEMENT

The Hauora Tairāwhiti 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. We also have a fourth aim (quadruple aim) which includes attention to the health care workforce. Built into the approach are critical connections that enable continuous quality improvement cycles. Continuous Quality Improvement is delivered at a Service Level along with Clinical Audit. Contracted services are aligned with national quality standards and auditing of contracted providers includes quality audits.

BUILDING CAPABILITY

Information technology and communications systems

The Hauora Tairāwhiti information technology and communication systems goals align with the national and regional strategic direction for IT. Further detail about the Hauora Tairāwhiti current IT initiatives is contained in the 2018/19 Midland Regional Service Plan, and in the section on local and regional enablers within this document.

Workforce

Below is a short summary of the Hauora Tairāwhiti organisational culture, leadership and workforce development initiatives. Further detail about the Midland regional approach to workforce is contained in the 2018/19 Midland Regional Service Plan.

Workforce development and organisational health are central to Hauora Tairāwhiti to ensure the provision of high quality and effective services that meet the health needs of our community. We are committed to promoting a positive culture for our organisation and ensuring our workforce reflects the cultural mix of our service users. Through supporting flexibility and innovation; providing leadership and skill development opportunities and being a 'good employer' we continue to attract and retain a skilled workforce. The 2018 Health Round Table Staff Survey results for Hauora Tairāwhiti will provide the opportunity to benchmark against the Midland DHB results.

Our key mechanisms are the continued consolidation of the clinical governance structure, the continuation of Quality and Safety Walk-rounds and the well embedded learning and development systems for staff. Leadership development for clinical and non-clinical staff is provided through the well-established and successful Midland Leadership Programmes, the implementation and extension of leadership initiatives that fit with the Leadership Domains Framework as well as the national State Services Commission leadership and talent management processes.

We continue to build capacity with the strategic promotion of health careers through local / regional / national, opportunities for example the Kia Ora Hauora programme and the national job portal (Kiwi Health Jobs), and international careers services thereby increasing the numbers of key workforces as required, i.e. medical; mental health; rehabilitation; cancer and emergency department. We have a developed programme of "growing our own", to which in 2018/19 we will add a comprehensive "growing on our own" programme to develop the talent we have in the Tairāwhiti community, reduce inequity, and reduce reliance on out of Tairāwhiti trained clinicians.

Hauora Tairāwhiti also enables and enhances our workforce through leveraging off technology and other system opportunities wherever these present.

Co-operative developments

Hauora Tairāwhiti works and collaborates with a number of external organisation and entities, in fact, our kaupapa, "Whāia te hauora i roto I te kotahitanga" ("A healthier Tairāwhiti by working together") sends a

strong signal with regard to our cross agency partnership. These relationships include but are not restricted too:

- **Iwi** – Te Rūnanganui o Ngāti Porou and Te Rūnanga o Tūranganui a Kiwa
- **State Sector** – Department of Corrections, Ministry of Justice, Ministry of Social Development, Ministry of Education, New Zealand Police, Ministry of Health
- **Crown Agents** – Accident Compensation Corporation, Health Promotion Agency, Health Quality and Safety Commission, Health Research Council of New Zealand, Health Workforce New Zealand, Housing New Zealand Corporation, Pharmaceutical Management Agency, Other District Health Boards
- **Council** – Gisborne District Council
- **Tertiary education institutions** – University of Otago, Eastern Institute of Technology
- **DHB Shared Services** – HealthShare Limited, Central Technical Advisory Service, health Alliance
- **Schools, Early Education Centres , Kura Kaupapa Māori and Kōhanga Reo**
- **Cross sectorial development agency** – Manaaki Tairāwhiti

WORKFORCE

Healthy Ageing Workforce

The 18-19 Hauora Tairāwhiti Annual Plan builds on foundations set out in the 17-18 Midland Regional Services Plan (RSP). The primary piece of work in the 17-18 Midland RSP related to identifying workforces working with older people and their whānau, and developing a sustainable mechanism for collecting a minimum workforce data set outside of the DHBs provider functions.

Following discussion with the Ministry of Health in August 2017 it was agreed that Central Technical Advisory Services (CTAS) shared service agency would take the national lead for this work. CTAS is the national DHB workforce data repository as well as providing analytics and reporting from that data set.

Since 2017 a national project group has been formed led by CTAS which includes a major sector service provider. The group is identifying the data set, reporting timeframes, collection process, data repository, and analytics and reporting. A business case is being drafted to request additional resourcing to progress this work.

Midlands DHBs will utilise the outcome from the national work to develop any sector wide workforce plans for the older persons' workforce. Hauora Tairāwhiti will determine how best to map its workforce to develop an understanding of the specialist and non-specialist workforce it provides, and will map the workforce it provides to older people by 30 June 2019.

Hauora Tairāwhiti is supportive to the wider sector providers including age care in including these partners in learning and training opportunities which are available within the organisation. We encourage inter provider professional development.

Health Literacy

Improving health literacy for our whānau remains a challenge and an opportunity for our clinicians, and will contribute towards improving health literacy for people across Tairāwhiti. Some of the initiatives that are planned or ongoing in this area are:

- Training of staff on the need to deliver key health messages in a manner that is understood by all
- Reviewing existing and future patient education resources to remove jargon
- Co-designing services with whānau input (consumer and community involvement) at every level
- Enable opportunities for people to seek support when they are unfamiliar with health information

Community Based Attachments

Hauora Tairāwhiti is fully committed to the intent and application of the Medical Council's requirement for all interns to complete a three month attachment in a community setting at some point during their first two post graduate years. Currently there is an attachment of one run across the year within General

Practices in Gisborne. From November 2018 there will be a second run in Public Health and Rural General Practice. From November 2019 there will be a third and final run in another community based disciple that will then complete the requirements to make the runs available for all Resident Medical Officers.

Care Capacity Demand Management

Hauora Tairāwhiti remains committed to ~~the~~ rolling out ~~of~~ all programme elements for Care Capacity Demand Management (CCDM) to achieve business as usual status by June 2021. Scheduled reports will be provided to the Safe Staffing Healthy Workplace Unit and Ministry of Health.
TrendCare will enable Hauora Tairāwhiti to implement Hospital at a Glance (HaaG) to indicate the staffing resource available and utilised in each ward for patient care, and work on this continues. This will also enable staff to quickly assess at any time of the day what the hospital capacity is, what mix of patients there are across all specialties and wards, plus traces patients' progress through their stay.
Hauora Tairāwhiti is also working with local unions on the programmes implementation.

INFORMATION TECHNOLOGY

To support this Annual Plan, and as part of a longer strategic view IT services at Tairāwhiti are engaged in progressing the following:

Primary Care Integration

With the vast majority of care contacts and care taking place at the local level, significant impetus needs to be given to improving (or removing) the interface between Primary and Secondary care and supporting the move to an integrated shared care model supported by linked/shared information systems and processes.

IS Initiatives

- Primary Secondary information systems integration – Indici
- BPAC Referrals Response – direct electronic link back to primary care on referrals for care

Service Efficiency & Effectiveness

This provides for systems and processes, data and tool access to ensure we are achieving our aims and being able to quickly and easily recognise deviation and or opportunities both from a care and operational management perspective. It promotes the optimal use of resources and their application and effectiveness by strengthening the use of analytics to support service planning, risk identification & mitigation and service demand management.

IS Initiatives:

- Hospital at a Glance
- Care Capacity Demand Management
- Business Intelligence
- Vendor Data Services
- Video-conferencing
- Virtual clinics to reduce regional travel & rural isolation
- Telehealth/Virtual Health service established & resourced
- Secondary / Tertiary Video Conference enabled service delivery

Engagement

Providing for people receiving care to access/receive information and services, and the ability to participate in their care. Enabling transactional activities such as bookings to be undertaken and enabling self-care and supporting “health in the home”

IS Initiatives:

- Patient portals/Shared Care plans
- On line booking systems

- Electronic communications - letters, appointment reminders, alerts, instructions, guidelines, prescriptions.
- Targeted health programmes/patient cohorts support.

Virtual Healthcare

Health solutions are available to support healthcare in the home and community settings, and access to specialist services is not dependent on location of either the person or the specialists

IS Initiatives:

- Home care applications - remote monitoring of chronic conditions
- Virtual clinics/telemedicine

Mobility

Supporting an increasingly mobile and flexible workforce, with access to data, information and systems to be provided regardless of locations of either systems or users.

IS Initiatives

- Mobilised applications for point of care decision support and transactional activities
- Technology options
- Communications links and services

Electronic Medical Record (EMRAM)

This aims to address the difficulties and inefficiencies inherent in manual and paper based systems, and provide instead digital and online systems. It involves adopting an ethos of "Digital by Default" and a programme of increasing digital utilisation and reducing/removing non-digital options to improve service delivery and workflows. It requires a programme of system replacement /upgrade to expand on digital opportunity. Note: In assessing NZ hospitals' use of digital technology, the Ministry of Health has adopted the international Healthcare Information and Management Systems Society's (HIMSS) seven step framework for digital capability – the Electronic Medical Record Adoption Maturity (EMRAM) model. This initiative will see progression to higher levels of that framework

IS Initiatives:

- Electronic prescribing and administration
- Clinical decision support
- Electronic orders for Radiology
- Electronic Nursing observations

Infrastructure & Security

This requires ensuring a sound and commensurate infrastructure is efficiently maintained while protecting ourselves and the information we hold against threats to security. It means quality and value based investment decisions are made ensuring that the output aligns to the organisations strategic aims. It incorporates and seeks to limit our reliance on locally owned and operated software/hardware where this is appropriate and efficient.

IS Initiatives:

- IS Asset management
- Infrastructure/Software as a Service
- Adoption of Cloud Based Services
- Security Awareness/Security Assurance programmes
- Unified Communications
- Mobile device strategy

- Windows Migration
- Clinical Device Integration
- Public Wi-Fi
- Video Conference expansion

Operating Parameters and Principles

The development, building, maintenance and deployment of these initiatives must occur within a number of parameters and be the subject of a number of principles. Bespoke systems and processes that do not align to these are unlikely to be either successful or supported for implementation.

In an environment characterised by shared service and multiparty participation, of particular relevance will be adherence to :

NZ Health Information System Framework (HISF) – which is designed to support health and disability sector organisations and practitioners holding personally identifiable health information to improve and manage the security of that information.

NZ Health Information Governance Guidelines (HIGG) - provide guidance to the health and disability sector on the safe sharing of health information. The Guidelines outline policies, procedures and other useful details for health providers who collect and share personal health information, enabling them to do these legally, securely, efficiently and effectively. The four major subject areas in the guidelines include:

- maintaining quality and trust
- upholding consumer rights and maintaining transparency
- appropriate disclosure and sharing
- ensuring security and protection of personal health information.

