

Wairarapa District Health Board

2018/19 Statement of Performance Expectations

2018/19 Statement of Performance Expectations including Financial Performance

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


1. To allow the responsible Minister to participate in setting the annual performance expectations of the Wairarapa DHB
2. To provide parliament with information on these expectations, and
3. To provide a base against which actual performance can be assessed. The actual results of service performance against what was forecast here will be published in our 2018/19 Annual Report.

Board Statement

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

This information has been prepared in accordance with the requirements of the Crown Entities Act 2004. The SPE sets out our performance expectations for the period from 1 July 2018 to 30 June 2019.

Signed on behalf of the Board



Sir Paul Collins
Board Chair

Date: 25 June 2018



Leanne Southey
Deputy Chair

Date: 25 June 2018

Output class measures

Four Output Classes are used by (all) DHBs to reflect the nature of services provided. The aim of selecting output measures within each class for inclusion in the SPE is to ensure that the SPE meaningfully supports the key strategic priorities of the Wairarapa DHB's planned activities as outlined in the earlier Sections of this Annual Plan, and to provide a representation of the vast scope of business as usual services we provide in support of our strategic goals.

In identifying appropriate output measures¹ within each output class we have included, in addition to volume measures, a mix of measures that help us evaluate different aspects of our performance. These measures indicate performance against service coverage (encompassing health equity) quality, volume (quantity) and timeliness. The intervention logic is depicted in Figure 1.

Some performance measures are demand-based and are included to provide a picture of the services funded and/or provided by the Wairarapa DHB. For such measures, there are no assumptions about whether an increase or decrease is desirable. As such the "target" represents an estimation of the service delivery for 2018/19 based on historical and population trends.

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

Reference key			
HT	(National) Health Target*	C	Coverage
SLM	System Level Measure*	V	Volume (quantity) measure
PP	Policy priority measure*	Q	Quality measure
SI	System Integration measure*	T	Timeliness measure
OP	Output measure*		
OS	Ownership measure*		*These measures are part of the National non-financial performance monitoring framework.
DV	Development measure*		
WPI	Wairarapa DHB performance indicator		
3DHB ²	3DHB performance indicator (Capital & Coast DHB, Hutt Valley DHB, Wairarapa DHB)		

¹ Some performance measures show health indicators by locality, ie the people who live in the Wairarapa DHB's catchment, while other measures show performance of the services provided by Wairarapa DHB regardless of the service user's home district.

² Some measures show combined data for all 3 DHBs; Wairarapa, Hutt Valley and Capital & Coast, most often where services are provided on a sub-regional basis and data is not disaggregated by DHB. These measures are indicated in the tables as (3DHB).

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

National	NZ Health System intended outcomes: New Zealanders live longer, healthier and more independent lives.						
Central Region Triple Aim	In the Central region we aim to achieve: <ul style="list-style-type: none">Improved health & equity for all populationsImproved quality, safety & experience of careBest value for public health system resources						
DHB vision	Better health for all						
System level health outcome measures	For the Wairarapa success will mean: <ul style="list-style-type: none">Improved health equity - reduced outcome disparity in system level measuresReduction in Ambulatory sensitive hospital (ASH) admissions 0-4 yr olds and age 45-64Reduction in amenable mortality ratesReduction in Acute Hospital bed days per capitaImproved scores across domains of the patient experience surveyIncrease in number of babies in smoke-free homes at 6 weeksImproved youth health – reduced hospitalisations for self harm and increased chlamydia testing						
Impacts How we measure our progress.	<ul style="list-style-type: none">Increased and more equitable number of babies who live in smoke-free households.More babies breastfed.More adults and pregnant women offered help to quit smoking.High proportion 8-month old immunised equitably across ethnicities.Improved and more equitable oral health for children.More women screened for breast and cervical cancers equitably across ethnicities.		<ul style="list-style-type: none">More adults referred to Green Prescription program.Increased and more equitable number of patients enrolled in PHOs.More people assessed for CVD risk equitably across ethnicities.Improved access to mental health and addiction services.Reduced Rheumatic Fever (first) hospitalisation rates.More patients attend planned appointments equitably across ethnicities.		<ul style="list-style-type: none">Shorter stays in our Emergency Department.Shorter and equitable waiting time for cancer diagnosis and treatment.Timely access to planned elective services.Proportion of older people receiving long term support that are comprehensively clinically assessed (inter RAI).Number of people registered with Disability Alert.		
DHB intended outcomes	<ul style="list-style-type: none">Environmental and disease hazards minimizedLifestyle factors affecting health well managedChildren have a healthy start in lifeLong term conditions well managedImproved health, wellbeing & independence of our older people			<ul style="list-style-type: none">Responsive services for people with disabilitiesPeople receive high quality hospital and specialist health services when neededPeople receive high quality mental health services when neededReduced health disparities			
Outputs Services provided	Prevention <ul style="list-style-type: none">Health protection & regulatory servicesHealth promotion & educationPop-In health screeningImmunisationSmoking cessation		Early Detection & Management <ul style="list-style-type: none">Primary health careOral healthCommunity carePharmacy servicesDiagnostics	Intensive Assessment & Treatment <ul style="list-style-type: none">Mental Health & Addictions servicesElective and acute medical and surgical servicesCancer servicesMaternity		Rehabilitation & support <ul style="list-style-type: none">Disability servicesHealth of older peopleAge-related