Timeline

Note: *all planned delivery timing provided is indicative – the ongoing introduction of additional and changing priorities from local, regional and national levels affects the ability to meet specific timelines. The goal at Hauora Tairāwhiti is to progress all the initiatives below throughout the year – this does not equate to achieving full resolution of them*

Initiative	Planned Delivery in 2018-19
Primary Care Integration	
Primary Secondary information systems workforce integration	Dependent upon the PHO acceptance and uptake of Indici. Hauora Tairāwhiti will work with Pinnacle to encourage PHO uptake, and then jointly to initiate connectivity to progress shared care plans
BPAC Referrals Response – direct electronic link back to primary care on referrals for care	Will be complete and fully embedded within paediatrics service by October 18, with the Surgical Service to be addressed next. We note that while a local initiative there is a regional dependency with Healthshare co-ordinating and directing the provider BPAC on priorities.
Service Efficiency & Effectiveness	
Hospital at a Glance	An expansion of the current graphical single ward bed view in the Patient Management System to a graphical multi-ward bed view to support patient transfer and staff allocation by Duty Nurse Managers. EDD July 2019
Care Capacity Demand Management	Reliant upon upgrade and refreshed utilisation of

Initiative	Planned Delivery in 2018-19
	Trendcare – EDD Feb 2019.
Business Intelligence	Expansion of access to and variety of reports and data sets - EDD ongoing
Vendor Data Services	Not being progressed in 2018-19.
Video-conferencing	Improve access to and utilisation of VC to offset travel costs and improve shared capabilities and information. Incorporates implementation of new technologies and packages – eg ZOOM.
Virtual clinics to reduce regional travel & rural isolation	Linked with Video-conferencing above. EDD to implement at Te Puia Hospital for remote clinics to be run by May 2019.
Telehealth/Virtual Health service established & resourced	Priority is to establish specific needs and services to be supported and have clinical engagement and agreement. Largely people and process issues to be resolved first, followed by the implementation of appropriate technology solutions.
Secondary / Tertiary Video Conference enabled service delivery	As above.
Engagement	
Patient portals/Shared Care plans	Midland Clinical Portal being delivered by E-Space programme under Healthshare Ltd. EDD is June 2019. Noting that Shared care plans are of bigger significance between Primary and Secondary – *see above.*
On line booking systems	Not being progressed in 2018-19.
Electronic communications - letters, appointment reminders, alerts, instructions, guidelines, prescriptions.	*As for patient portal above, and noting also development of BPAC referrals response above*.
Targeted health programmes/patient cohorts support.	Multiple items here, including: National Bowel Screening Programme – timetable yet to be agreed with MoH. Hep C treatment programme – in progress. Vulnerable patients register- for emergency management plan – Dec 2018
Virtual Healthcare	
Home care applications - remote monitoring of chronic conditions	Focus in year will be on identifying with the relevant services the needs and developing plans to address.
Virtual clinics/telemedicine	*See above*
Mobility	
Mobilised applications for point of care decision support and transactional activities	Examining a variety of technology options with clinical staff to support care at the bedside
Technology options	Device reviews, smartphones, Internet of Things, tracking devices etc
Communications links and services	Review of VPN services to diversify the media to be used to access applications.
Electronic Medical Record (EMRAM	
Electronic prescribing and administration	Incorporated within the E-Space programme – but no reliable information on timeline at this stage.
Clinical decision support	Progress in the 2018-19 year will include the expansion of "*Pathways of Care*", access to "*Up to date*" and "*Dynamed Plus*" from within the Clinical workstation.
Electronic orders for Radiology	Expect to have a local tactical solution implemented by

Initiative	Planned Delivery in 2018-19
	June 2019, noting that as component of the E-Space Regional Clinical Portal a regional position has yet to be worked up.
Electronic Nursing observations	Discovery only planned within 2018-19.
Infrastructure & Security	
IS Asset management	Continued planned replacement cycle of purchase and deployment to ensure asset base maintained in good and efficient order.
Infrastructure/Software as a Service	A direction of travel, incorporated as a consideration within all plans for upgrade or investment in solutions
Adoption of Cloud Based Services	Discovery of options and advantages, efficiencies, risks etc.
Security Awareness/Security Assurance programmes	Continued work on HISF requirements – policy renewal and creation, SoPs, Cyber Security Plan etc
Unified Communications	Will not now be progressed in 2018-19
Mobile device strategy	Increasing administration capabilities utilising MDM.
Windows Migration	Progressing migration to Windows 10 – noting dependency and risks related to legacy application both local, and regional.
Clinical Device Integration	Integration into workflows and information and data systems
Public Wi-Fi	Will not now be progressed in 2018-19
Video Conference expansion	*See above*

SECTION 5: Performance Measures

2018/19 Performance Measures

The DHB non-financial monitoring framework aims to provide a rounded view of performance in key areas using a range of performance markers. The measures are intended to cover a specific set of markers of DHB performance in key areas, rather than all health services or DHB activity. Four dimensions are identified reflecting DHB functions as owners, funders and providers of health and disability services. The four identified dimensions of DHB performance cover:

- achieving Government's priority goals/objectives and targets or 'Policy priorities'
- meeting service coverage requirements and supporting sector inter-connectedness or 'System Integration'
- providing quality services efficiently or 'Ownership'
- purchasing the right mix and level of services within acceptable financial performance or 'Outputs'

Each performance measure has a nomenclature to assist with classification as follows:
Code Dimension

- HS Health Strategy
- PP Policy Priorities
- SI System Integration
- OP Outputs
- OS Ownership
- DV Developmental – Establishment of baseline (no target/performance expectation is set)

Inclusion of 'SLM' in the measure title indicates a measure that is part of the 'System Level Measures' identified for 2018/19.

Performance measure		Performance expectation
HS: Supporting delivery of the New Zealand Health Strategy		Quarterly highlight report against the Strategy themes.
PP6: Improving the health status of people with severe mental illness through improved access		Age 0-19 Access Rate ≥ 5% seen
		Age 20-64 ≥ 5.7% Access Rate seen
		Age 65+ ≥ 3% Access Rate
PP7: Improving mental health services using wellness and transition (discharge) planning		95% of clients discharged will have a quality transition or wellness plan.
		95% of audited files meet accepted good practice.
		Report on activities in the Annual Plan.
PP8: Shorter waits for non-urgent mental health and addiction services for 0-19 year olds		80% of people seen within 3 weeks.
		95% of people seen within 8 weeks.
		Report on activities in the Annual Plan.
PP10: Oral Health- Mean DMFT score at Year 8 (Diseased, Missing or Filled Teeth)	Year 1	Mean DMFT ≤ 0.8 at Year 8
	Year 2	Mean DMFT ≤ 0.8 at year 8
PP11: Children caries-free at five years of age	Year 1	49% of children are caries free at 5 years of age
	Year 2	49% of children are caries free at 5 years of age
PP12: Utilisation of DHB-funded dental services by adolescents (School Year 9 up to and including age 17 years)	Year 1	>85% of adolescents use DHB-funded dental services
	Year 2	>85% of adolescents use DHB-funded dental services
PP13: Improving the number of children enrolled in DHB funded dental services (0-4 years)	Year 1	≥95% of children (0-4 year) are enrolled in DHB funded dental services
	Year 2	≥95% of children (0-4 year) are enrolled in DHB funded dental services
PP13: Improving the number of children enrolled in DHB funded dental services (0-12 years)	Year 1	≤10% of enrolled pre-school and primary school children (0-12) are overdue for their scheduled dental examination
	Year 2	≤10% of enrolled pre-school and primary school

Performance measure	Performance expectation
	children (0-12) are overdue for their scheduled dental examination
PP20: Improved management for long term conditions (CVD, Acute heart health, Diabetes, and Stroke)	
• Focus Area 1: Long term conditions	Report on activities in the Annual Plan.
• Focus Area 2: Diabetes services	Implement actions from Living Well with Diabetes.
	Improve or, where high, maintain the proportion of patients with good or acceptable glycaemic control (HbA1C indicator).
• Focus Area 3: Cardiovascular health	90% of the eligible population will have had their cardiovascular risk assessed in the last 5 years.
	90% of 'eligible Māori men in the PHO aged 35-44 years' will have had their cardiovascular risk assessed in the past 5 years.
• Focus Area 4: Acute heart service	> 70% of high-risk patients receive an angiogram within 3 days of admission.
	>95% of patients presenting with ACS who undergo coronary angiography who have completion of ANZACS QI ACS and Cath/PCI registry data collection within 30 days and ≥99% within 3 months.
	>85% of ACS patients who undergo coronary angiogram have pre-discharge assessment of LVEF (Composite Post ACS Secondary Prevention Medication Indicator - in the absence of a documented contraindication/intolerance all ACS patients who undergo coronary angiogram should be prescribed, at discharge, aspirin, a second anti-platelet agent, statin and an ACEI/ARB (4-classes), and those with LVEF<40% should also be on a beta-blocker (5-classes).
• Focus Area 5: Stroke services	10% or more of potentially eligible stroke patient's thrombolysed 24/7.
	80% of stroke patients admitted to a stroke unit or organised stroke service with demonstrated stroke pathway.
	80% of patients admitted with acute stroke who are transferred to inpatient rehabilitation services are transferred within 7 days of acute admission.
	60 % of patients referred for community rehabilitation are seen face to face by a member of the community rehabilitation team i.e. RN/PT/OT/SLT/SW/Dr/Psychologist within 7 calendar days of hospital discharge.
PP21: Immunisation coverage	95% of two year olds fully immunised
	95% of four year olds fully immunised
	75% of girls fully immunised – HPV vaccine
	75% of 65+ year olds immunised – flu vaccine
	Report on activities in the Annual Plan
PP22: Delivery of actions to improve system integration including SLMs	Report on activities in the Annual Plan.
PP23: Improving Wrap Around Services for Older People	Report on activities in the Annual Plan.
	Conversion rate of Contact Assessment (CA) to Home Care assessment where CA scores are 4 – 6 for assessment urgency
Percentage of older people receiving long-term home and community support who have a comprehensive clinical assessment and an individual care plan.	95%
PP25: Youth mental health Initiatives	Initiative 1: Report on implementation of school based health services (SBHS) in decile one to three secondary schools, teen parent units and alternative education facilities and actions undertaken to implement Youth Health Care in Secondary Schools: A framework for continuous quality improvement in each school (or group of schools) with SBHS.
	Initiative 3: Youth Primary Mental Health. As reported through PP26 (see below).
	Initiative 5: Improve the responsiveness of primary care to youth. Report on actions to ensure high performance of the youth service

Performance measure	Performance expectation		
	level alliance team (SLAT) (or equivalent) and actions of the SLAT to improve health of the DHBs youth population.		
PP26: The Mental Health & Addiction Service Development Plan	Provide reports as specified for the focus areas of Primary Mental Health, District Suicide Prevention and Postvention, Improving Crisis Response services, improving outcomes for children, and improving employment and physical health needs of people with low prevalence conditions.		
PP27: Supporting Vulnerable Children	Report on activities in the Annual Plan.		
PP28: Reducing Rheumatic fever	The Incidence of First Episode Rheumatic Fever is reduced to ≤ 2.8 per 100,000		
PP29: Improving waiting times for diagnostic services	95% of accepted referrals for elective coronary angiography will receive their procedure within 3 months (90 days).		
	95% of accepted referrals for CT scans, and 90% of accepted referrals for MRI scans will receive their scan within 6 weeks (42 days).		
	90% of people accepted for an urgent diagnostic colonoscopy will receive their procedure within two weeks (14 calendar days, inclusive), 100% within 30 days.		
	70% of people accepted for a non-urgent diagnostic colonoscopy will receive their procedure within six weeks (42 days), 100% within 90 days.		
	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.		
PP30: Faster cancer treatment	85% of patients receive their first cancer treatment (or other management) within 31 days from date of decision-to-treat.		
	Report on activities in the Annual Plan.		
PP31: Better help for smokers to quit in public hospitals	95% of hospital patients who smoke and are seen by a health practitioner in a public hospital are offered brief advice and support to quit smoking.		
PP32:Improving the quality of ethnicity data collection in PHO and NHI registers	Report on progress with implementation and maintenance of Ethnicity Data Audit Toolkit (EDAT).		
PP33: Improving Māori enrolment in PHOs	Meet and/or maintain the national average enrolment rate of 90%.		
PP36: Reduce the rate of Māori under the Mental Health Act: section 29 community treatment orders	Reduce the rate of Māori under the Mental Health Act (s29) by at least 10% by the end of the reporting year.		
PP37: Improving breastfeeding rates	70% of infants are exclusively or fully breastfed at three months.		
PP39 Supporting Health in Schools	Report on activities in the Annual Plan.		
PP40 Responding to climate change	Report on activities in the Annual Plan		
PP41 Waste disposal	Report on activities in the Annual Plan		
PP43 Population mental health	Report on activities in the Annual Plan		
PP44 Maternal mental health	Report on activities in the Annual Plan		
PP45: Elective surgical discharges	2,590 publicly funded, casemix included, elective and arranged discharges for people living within Hauora Tairāwhiti (includes regional component of 22)		
SI1: Ambulatory sensitive hospitalisations	0-4		See System Level Measure Improvement Plan
	45-64	Māori	ASH rate of < 5,767 per 100,000
		Total pop	ASH rate of < 3,853 per 100,000
SI2: Delivery of Regional Plans	Provision of a progress report on behalf of the region agreed by all DHBs within that region.		
SI3: Ensuring delivery of Service Coverage	Report progress towards resolution of exceptions to service coverage identified in the Annual Plan, and not approved as long term exceptions, and any other gaps in service coverage (as identified by the DHB or by the Ministry).		
SI4: Standardised Intervention Rates (SIRs)	Major joint replacement procedures - a target intervention rate of 21 per 10,000 of population.		
	Cataract procedures - a target intervention rate of 27 per 10,000 of		

Performance measure	Performance expectation	
	population.	
	Cardiac surgery - a target intervention rate of 6.5 per 10,000 of population.	
	Percutaneous revascularisation - a target rate of at least 12.5 per 10,000 of population.	
	Coronary angiography services - a target rate of at least 34.7 per 10,000 of population.	
SI5: Delivery of Whānau Ora	Provide reports as specified about engagement with Commissioning Agencies and for the focus areas of mental health, asthma, oral health, obesity, and tobacco.	
SI7: SLM total acute hospital bed days per capita	As specified in the jointly agreed (by district alliances) SLM Improvement Plan.	
SI8: SLM patient experience of care	As specified in the jointly agreed (by district alliances) SLM Improvement Plan.	
SI9: SLM amenable mortality	As specified in the jointly agreed (by district alliances) SLM Improvement Plan.	
SI10: Improving cervical screening coverage	80% coverage for all ethnic groups and overall.	
SI11: Improving breast screening rates	70% coverage for all ethnic groups and overall.	
SI12: SLM youth access to and utilisation of youth appropriate health services	See System Level Measure Improvement Plan	
SI13: SLM number of babies who live in a smoke-free household at six weeks post-natal	See System Level Measure Improvement Plan	
SI14: Disability support services	Report on activities in the Annual Plan	
SI15: Addressing local population challenges by life course	Report on activities in the Annual Plan	
SI16: Strengthening Public Delivery of Health Services	Report on activities in the Annual Plan	
SI17: Improving quality	Report on activities in the Annual Plan	
SI18: Improving new-born enrolment in General Practice	55% of new-borns enrolled in General Practice by 6 weeks of age 85% of new-borns are enrolled in General Practice by 3 months of age Report on activities in the Annual Plan	
OS3: Inpatient Average Length of Stay (LOS)	Elective LOS suggested target is 1.45 days, which represents the 75th centile of national performance.	
	Acute LOS suggested target is 2.3 days, which represents the 75th centile of national performance.	
OS8: Reducing Acute Readmissions to Hospital	≤ 10% Acute Readmission Rate	
OS10: Improving the quality of identity data within the National Health Index (NHI) and data submitted to National Collections		
• Focus Area 1: Improving the quality of data within the NHI	New NHI registration in error (causing duplication)	Group C >1.5% and ≤6%
	Recording of non-specific ethnicity in new NHI registrations	>0.5% and <= 2%
	Update of specific ethnicity value in existing NHI record with non-specific value	>0.5% and <= 2%
	Validated addresses excluding overseas, unknown and dot (.) in line 1	>76% and <= 85%
	Invalid NHI data updates	Indicator definition under review
• Focus Area 2: Improving the quality of	NBRS collection has accurate dates and links	>= 97% and <99.5%

Performance measure	Performance expectation	
data submitted to National Collections	to National Non-admitted Patient Collection (NNPAC) and the National Minimum Data Set (NMDS)	
	National Collections File load Success	>= 98% and <99.5%
	Assessment of data reported to NMDS	>= 75%
	Timeliness of NNPAC data	>= 95% and <98%
• Focus Area 3: Improving the quality of the Programme for the Integration of Mental Health data (PRIMHD)	Provide reports as specified about data quality audits.	
Output 1: Mental health output Delivery Against Plan	Volume delivery for specialist Mental Health and Addiction services is within 5% variance (+/-) of planned volumes for services measured by FTE; 5% variance (+/-) of a clinically safe occupancy rate of 85% for inpatient services measured by available bed day; actual expenditure on the delivery of programmes or places is within 5% (+/-) of the year-to-date plan.	

APPENDIX A: 2018/19 Statement of Performance Expectations

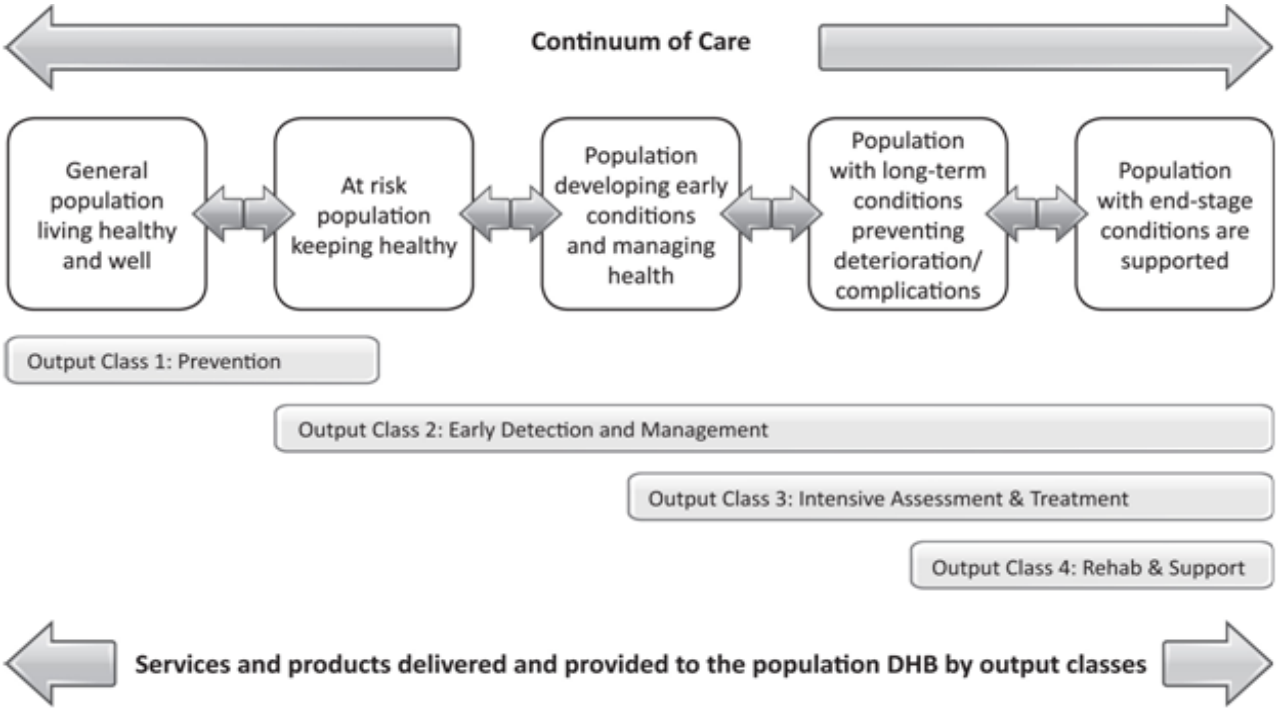
We have worked with other DHBs in the Midland region, our primary care partners as well as other key stakeholders to develop the Statement of Performance Expectations (SPE) in which we provide measures and forecast standards of our output delivery performance. The actual results against these measures and standards will be presented in our Annual Report 2018/19. The performance measures chosen are not an exhaustive list of all of our activity, but they do reflect a good representation of the full range of outputs that we fund and / or provide. They also have been chosen to show the outputs which contribute to the achievement of national, regional and local outcomes. Where possible, we have included with each measure past performance as baseline data.

Guide to reading the statement of service performance

Activity not mentioned in this section will continue to be planned, funded and/or provided to a high standard. We report quarterly to the Ministry of Health and / or our Board on our performance related to this activity.

Output Classes

DHBs must provide measures and standards of output delivery performance under aggregated output classes. Outputs are goods and services that are supplied to someone outside our DHB. Output classes are an aggregation of outputs, or groups of similar outputs of a similar nature. The output classes used in our statement of forecast service performance are also reflected in our financial measures. The four output classes that have been agreed nationally are described below. They represent a continuum of care, as follows:



The following points provided should be kept in mind when reading the rest of this module:

- Further detail of the performance story logic and rationale is contained in section 1.2.
- Baseline and national/regional figures for the output performance measures are for the 2015/16 financial year unless otherwise stated.
- In the performance measures table, and where available, the average column presents the national or regional average for the output performance measure.

Most measures have been adopted regionally.

Some measures fall across more than one impact. Where this is the case they have only been included once.

Measurement type key: QN = Quantity, T = Timeliness, QL = Quality.

There are some services we provide that support the rest of the health system so we have included these in a "Support Services" section of our performance story.

Detailed information about the rationale for each output measure is provided in appendix 8.3

NOTE: N/A denotes rates Not Available

Prospective financial performance by output class for the five years ending 30 June 2018 to 30 June 2022

Prospective Summary of Revenues and Expenses by Output Class	2017/18	2018/19	2019/20	2020/21	2021/22
	Forecast	**Plan**	**Plan**	**Plan**	Plan
	$000	**$000**	**$000**	**$000**	$000
Prevention					
Total Revenue	$8,567	$5,414	$5,576	$5,743	$5,915
Total Expenditure	$8,861	$5,679	$5,827	$5,979	$6,135
Net Surplus / (Deficit)	**-$294**	**-$265**	**-$251**	**-$236**	**-$220**
Early Detection					
Total Revenue	$46,865	$48,381	$49,832	$51,327	$52,867
Total Expenditure	$48,473	$50,750	$52,075	$53,435	$54,831
Net Surplus / (Deficit)	**-$1,609**	**-$2,369**	**-$2,243**	**-$2,108**	**-$1,964**
Intensive Assessment & Treatment					
Total Revenue	$108,279	$117,382	$120,904	$124,531	$128,267
Total Expenditure	$111,996	$123,130	$126,346	$129,645	$133,030
Net Surplus / (Deficit)	**-$3,717**	**-$5,748**	**-$5,443**	**-$5,115**	**-$4,763**
Rehabilitation & Support					
Total Revenue	$23,851	$22,821	$23,506	$24,211	$24,937
Total Expenditure	$24,669	$23,939	$24,564	$25,205	$25,863
Net Surplus / (Deficit)	**-$819**	**-$1,118**	**-$1,058**	**-$994**	**-$926**
Consolidated Surplus / (Deficit)	**-$6,438**	**-$9,500**	**-$8,995**	**-$8,453**	**-$7,873**

People are supported to take greater responsibility for their health

Long Term Impact	People are supported to take greater responsibility for their health		
Intermediate Impacts	Fewer people smoke	Reduction in vaccine preventable diseases	Improving health behaviours

Fewer People Smoke

Outputs	Output Class	Measure Type	Tairāwhiti 2016/17	Target 2018/19	3 Year Planned Rate	Midland Region 2016/17	National
Percentage of hospitalised smokers offered advice to quit (PP31)[1]	1	QN/T					
Māori			96%	≥95%	≥95%	95%	95%
Non Māori			95%	≥95%	≥95%	96%	96%
Total			96%	≥95%	≥95%	96%	96%
Percentage of PHO enrolled smokers offered advice to quit (Health Target[2] & SLM)	1	QN/T					
Māori			N/A[3]	≥90%	≥90%	N/A	N/A
Non Māori			N/A	≥90%	≥90%	N/A	N/A
Total			93%	≥90%	≥90%	88%	87%
Percentage of pregnant women who identify as smokers at the time of confirmation of pregnancy in general practice or booking with Lead Maternity Carer are offered advice and support to quit (Health Target)[4]	1	QN/T					
Māori			88%	≥90%	≥90%	96%	95%
Non Māori			96%	≥90%	≥90%	92%	93%
Total			90%	≥90%	≥90%	94%	94%

Reduction in Vaccine Preventable Diseases

Outputs	Output Class	Measure Type	Tairawhiti 2016/17	Target 2018/19	3 Year Planned Rate	Midland region 2016/17	National
Percentage of eight month olds fully immunised (Health Target, SLM)[5]	1	QN/T					
Māori			85%	≥95%	≥95%	86%	89%
Non Māori			92%	≥95%	≥95%	91%	93%
Total			88%	≥95%	≥95%	89%	92%

[1] Previous Health Target. Indicator reported on is 'Offered brief advice', not 'Offered support to quit'

[2] Health Target says '90% of enrolled patients who smoke and are seen by a health practitioner in primary care will be offered advice and help to quit. Indicator reported on is 'Offered brief advice', not 'Offered support to quit'

[3] Smoking cessation figures for Primary Care were not available by ethnicity until Q3 2017/18.

[4] Measure is 'percentage of pregnant women who identify as smokers upon registration with a DHB-employed midwife or Lead Maternity Care are offered Advice to quit smoking' as reported in HT5.

[5] Figure reported on is the 12 months figure.

Percentage of the population >65 years who have received the seasonal influenza immunisation[6] (PP21)	1	QN/T					
High Needs[7]			52%	≥75%	≥75%	53%	48%
Total			52%	≥75%	≥75%	N/A	56%

Improving Health Behaviours

Outputs	Output Class	Measure Type	Tairawhiti 2016/17	Target 2018/19	3 Year Planned Rate	Midland region 2016/17	National
Percentage of infants who are exclusively/fully breastfed at 3 months (PP37)	1	QN/T					
Māori			N/A[8]	≥70%	≥70%	N/A	N/A
Non Māori			N/A	≥70%	≥70%	N/A	N/A
Total			N/A	≥70%	≥70%	N/A	N/A
The number of people participating in the GRx (Green Prescription) programmes	1	QN/T	1,101	≥1024	≥1024	9,388	18,849
Reduce the prevalence of gonorrhoea (local indicator)	1	QN/T	259 per 100,000	≤60 per 100,000	≤60 per 100,000	195 per 100,000	70 per 100,000

People Stay Well in Their Homes and Communities

Long Term Impact	People stay well in their homes and communities			
Intermediate Impacts	An improvement in childhood oral health	Long-term conditions are detected early and managed well	Fewer people are admitted to hospital for avoidable conditions	More people maintain their functional independence

An improvement in childhood oral health

Outputs	Output Class	Measure Type	Tairawhiti 2016/17	Target 2018/19	3 Year Planned Rate	Midland region 2016/17	National
Percentage of children (0-4) enrolled in DHB funded dental services (PP13a)	2	QN					
Māori			96%	≥95%	≥95%	N/A	N/A
Total			101%	≥95%	≥95%	N/A	N/A
Percentage of enrolled pre-school and primary school children (0-12) overdue for their scheduled dental	2	QN/T					

[6] Note - the 2016/17 immunisation season against influenza was from 1/03/2017 to 30/09/2017

[7] People over 65 who are of Pacific or Māori ethnicity and/or live in deprivation area 9-10.

[8] No Baseline data as previous indicator used to be the percentage of infants breastfed at 6 months instead of 3 months.

examination (PP13b)							
Māori			13%	≤10%	≤10%	N/A	N/A
Total			6%	≤10%	≤10%	N/A	N/A
Percentage of adolescent utilisation of DHB funded dental services (PP12)	2	QN	67%	≥85%	≥85%	64%	67%

Long-Term Conditions are Detected Early and Managed Well

Outputs	Output Class	Measure Type	Tairawhiti 2016/17	Target 2018/19	3 Year Planned Rate	Midland region 2016/17	National
Percent of the eligible population who have had their cardiovascular risk assessed in the last five years (Health Target, PP20, SLM)	2	QN					
Māori			90%	≥90%	≥90%	89%	86%
Non Māori			93%	≥90%	≥90%	93%	91%
Total			92%	≥90%	≥90%	92%	90%
Improve the proportion of patients with good or acceptable glycaemic control (HbA1c ≤80 mmol) (PP20)	2	QL	67%	≥90%	≥90%	N/A	N/A
Percentage of eligible women (25[9]-69) have a cervical cancer screen every 3 years (SLM, SL10)	1	QN/T					
Māori			*70%*	≥80%	≥80%	*69%*	*66%*
Non Māori			*80%*	≥80%	≥80%	*80%*	*78%*
Total			*75%*[10]	≥80%	≥80%	*78%*	*77%*[11]
Percentage of eligible women (50-69) have a breast screen in the last 2 years (SL11)	1	QN/T					
Māori			69%	≥70%	≥70%	61%	64%
Non Māori			72%	≥70%	≥70%	72%	71%
Total			71%	≥70%	≥70%	70%	70%

Fewer People are admitted to Hospital for Avoidable Conditions

Outputs	Output Class	Measure Type	Tairawhiti 2016/17	Target 2018/19	3 Year Planned Rate	Midland region 2016/17	National
Percentage of all Emergency Department presentations who are triaged at level 4 & 5	2&3	QN	68%	≤50%	≤20%	N/A	45%
Percentage of eligible population who have had their B4 school checks completed[12]	1	QN/T					
High Needs			96%	≥90%	≥90%	N/A	93%

[9] Eligible age group used to be women aged 20-69, but was limited to 25-69 year in 2017/18. Therefore, previous figures are not completely comparable anymore.

[10] For 20-69 year age group

[11] For 20-69 year age group

[12] Ministry of Health B4 School Check data only contains percentages which do not allow for regional rates to be calculated.

All			97%	≥90%	≥90%	N/A	92%

Outputs	Output Class	Measure Type	Tairawhiti 2016/17	Target 2018/19	3 Year Planned Rate	Midland region 2016/17	National
Hospitalisation rates per 100,000 for acute rheumatic fever (PP28)[13]	2&3	QN/T	2.1	≤2.8	≤2.8[14]	To be updated	2.2
Increased Percentage[15] of Year 9 students receiving HEEADSSS assessment in decile 1-3 schools (PP25)	1	QN/T	37%	≥95%	≥95%	N/A	N/A
Improved wait times for diagnostic services - accepted referrals for CT and MRI receive their scan within 6 weeks (PP29)	2	QL/T					
CT			97%	≥95%	≥95%	88%	87%
MRI			85%	≥90%	≥90%	81%	63%
Non urgent community laboratory tests are completed and communicated to practitioners within the relevant category timeframes (48h).	2	QL/T	100%	100%	≥95%	N/A	N/A
Number of community pharmacy prescriptions	2	QN	481,595	450,000	450,000	N/A	N/A

[13] Performance measure PP28 only looks at the Incidence of First Episode Rheumatic Fever, whereas we include all acute hospitalisations for rheumatic fever, also the reoccurring cases.

[14] Although the national target is 1.4, the local target is still higher as our region historically has a high incidence of rheumatic fever.

[15] In previous years the indicator looked at 'coverage' instead of 'percentage' of students and therefore the target than was ≥650.

People Receive Timely and Appropriate Specialist Care

Long Term Impact	People receive timely and appropriate care		
Intermediate Impacts	People receive prompt and appropriate acute and arranged care	People have appropriate access to elective services	Improved health status for people with a severe mental health illness and/or addiction

People Receive Prompt and Appropriate Acute and Arranged Care

Outputs	Output Class	Measure Type	Tairawhiti 2016/17	Target 2018/19	3 Year Planned Rate	Midland region 2016/17	National
Acute Readmission rate (OS8)[16]	3	QN/T/QL	11.1%	≤10%	≤9%	7.4%	7.90%
Faster Cancer Treatment – Proportion of patients with a confirmed diagnosis of cancer who receive their first cancer treatment (or other management) within 31 days of diagnosis[17] (PP30)	3	QN/T	89%	100%	100%	81%	86%
Faster Cancer Treatment – Proportion of patients with a high suspicion of cancer receive their first cancer treatment within 62 days or less (Health Target)	3	QN/T	77%	≥90%	≥85%	69%	74%
Percentage of missed outpatient appointments	3						
Māori		QN/T	17%	≤10%	≤10%	N/A	16%
Non Māori			5%	≤10%	≤10%	N/A	8%
Total			11%	≤10%	≤10%	N/A	9%

People Have Appropriate Access to Elective Services

Outputs	Output Class	Measure Type	Tairawhiti 2016/17	Target 2018/19	3 Year Planned Rate	Midland region 2016/17	National
Percentage of patients waiting longer than four months for their first specialist assessment (Elective Service Performance Indicator 2)	3	QN/T	4.8%	0%	0%	N/A	0.8%
Number of surgical discharges under the elective initiative (Health Target)	3	QN	2,822	≥2574	≥2574	N/A	200,323
Inpatient average length of stay (elective) (Ownership Dimension 3)	3	QN/T	1.57 days	≤1.45 days	≤1.59 days	3.13 days	1.61 days

[16] Standardised readmission Rate for readmission within 28 days.
[17] Performance measure PP30 uses the criterium 'decision to treat' instead of diagnosis.

Improved Health Status for those with Severe Mental Illness and/or addictions

Outputs	Output Class	Measure Type	Tairawhiti 2016/17	Target 2018/19	3 Year Planned Rate	Midland region 2016/17	National
Percentage of people referred for non-urgent mental health or addiction services are seen within 3 weeks (PP8) - 0-19 yr. olds	3	QN/T	56%	≥80%	≥80%	72%	69%
Percentage of people referred for non-urgent mental health or addiction services are seen within 3 weeks (PP8) - 0-19 yr. olds	3	QN /T	72%	≥80%	≥80%	83%	85%
Improving the percentage of clients with quality transition or wellness plan (PP7)							
Māori	3	QN/T/QL	N/A[18]	≥95%	≥95%	N/A	N/A
Non Māori			N/A	≥95%	≥95%	N/A	N/A
Total			N/A	≥95%	≥95%	N/A	N/A
Average length of acute inpatient stays (KPI 8)	3	QN/T/QL	18 days	14-21 days	≥14 Days	12 days	16 days
Rates of post-discharge community care (KPI 18)	3	QN/T/QL	53%	≥90%	≥90%	N/A	N/A

People maintain functional independence

Long Term Impact	People maintain functional independence	
Intermediate Impacts	People stay Well in their homes and communities	People with end stage conditions are supported

People stay well in their homes and communities

Outputs	Output Class	Measure Type	Tairawhiti 2016/17	Target 2018/19	3 Year Planned Rate	Midland region 2016/17	National
Percentage of older people receiving long-term home and community support who have had a comprehensive clinical assessment and an individual care plan in the last 36 months (PP23)	4	QN/T	100%	100%	100%	N/A	N/A
Percentage of older people receiving long-term home and community support who have had a comprehensive clinical assessment and an individual care plan in the last 12 months[19]	4	QN/T	N/A	33%	33%	N/A	N/A

[18] This indicator replaces previous indicator for 0-19 year olds and people 20 and over, as the measure now looks at the entire population without age breakdown. It also no longer looks at long-term clients only. Relapse prevention/treatment plan is reported as 'wellness plan'.

[19] Every client receiving home support has a clinical assessment. As required by the Ministry, reassessment of clients receiving ling-term home support is only done every three years unless major changes to their condition. Care Plans are part of the clinical assessment. As people are only reassessed within a three year period if their condition has changed significantly, the number of

People with end stage Conditions are supported

Outputs	Output Class	Measure Type	Tairawhiti 2016/17	Target 2018/19	3 Year Planned Rate	Midland region 2016/17	National
Number of hospital admissions under Health Speciality Code M80 (Palliative Care)	4	QL	15	Increase	Increase	-	-
Number of Aged Residential Facilities utilising Advanced Directives	3	QN	2	Increase	Maintain rate of Increase	N/A	N/A

home support clients receiving an assessment compared to the total number of clients can be a quality indicator for the provided care. National performance indicator PP23 does not include a time frame and the target there is 95%.

2018/19 FINANCIAL PERFORMANCE PLAN

STATEMENT OF SIGNIFICANT UNDERLYING ASSUMPTIONS

The DHB continues its commitment to manage expenditure and live within our means. The DHB is committed to achieving the agreed deficit result for the plan year, i.e. from 1 July 2018 to 30 June 2019.
The budgeted financials are very much based on a "business as usual" scenario adjusted for the possible financial effects of anticipated savings and efficiency activities. In relation to this, the key points that underpin the financial budgets are:

- Revenue – The base funding package provides a 3.12% increase after allowing for top slices, etc. The total revenue increment available for 2018-19 is calculated to be approximately 3.27%;
- Expenditure – It is expected that continuing to work with NGO Providers will enable population health community expenditure on primary care to be well-managed and therefore the associated total cost constrained, allowing for future-based investment;
- Inter-District Flows – It is expected that the work of the population health team, complemented by an historically healthy staffing situation in the DHB Provider will enable IDF outflows to be managed to a below-budget level;
- National initiatives – DHBs have invested heavily in national programmes at the behest of Government, and continue to do so. The minimum expected returns from these investments have been built into the budgeted savings programmes and it is essential for the achievement of the budgeted financial results that the agencies involved – healthAlliance, PHARMAC and NZ Health Partnerships Ltd - deliver on them;
- Personnel costs – have been budgeted to increase at almost double the rate of CPI for the last year. At the time of submitting the 2018-19 Annual Plan, voting on offer 5 of the NZNO settlement had not commenced, therefore uncertainty around nursing costs remain. The clinical labour force is a significant factor in the overall cost of providing health services, as they are generally quite labour-intensive. Negotiation and settlement of national MECAs is an area of risk for small, provincial DHBs that tend to have lower funding increments, while the risk for NGO Providers is in their ability to maintain appropriate permanent staffing levels.

FINANCIAL PERFORMANCE SUMMARY

PROSPECTIVE STATEMENT OF FINANCIAL PERFORMANCE (comprehensive income) for the three years ended 30 June 2018, 2019, 2020 and 2022

Statement of Comprehensive Income

$000	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
	Audited	**Forecast**	**Plan**	**Plan**	**Plan**	**Plan**
REVENUE						
Ministry of Health Revenue	168,794	181,172	185,132	190,686	196,406	202,299
Other Government Revenue	2,966	3,033	5,642	5,812	5,986	6,165
Other Revenue	3,338	3,357	3,224	3,320	3,420	3,523
Total Revenue	175,098	187,562	193,998	199,818	205,812	211,987
EXPENDITURE						
Personnel	65,547	69,467	76,583	78,881	81,247	83,684
Outsourced	7,280	8,298	6,393	6,553	6,717	6,885
Clinical Supplies	14,437	15,385	15,773	16,080	16,393	16,712
Infrastructure and Non Clinical	9,941	9,391	9,732	9,910	10,092	10,277
Payments to Non-DHB Providers	78,784	85,756	88,897	91,117	93,387	95,708
Interest	463	98	101	103	106	109
Depreciation and Amortisation	3,055	3,183	3,341	3,424	3,510	3,597
Capital Charge	1,684	2,422	2,678	2,745	2,813	2,884
Total Expenditure	181,191	194,000	203,498	208,813	214,265	219,856
Other Comprehensive Income	36	0	0	0	0	0
Revaluation of Land and Building	0	-2,315	0	0	0	0
Total Comprehensive Income/(Deficit)	-6,129	-4,123	-9,500	-8,995	-8,453	-7,869

Prospective Statement of Changes in net assets /equity

$000	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
	Audited	Forecast	Plan	Plan	Plan	Plan
Crown equity at start of period	-28,265	-43,283	-48,251	-47,869	-47,492	-47,657
(Surplus)/Deficit for the period	6,093	6,438	9,500	8,995	8,453	7,870
Contributions from Crown	-21,529	-9,500	-9,500	-9,000	-9,000	-9,000
Distributions to Crown	382	409	382	382	382	382
Revaluation & other movements	36	-2,315	0	0	0	0
Crown Equity at end of period	**-43,283**	**-48,251**	**-47,869**	**-47,492**	**-47,657**	**-48,405**

Consolidated Prospective Statement of Financial Position as at 30 June

$000	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
	Audited	Forecast	Plan	Plan	Plan	Plan
CROWN EQUITY						
Current Assets	6,998	5,850	5,850	5,850	5,850	5,850
Non-Current Assets	62,050	64,948	65,339	64,927	64,503	64,068
TOTAL ASSETS	69,048	70,798	71,189	70,777	70,353	69,918
Current Liabilities	24,358	21,279	22,052	22,017	21,428	20,245
Non-Current Liabilities	1,407	1,268	1,268	1,268	1,268	1,268
TOTAL LIABILITIES	25,765	22,547	23,320	23,285	22,696	21,513
NET ASSETS	**43,283**	**48,251**	**47,869**	**47,492**	**47,657**	**48,405**

Consolidated Statement of Prospective Cash Flows

$000	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
	Audited Actual	Forecast	Plan	Plan	Plan	Plan
CASH FLOWS FOR THE PERIOD						
Operating cash flows	-1,328	-4,397	-6,096	-5,506	-4,877	-4,204
Investing cash flows	-1,525	-2,685	-3,695	-2,973	-3,047	-3,122
Financing cash flows	6,198	8,874	9,017	8,514	8,512	8,509
NET TOTAL CASH FLOWS	3,345	1,792	-774	35	588	1,183
Net increase/(decrease) in cash held	3,345	1,792	-773	35	588	1,184
Add opening cash balance	-6,777	-3,432	-1,640	-2,413	-2,378	-1,790
CLOSING CASH BALANCE	-3,432	-1,640	-2,413	-2,378	-1,790	-606
made up from						
Balance Sheet Cash, Bank, and Short Term Investments	-3,432	-1,640	-2,413	-2,378	-1,790	-606

FINANCIAL ASSUMPTIONS

The financial statements have been prepared in accordance with Generally Accepted Accounting Practice in New Zealand (NZGAAP).

The financial estimates are based on informed judgments on the expected price and cost movements over the period of the Plan, including the funding intentions of Government and the Ministry. No significant changes in PBFF share has been assumed over the forecast period.

The anticipated quantum of funding over the 2018/19 year and beyond, presents considerable challenges in work to actively restrain cost growth and consideration of service changes. The financial plan for the period is highly geared towards business as usually and carries little or no flexibility to accommodate unplanned cost movements. The operating budget carries financial risks and is highly dependent upon the realisation of targeted savings.

The estimated financial effects of savings expected to arise from efficiency gains have been incorporated into the financial plan, as have savings expected to result from Government and cooperative initiatives, the tripartite Health Sector Relationship Agreement and enhanced clinical leadership. Cost savings anticipated flowing through to Hauora Tairāwhiti from national (healthAlliance (FPSC) Ltd and NZ Health Partnerships Ltd) and regional (HealthShare) initiatives have been included at the estimated additional cost of the programmes that will generate the savings.

Service level expectations, and the increasing cost impact of legislative compliance, will place considerable pressure on forecast expenditure, within the Provider Arm. The Funder Arm will face other additional issues, such as uncertainty over Aged care trends within the community, and IDF growth.

Baseline capital expenditure is planned to exceed depreciation provisions by $2.5M, after allowing for capital repayments and finance lease principal. Given service level expectations, and e-Space project contributions, this is not easily sustainable.

The DHB has made a number of significant assumptions in arriving at its Prospective Financial Performance Statements as summarised below:

Assumption	2018/19	2018/19	2019/20	2020/21	2021/22
Crown CFA Revenue	1.5%	1.5%	1.5%	1.5%	1.5%
Sector Cost Increases	0.7%	0.7%	0.7%	0.7%	0.7%
Staff Costs (average movement)	1.0%	1.0%	1.0%	1.0%	1.0%
Staff Costs (numbers)	654	654	654	654	654
Interest Rate	4.6%	4.6%	4.6%	4.6%	4.6%
Interest Rate - Working Capital	5.5	5.5	5.5	5.5	5.5
Capital Charge Rate	6%	6%	6%	6%	6%
NZD[1]/AUD[2]	0.87	0.87	0.87	0.87	0.87
NZD/USD[3]	0.85	0.85	0.85	0.85	0.85

[1] New Zealand Dollar
[2] Australian Dollar
[3] United States of America Dollar

MITIGATION OF FINANCIAL RISK

It is recognised that it will be challenging to meet these targets. However, management will be working intensively to ensure that expenditure on core services is constrained where possible. As stated above, the cost inflation rates are based upon Treasury economic forecasts, combined with trend analysis of cost inflation within Hauora Tairāwhiti. A risk assessment and sensitivity analysis relating to these key cost assumptions is set out below:

Assumption	Risk	Assessed potential effect
Revenue	Revenue expectations are not met.	Hauora Tairāwhiti budgeted consolidated revenue totals approximately $194M. For every 1% that revenue is lower than the budgeted levels, there is a potential financial detriment to Hauora Tairāwhiti of $1.94M.
	While there are good indications in relation to base CFA funding, there is a risk that actual funding may be curtailed and/or other revenue streams are less than anticipated.	To mitigate this risk, Hauora Tairāwhiti actively works to maintain, develop and diversify its revenue streams. 96% of revenue is MoH provided, therefore subject to service delivery there is little risk of significant variations to budget.
Labour cost inflation	Labour cost inflation is higher than expected, driving above-budget staff and outsourced services costs.	For every 1% that wage settlements exceed the budgeted levels, there is a potential additional expense of $766k in the cost of staff and outsourced services. To mitigate this risk, Hauora Tairāwhiti uses collaborative negotiating and informs employee representatives of the Minister's expectations and the net increase that has been allocated to Hauora Tairāwhiti for the planning period. Outsourced services present significant risks particularly in regard to cover for employee vacancies for medical staff.
Supply cost inflation	Supply cost inflation is higher than expected, driving above-budget clinical, infrastructure and non-clinical supply costs.	For every 1% increase in inflation above budgeted levels, there is a potential additional expense of ~$317k. To mitigate this risk, Hauora Tairāwhiti utilises collaborative procurement options, preferred supplier arrangements, fixed price agreements, outsourcing of support services and tender processes.
Exchange rate	NZ Dollar is less robust than expected, driving above-budget clinical supply costs.	For every 10% reduction in the value of the NZD against the currencies of the countries from which clinical supplies are sourced, there is a potential additional expense. Given the wide range of operating and capital expenditure categories that could potentially be affected, it is difficult to provide a meaningful estimate of the effect. To mitigate this risk, Hauora Tairāwhiti uses the same mechanisms as those used to mitigate supply cost inflation.
IDF Payments	Payments for services provided by other DHB's for Tairāwhiti domiciled patients is higher than anticipated.	As a small outlying DHB, Tairāwhiti is particularly sensitive to uncertainties around the IDF model. 11.7% of our expenditure is budgeted to IDF's, and there are very significant risks in this line, a 10% variation reflects a risk of 2.4m. There is little we can do to mitigate this.
Demand-driven costs	Demand-driven costs exceed budget and revenue, creating a deficit situation in the Funds function.	Hauora Tairāwhiti monitors all demand-driven costs and proactively works to address cost overruns with providers, including NASC services.

SIGNIFICANT ACCOUNTING POLICIES

The accounting policies used in the preparation of the financial statements can be found in the Tairāwhiti DHB 2017/18 Annual Report. There have been no significant changes in the accounting policies, which are reproduced hereunder:

REPORTING / ECONOMIC ENTITY

Reporting / Economic Entity
Hauora Tairāwhiti is a Health Board established by the New Zealand Public Health and Disability Act 2000. Hauora Tairāwhiti is a crown entity in terms of the Crown Entities Act 2004, owned by the Crown and domiciled in New Zealand.

Hauora Tairāwhiti is a public benefit entity (PBE), as defined in the external reporting board standard A1.

The group consists of Hauora Tairāwhiti, its subsidiary company Tairāwhiti Laundry Services Limited, which holds the associated partnership share in Gisborne Laundry Services, and its associated companies HealthShare Limited and TLab Limited.

The group activities involve delivering health and disability services and mental health services in a variety of ways to the community.

The financial statements are for the year ended 30 June 2018, and were authorised by the Board on 30 October 2018.

Basis of preparation
The financial statements have been prepared on a going concern basis, and the accounting policies have been applied consistently throughout the period.

Statement of Going Concern
The going concern principle has been adopted in the preparation of these financial statements. The Board, after making enquiries, has a reasonable expectation that the DHB has adequate resources to continue operations for the foreseeable future based on current trading terms and legislative requirements. The Board has reached this conclusion having regard to circumstances which it considers likely to affect the DHB during the period of one year from the date of signing the 2018/19 financial statements, and to circumstances which it knows will occur after that date which could affect the validity of the going concern assumption (as set out in its current Statement of Intent). The key considerations are set out below.

Letter of comfort
The Board has received a letter of comfort, dated 21 September 2018 from the Ministers of Health and Finance which states that deficit support will be provided where necessary to maintain viability.

Capital injection of $8.5m was received during the current financial year.

Operating and Cash flow forecasts
The Board has considered forecast information relating to operational viability and cash flow requirements. The Board is satisfied that there will be sufficient cash flows generated from operating activities to meet the investing and financing cash flow requirements of the DHB as set out in its current Statement of Intent and based on current trading terms and legislative requirements.

Borrowing covenants and forecast borrowing requirements
The forecast for the next year prepared by Hauora Tairāwhiti shows that the peak borrowing requirement will not exceed the available borrowing facilities. Furthermore, the forecast borrowing requirements can be met without breaching covenants or other borrowing restrictions.

While the Board is confident in the ability of Hauora Tairāwhiti to continue as a going concern, if the forecast information relating to operational viability and cash flow requirements is not achieved there would be significant uncertainty as to whether the DHB would be able to continue as a going concern based on current trading terms and legislative requirements.

Statement of Compliance
The financial statements of Hauora Tairāwhiti have been prepared in accordance with the requirements of the New Zealand Public Health and Disability Act 2000 and the Crown Entities Act 2004, which include the requirement to comply with generally accepted accounting practice in New Zealand (NZ GAAP).

The financial statements have been prepared in accordance with Tier 1 PBE accounting standards.

Presentation currency and Rounding
The financial statements are presented in New Zealand Dollars rounded to the nearest thousand ($000).

Significant Accounting Policies

Revenue
Revenue from the Crown
Hauora Tairāwhiti is primarily funded from the Crown, which is restricted in its use for the purpose of Hauora Tairāwhiti meeting its objectives as specified in the statement of intent. The fair value of revenue from the Crown has been determined to be equivalent to the amounts due in the funding arrangements.

Revenue from Other DHB's
Hauora Tairāwhiti receives revenue when a patient from another area is treated in Tairāwhiti, this revenue is paid via an Inter District Flows mechanism after the patient is discharged.

Interest
Interest revenue is recognised using the effective interest method.
Donated services
Certain operations of Hauora Tairāwhiti are partially reliant on services provided by volunteers. Volunteer services received are not recognised as revenue or expenditure.

Donated assets
Where a physical asset is gifted to or acquired by Hauora Tairāwhiti for nil consideration or at a subsidised cost, the asset is recognised at fair value and the difference between the consideration provided and fair value of the asset is recognised as revenue.

Expenditure
Capital charge
The capital charge is recognised as an expense in the financial year to which the charge relates.

Borrowing costs
Borrowing costs are recognised as an expense in the financial year in which they are incurred.

Finance Leases
Leases, which effectively transfer to Hauora Tairāwhiti substantially all the risks and benefits incident to ownership of the leased items, are classified as finance leases. These are capitalised at the lower of the fair value of the asset or the present value of the minimum lease payments. The leased assets and corresponding lease liabilities are recognised in the statement of financial position. The leased assets are depreciated over the period the Hauora Tairāwhiti is expected to benefit from their use.

Operating Leases
Leases where the lessor effectively retains substantially all the risks and benefits of ownership of the leased items are classified as operating leases. Payments under these leases are recognised as expenses in the periods in which they are incurred.

Finance and Procurement, including National Oracle Solution
The Finance and Procurement programme, which includes the National Oracle Solution (NOS), is a national initiative funded by DHBs and facilitated by NZ Health Partnerships Limited (NZHPL) to deliver sector wide benefits. NZHPL holds an intangible asset recognised at the capital cost of development relating to this programme, Hauora Tairāwhiti holds an asset at cost of capital invested by Hauora Tairāwhiti in the FPSC programme. This investment represents the right to access the FPSC assets and are considered to have an indefinite life. DHBs have the ability and intention to review the service level agreement indefinitely and the fund established by NZPHL through the on-charging of depreciation and amortisation on the assets to the DHBs will be used to, and is sufficient to, maintain the assets standard of performance or service potential indefinitely. As the rights are considered to have an indefinite life, the intangible asset is not amortised and will be tested for impairment annually.

Cash and Cash equivalents
Cash and cash equivalents comprises cash balances, call deposits with a maturity of no more than three months.

Receivables
Short-term receivables are recorded at their face value, less any provision for impairment.
A receivable is considered impaired when there is evidence that Hauora Tairāwhiti will not be able to collect the amount due. The amount of the impairment is the difference between the carrying amount of the receivable and the present value of the amounts expected to be collected.

Investments
Investments, including those in subsidiaries, are stated at fair value. Any decreases are recognised in the Statement of comprehensive revenue and expense.

After initial recognition, these investments are measured at their fair value with gains and losses recognised in other comprehensive revenue and expense, except for impairment losses that are recognised in the surplus or deficit.

A significant or prolonged decline in the fair value of the investment below its cost is considered objective evidence of impairment. If impairment evidence exists, the cumulative loss recognised in other comprehensive revenue and expense is reclassified from equity to the surplus or deficit.

Inventories
Inventories held for distribution in the provision of services that are not supplies on a commercial basis are measured at cost, determined on weighted average cost basis.

Inventories acquired through non-exchange transactions are recorded at fair value at the date of acquisition. The amount of any write-down for the loss of service potential or from cost to net realisable value is recognised in the surplus or deficit in the period of the write down.

Property, plant and equipment
Property, plant and equipment consists of the following asset classes: land, buildings, clinical equipment, other equipment, information technology and vehicles.

Property, plant and equipment vested from the Hospital and Health Service.
Under section 95(3) of the New Zealand Public Health and Disability Act 2000, the assets of Tairāwhiti Healthcare Limited (a Hospital and Health Service) were vested in Hauora Tairāwhiti on 1 January 2001.

Accordingly, assets were transferred at their net book values as recorded in the books of the Hospital and Health Service. In effecting this transfer, the Board has recognised the cost and accumulated depreciation amounts from the records of the Hospital and Health Service. The vested assets will continue to be depreciated over their remaining useful lives.

Property, plant and equipment acquired since the establishment of Hauora Tairāwhiti.
Assets acquired by the Board since its establishment, other than those vested from the Hospital and Health Service and land and buildings, are recorded at cost less accumulated depreciation. This includes all appropriate costs of acquisition and installation, including materials, labour, direct overheads, financing, and transport costs.

Land is measured at fair value, and buildings are measured at fair value less accumulated depreciation. All other asset classes are measured at cost, less accumulated depreciation and impairment losses.

Revaluations
Land and buildings are valued by an independent qualified valuer at least 3 yearly to confirm that their carrying value in the financial statements of the organisation reflect their fair value. Valuations will be undertaken more regularly if necessary to ensure that no class of assets is included at a valuation that is materially different from its fair value. Where fair value of an asset is not able to be reliably determined using market-based evidence, optimised depreciated replacement cost is considered the most appropriate basis for determination of fair value.

Land and buildings revaluation movements are accounted for on a class-of-asset basis.

The net revaluation results are credited or debited to other comprehensive revenue and are accumulated to an asset revaluation reserve in equity for that class of asset. Where this would result in debit balance in the asset revaluation reserve, this balance is not recognised in other comprehensive revenue but is recognised in the surplus or deficit. Any subsequent increase on revaluation that reverses a previous decrease in value recognised in the surplus or deficit will be recognised first in the surplus or deficit up to the amount previously expensed, and then recognised in other comprehensive revenue.

The results of revaluing land and buildings are credited or debited to an asset revaluation reserve for that class of asset. Where a revaluation results in a debit balance in the asset revaluation reserve, the debit balance will be expensed in the Statement of comprehensive revenue and expense.
Additions between revaluations are recorded at cost less depreciation

Disposals
Any gain or loss on disposal is determined by comparing the proceeds with the carrying amount of the asset and this amount is included in the net surplus or deficit.

Depreciation
Depreciation is provided on a straight-line basis on all property, plant and equipment other than land, at rates which will write-off the cost (or revaluation) of the assets to their estimated residual values over their useful lives.

The useful lives and associated depreciation or amortisation rates of major classes of assets have been estimated as follows:

Buildings - Structure	67 years	(1.5%)
Buildings - Fit out	5 - 67 years	(1.5 - 20%)
Equipment	3 - 25 years	(4 – 33.33%)
Information Technology	2 - 12.5 years	(8 – 50%)
Intangible Assets	3 - 12.5 years	(8 – 33.33%)
Motor vehicles	6.7 - 12 years	(6.67 - 15%)

The residual value and useful life of an asset is reviewed, and adjusted if applicable, at each financial year end.

Work in progress is recognised at cost less impairment and is not depreciated. The total cost of a project is transferred to the relevant asset category on its completion and then depreciated.

Intangibles
Acquired computer software costs are capitalised on the basis of costs incurred to acquire and bring to use. Ongoing staff training and maintenance costs are recognised as expenses when incurred.
The carrying value of an intangible asset with a finite life is amortised on a straight line basis over its useful life. The amortisation charge is recognised in the Statement of comprehensive revenue and expense

Impairment
Hauora Tairāwhiti does not hold any cash-generating assets. Assets are considered cash-generating where their primary objective is to generate a commercial return.

Property, plant and equipment and Intangible assets that have a finite useful life are reviewed for impairment each year. An impairment loss is recognised for the amount by which the asset's carrying amount exceeds its recoverable amount. The recoverable amount is the higher of an asset's fair value less costs to sell and value in use.

Value in use is determined using an approach based on either a depreciated replacement cost approach, restoration cost approach, or a service units approach. The most appropriate approach used to measure value in use depends on the nature of the impairment and availability of information.
The total impairment loss, or reversal of impairment loss, is recognised in the surplus or deficit.

Creditors and payables
Creditors and other payables are measured at fair value, and subsequently measured at amortised cost using the effective interest rate method.

Provisions
A provision is recognised for future expenditure of uncertain amount or timing when there is a present obligation (either legal or constructive) as a result of a past event, it is probable that an outflow of future economic benefits will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation.

Provisions are measured at the present value of the expenditure expected to be required to settle the obligation using a pre-tax discount rate that reflects current market assessments of the time value of money and the risks specific to the obligation. The increase in the provision due to the passage of time is recognised as an interest expense and is included in "finance costs".

Borrowings
Borrowings are initially recognised at their fair value plus transaction costs. After initial recognition, all borrowings are measured at amortised cost using the effective interest method.

Borrowings are classified as current liabilities unless Hauora Tairāwhiti has an unconditional right to defer settlement of the liability for at least 12 months after balance date. Borrowings where Hauora Tairāwhiti has an unconditional right to defer settlement of the liability for at least 12 months after balance date are classified as current liabilities if Hauora Tairāwhiti expects to settle the liability within 12 months of the balance date.

Employees
Employee entitlements
Provision is made in respect of Hauora Tairāwhiti liability for annual, parental, long service, sick, leave sabbatical, retirement, and conference leave. Annual leave, Parental Leave and Conference leave have been calculated on an actual entitlement basis at current rates of pay whilst Long Service and Retirement provisions have been calculated on an actuarial basis. The liability for sick leave is recognised, to the extent

that compensated absences in the coming year are expected to be greater than the sick leave entitlements earned in the coming year. The amount is calculated based on the unused sick leave entitlement that can be carried forward at balance date; to the extent the DHB anticipates it will be used by staff to cover those future absences.

Superannuation Schemes

Defined contribution schemes

Employer contributions to Kiwisaver, the Government Superannuation Fund, and the State Sector Retirement Savings Scheme are accounted for as defined contribution schemes and are recognised as an expense in the surplus or deficit as incurred.

Defined benefit schemes

The DHB makes employer contributions to the Defined Benefit Plan Contributors Scheme (the scheme), which is managed by the Board of Trustees of the National Provident Fund. The scheme is a multi-employer defined benefit scheme.

Insufficient information is available to use defined benefit accounting, as it is not possible to determine from the terms of the scheme the extent to which the surplus/deficit will affect future contributions by individual employers, as there is no prescribed basis for allocation. The scheme is therefore accounted for as a defined contribution scheme.

Equity

Equity is measured as the difference between total assets and total liabilities. Equity is disaggregated and classified into the following components.

- contributed capital
- accumulated surplus/(deficit);
- revaluation reserves
- other reserves

Budget figures

The budget figures are those approved by the Board and published in its Statement of Intent and have been prepared in accordance with generally accepted accounting practice and are consistent with the accounting policies adopted by the Board for the preparation of the financial statements.

Goods and services tax

All items in the financial statements are exclusive of goods and services tax (GST) with the exception of receivables and payables, which are stated with GST included. Where GST is irrecoverable as an input tax, it is recognised as part of the related asset or expense.

The net GST recoverable from or payable to the Inland Revenue Department is included as part of receivables or payables in the Statement of Financial Position.

The net GST paid to, or received from the Inland Revenue Department, including the GST relating to investing and financing activities, is classified as an operating cash flow in the statement of cash flows.

Taxation

Hauora Tairāwhiti is a public authority under the New Zealand Public Health and Disability Act 2000 and is exempt from income tax under Section CB3 of the Income Tax Act 2007.

Trusts and bequest funds

Donations and bequests to Hauora Tairāwhiti are recognised as revenue when control over assets is obtained or entitlement to receive money is established. A liability, rather than revenue, is recognised where fulfilment of any restrictions attached to those assets is not probable. Those donations and bequests with restrictive conditions are appropriated from Retained Earnings to the Trust Funds component of

Equity. When expenditure is subsequently incurred in respect of these funds, it is recognised in the Statement of comprehensive revenue and expense, an equivalent amount is transferred from the Trust Funds component of Equity to Retained Earnings.

Financial instruments
Hauora Tairāwhiti and the Group is party to financial instruments as part of its normal operations. These financial instruments include bank accounts, short term deposits, investments, debtors, creditors, and loans. All financial instruments are recognised in the Statement of Financial Position and all revenues and expenses in relation to financial instruments are recognised in the Statement of comprehensive revenue and expense.

Except for loans, which are recorded at cost, and those items covered by a separate accounting policy, all financial instruments are shown at their estimated fair value.

Cost of service statements
The cost of service statements, as reported in the statement of objectives and service performance, reports the net cost of services for the outputs of Hauora Tairāwhiti and are represented by the cost of providing the output less all the revenue that can be allocated to these activities.

Cost allocation
Direct costs are charged directly to output classes.

Indirect costs, those which cannot be identified in an economically feasible manner to a specific output class, are charged to output classes based on cost drivers and related activity/usage information.

The cost of internal services not directly charged to outputs is allocated as overheads using appropriate cost drivers such as actual usage, staff numbers, and floor area.

There have been no changes to the cost allocation methodology since the date of the last audited financial statements.

Critical accounting estimates
In preparing these financial statements, Hauora Tairāwhiti has made estimates and assumptions concerning the future. These estimates and assumptions may differ from the subsequent actual results. Estimates and assumptions are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances. The estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year are discussed below.

Estimating useful lives and residual values of property, plant, and equipment
At each balance date, the useful lives and residual values of property, plant, and equipment are reviewed. Assessing the appropriateness of useful life and residual value estimates of property, plant, and equipment requires a number of factors to be considered such as the physical condition of the asset, expected period of use of the asset by Hauora Tairāwhiti, and expected disposal proceeds from the future sale of the asset.

An incorrect estimate of the useful life or residual value will affect the depreciation expense recognised in the surplus or deficit, and carrying amount of the asset in the statement of financial position. Hauora Tairāwhiti minimises the risk of this estimation uncertainty by:

- physical inspection of assets;
- asset replacement programs;
- review of second hand market prices for similar assets; and
- analysis of prior asset sales.

Hauora Tairāwhiti has not made significant changes to past assumptions concerning useful lives and residual values.

Appendix B – System Level Measures 2018/19 plan

DRAFT 2018/19

Summary	0-4 ASH Rates per 100,000 population[20]	Acute Bed Days per 1,000 population	Patient Experience of Care	Amenable Mortality	Youth ED Alcohol Attendances	Babies Living in Smoke Free Homes at six weeks
Māori	7,589	527	NA	266.9		52/183
Total	4,937	375	NA	90.8		130/274
Baseline	6,738	369	NA	151.4	6%	
	6,468	447	Increased uptake and utilisation	149.9	60%	95%
Year 18/19 Milestones	4% reduction in Māori rate	4% reduction in Māori rate	Implementation and structure embedded to review survey outcomes	3 year goal of 4% reduction in Māori rate	Increase rate of data collection of alcohol related ED attendances	Improve data accuracy of WCTO core check information

[20] 12 months till March 2018.

AMBULATORY SENSITIVE HOSPITALISATIONS (ASH)

ASH Rates per 100,000 populations for 0-4 year olds

Ambulatory sensitive hospitalisations (ASH) are mostly acute admissions that are considered potentially reducible through prophylactic or therapeutic interventions deliverable in a primary care setting.

It has been suggested that admission rates can serve as proxy markers for primary care access and quality, with high admission rates indicating difficulty in accessing care in a timely fashion, poor care coordination or care continuity, or structural constraints such as limited supply of primary care workers.

ASH rates are also determined by other factors, such as hospital emergency departments and admission policies, health literacy and overall social determinants of health.

		Hauora Tairāwhiti		
Baseline (*ASH Rates per 100,000 populations)*	**Rates per 100,000 people**	**Baseline 12 months to March 2018**	**12 months to June 2018**	**Milestones 18/19**
	Māori	7,589	7,205	7,285
	Other	4,937	4,937	4740
	Total	6,738	6,479	6468

Improvement Milestone	Actions/Activities	Contributory Measures
A reduction of 4% for Māori. Note the 'total' row has been removed as it is not possible to estimate this with any accuracy.	1. A data sharing accord is agreed ASH admissions provisions of 'frequent flier' lists to practice will expand to include the respiratory programme to children. 2. Enrolment with general practice 3. Smoking Cessation and healthy housing support for parents/caregivers of children admitted for respiratory conditions as part of the sustained program to include a review of social assessment provided is successful and adds to children's program. (Can provide WIN18 programme of work if needed). Explore the evidence and secure financial support to support an initiative to provide each child with an additional toothbrush and toothpaste incentive to promote dental awareness education through general practice.	ASH admissions for 0-4 years old with a primary diagnosis of a respiratory condition ASH admissions for 0-4 years old with a primary diagnosis of dental conditions Enrolment with a PHO by 3 months of age Immunisation 2 years

ACUTE HOSPITAL BED DAYS

Number of bed days for acute hospital stays per 1000 population domiciled within a DHB per year (standardised)

Acute hospital bed days per capita is a measure of the use of acute services in secondary care that could be improved by effective management in primary care, transition between the community and hospital settings, discharge planning, community support services and good communication between healthcare providers. This includes access to diagnostics services.

The measure will be used to manage the demand for acute inpatient services on the health system. The intent of the measure is to reflect integration between community, primary, and secondary care and it supports the strategic goal of maximising the use of health resources for planned care rather than acute care.

The measure aligns well with the New Zealand Health Strategy's five themes, in particular - value and high performance.

Hauora Tairāwhiti			
		Baseline 12 months to Sept 2017	**Milestones 18/19**
Baseline (rates are *acute hospital stays per 1000 population)*	**Māori**	527	506
	Other	375	375
	Pacifica	369	369
	Total	447	

Improvement Milestone	**Actions/Activities**	**Contributory Measures**
A reduction of 4% for Māori.	1. Increased utilization of Primary Options pathways in General Practices for DVT and Cellulitis with a focus on Māori access and utilisation of services 2. ED reconnection programme to review and extend if evidence supports this. We will focus on increasing the availability of influenza vaccines in community pharmacies for people over 65 years and pregnant women with a focus on Māori. 3. Falls prevention model across Tairāwhiti has a focus on Māori. 4. Increase the uptake of Primary Options for Mental Health and Addictions services to support the transition of people out of the acute Mental Health ward. 5. The clinical cross-sector managing demand group will review the acute bed day demand and a work programme will be developed for improved pathways of care.	Hospitalisations due to cellulitis and DVT Number of eligible people provided with an influenza vaccination Number of falls related ED attendances Increase against base line because of POMA

PATIENT EXPERIENCE OF CARE

Consumer health care experience and level of integration of care covering the domains of communication, partnership, co-ordination and physical and emotional needs
Note: There is no baseline data at present as the Primary Care Patient Experience Survey has not yet rolled out in Tairāwhiti

The purpose of these measures is to ensure patients in New Zealand are receiving quality, effective and integrated health services. Evidence suggests that if patients experience good care, they are more engaged with the health system and therefore likely to have better health outcomes. Having General Practices using the patient care survey is a first step to identifying the patient perception of the quality of their health care in the community.

How people experience health care is a key element of system performance that can be influenced by all parts of the system and the people who provide the care. Improved patient experience of care will reflect better integration of heath care at the service level, better access to information and more timely access to care.

Hauora Tairāwhiti		
Improvement Milestone	**Actions/Activities**	**Contributory Measures**
100% of Tairāwhiti general practices uptake the primary care patient experience survey by 30 June 2019, from a baseline of 50% of practices in Q4 2017/18.	1. Continue to promote Primary Care Patient Experience Survey within General Practice. DHB working with PHO to consider how our communication teams would work individually and collectively to achieve this 2. Continue to promote use of the patient -portal as an option for accessing and communicating with general practice 3. Establish mechanism for regular monitoring and quality improvement activity from Primary Care Patient Experience Survey results including DHB quality services for hospital related outcomes from the survey and incorporation of inpatient survey outcome findings. Work toward oversight by the Clinical Governance Group.	Uptake of Primary Care Patient Experience Survey Percentage of eligible people utilising patient portal

AMENABLE MORTALITY

Untimely, unnecessary deaths from causes amenable to health care (per 100,000)
Note: there is a three-year lag in data for amenable mortality.

About half the deaths under 75 years of age in New Zealand are classified as amenable according to the current code list. That is, they are 'untimely, unnecessary' deaths from causes amenable to health care.

		Baseline 12 months to Sept 2017	Milestones 18/19
Baseline (per 100,000 population)	**Māori**	267	256
	Non-Māori	91	87
	Total	151	145

Improvement Milestone	Actions/Activities	Contributory Measures
A reduction of 4% for Māori over the next three years. Note the 'total' row has been removed as it is not possible to estimate this across the varying rates of reduction.	1. General Practices will proactively recall people with diabetes for an annual review and care plan discussion with a focus on Māori 2. Our PHO's, general practises and DHB services will establish a diabetes leadership group. 3. General Practices will maintain focus on CVDRAs and proactively recall eligible people, particularly young Māori men using the updated best practice CVDRA guidelines. 4. General Practices will increase the rate of referral to smoking cessation support services with a focus on Māori 5. Our General Practices to engage with Whānau Ora teams will provide proactive screening for cervical cancers with a focus on Māori 6. We will develop an acute chest pain pathway within general practise.	Percentage of enrolled people in the PHO within the eligible population with a record of a Diabetes Annual Review during the reporting period whose HbA1c test result is 8% or less or 64mmol/mmol or less Percentage of PHO enrolled people within the eligible population who have had a CVD risk recorded within the last five years and/or measure showing good management of CVD risk Percentage of registered smokers who have been referred to a smoking cessation service Women enrolled in a PHO aged 25 to 69 years who have had a cervical sample taken in the past three years

YOUTH ACCESS TO AND UTILISATION OF YOUTH APPROPRIATE HEALTH SERVICES [DEVELOPMENTAL MEASURE IN 2018/19]

Alcohol-related emergency department presentations

Young people (10-24 years of age) are valuable to our community with important contributions to make now and in the future. As agencies and providers of health care we're entrusted with supporting the wellbeing of our young people.

Hauora Tairāwhiti		
Improvement Milestone	**Actions/Activities**	**Contributory Measures**
Young people experience less alcohol and drug related harm and receive appropriate support we will improve data collection regarding alcohol-related ED presentations for 10-24 year olds from 6% (July 2018) to over 60% by June 2019.	1. Regular reporting analysis and oversight mechanism 2. ED will provide additional workforce support and prioritisation to ensure alcohol-related presentations data is being captured accurately. We will refine the reporting to ensure youth contact is discernible. 3. Significant consultation has occurred via youth survey this year under the Rangatahi Mahi Tahi further focus on youth dimensions will occur.	Regular reporting analysis and oversight mechanism Alcohol-related ED presentations for 10-24 year olds We will develop the approach required to monitor which dimensions we agree will be planning to implement.

PROPORTION OF PĒPI WHO LIVE IN A SMOKEFREE HOUSEHOLD AT SIX WEEKS POSTNATAL [DEVELOPMENTAL MEASURE IN 2018/19]

Proportion of Tairāwhiti babies who are recorded as living in a smoke free household at the six week Well Child/Tamariki Ora check (no smokers living in the household).

A reduction in the prevalence of smoking in women who are intending pregnancy or who are pregnant is a priority. Maternal smoking is associated with a range of poor neonatal and child health outcomes, as is exposure to second-hand cigarette smoke in the environment in which an infant lives. This measure will focus attention beyond just maternal smoking to the home and family/whānau environment and will encourage an integrated approach between maternity, community and primary care.

Hauora Tairāwhiti		
Improvement Milestone	**Actions/Activities**	**Contributory Measures**
Improve the quality of Well Child Tamariki Ora Smoker Presence data collection and reporting to at least 95% accuracy by 30 June 2019 (the reported combined Smoker Presence figures for Tairāwhiti will have 95% accuracy to the information collected by Well Child Tamariki Ora nurses at the #1 Core Check)	1. The Ministry of Health and PHO's will work with Karo and Well Child Tamariki Ora providers to ensure data collection, collation and flows are accurate. More focus needed to ensure data is clean. 2. We will utilise all scheduled opportunities during pregnancy to provide brief advice and provide opportunity for hāpu māmā to accept referral to cessation providers 3. We will continue to fund a specific hāpu māmā smoking cessation service to work alongside and within the existing smoking cessation services but specialising in supports for hāpu māmā. 4. We will implement a smoking brief advice and referral linkage service through Tairāwhiti community pharmacies 5. This year coinciding with the rollout of Mokopuna Ora we are increasing the importance of our local E Tipu E Rea Māmā and Pēpi service. This programme was not previously recognised in the SLM plan; we are proposing a further priority by including in the SLM. The programme will continue to implement, safe sleep, referral to smoking cessation supports for whānau and	Data is monitored regularly for accuracy reviewed quarterly Healthy mums and babies; by 2021, 90% of pregnant women are registered with a LMC in their first trimester, with an interim target of 80%, with equitable rates for all population groups. Percentage of women identified as smokers at first registration with LMC Percentage of hāpu māmā identified as smokers who receive brief advice Wellchild Tamariki Ora Reporting core contacts 1-3

keep the focus up for Breast feeding.

The Partners committed to achieving the milestones identified in this System Level Measures Improvement Plan.

On behalf of Ngāti Porou Hauora:

NGATI POROU HAUORA
'Nati' Healthy, Wealthy and Wise

Signed: **Rose Kahaki, Chief Executive**
Dated: / /

On behalf of Pinnacle Midlands Health Network:

Pinnacle Midlands Health Network

Signed: **David Oldershaw, Chief Executive**
Dated: / /

On behalf of Hauora Tairāwhiti:

Hauora
Tairāwhiti

Signed: **Jim Green, Chief Executive**
Dated: / /

APPENDIX C - 2017-20 Midland RSP Lines Of Sight – Midland DHB Annual Plans

Service / Network / Enabler	Midland DHB Annual Plan Section / Appendix Alignment 2017-20	Midland RSP: *Initiatives and Activities* Content Description
Overview of RSP document structure	Section 1	**Midland DHBs six regional objectives** (figure)
Regional Māori Health (Ngā Toka Hauora – Midland DHB GMs Māori Health)	Section 1 – objective 1	**Improve Māori health outcomes:** Narrative Summary of national Māori health indicators
	Appendix 1	Objective 1: Regional Māori health 2017-18 work plan
Regional pathways of care (Map of Medicine tool and Bay Navigator)	Section 1 – objective 2	**Integrate across continuums of care:** Narrative
Midland integrated hepatitis C service	Section 1 – objective 2	Integrate across continuums of care: Narrative
	Appendix 1	Objective 2: Regional hepatitis C service – work plan and measures
Midland United Regional Integrated Alliance Leadership (MURIAL)	Section 1 – objective 2	**Integrate across continuums of care:** Narrative
Regional Quality	Section 1 – objective 3	**Improve quality across all regional services:** Narrative *(still to be provided – awaiting outcome of Midland governance meetings on 3 March 2017)*
	Appendix 1	Objective 3: Quality Managers work plan *(see note above)*
Regional Workforce	Section 1 – objective 4	**Build the workforce:** Narrative
	Appendix 1	Objective 4: Regional workforce work plan
Regional IS	Section 1 – objective 5	**Improve clinical information systems:** Narrative
	Appendix 1	Objective 5: Regional IS work plan Midland DHBs forecast IS investments (in discussions with MoH) Midland eSPACE roadmap
Health Partnership Limited (HPL) HealthShare Ltd (HSL)	Section 1 – objective 6	**Efficiently allocate public health system resources:** Narrative (HPL and HSL) Overview of HealthShare Ltd (figure) Audit and Assurance Service Regional Internal Audit Service Outcomes framework (figure)
Regional Clinical Networks and Clinical Action Groups	Section 2	Narrative Top initiative for delivery by July 2018 for each regional clinical group
Midland Regional Public Health Network	Section 2	Narrative Provide population health opinion potential disparities the roll out of programmes may have
Cancer services (Midland Cancer Network)	Section 2.1	Narrative Work plan
Cardiac services (Midland Cardiac Clinical Network)	Section 2.2	Narrative Work plan
Child health (Child Health Action Group)	Section 2.3	Narrative Work plan
Elective services (Regional Elective Services Network)	Section 2.4	Narrative Work plan

Service / Network / Enabler	Midland DHB Annual Plan Section / Appendix Alignment 2017-20	Midland RSP: *Initiatives and Activities* Content Description
Healthy ageing (Health of Older People Action Group)	Section 2.5	Narrative Work plan
Mental health and addictions (Regional Mental Health & Addictions Network)	Section 2.6	Narrative Work plan
Radiology services (Midland Radiology Action Group)	Section 2.7	Narrative Work plan
Stroke services (Midland Stroke Network)	Section 2.8	Narrative Work plan
Trauma services (Midland Trauma System – MTS)	Section 2.9	Narrative Work plan (to be developed)
Regional governance	Appendix 2	Narrative Midland regional governance structure (figure) Includes regional IS governance and eSPACE governance arrangements
Glossary of terms	Appendix 3	Glossary list of terms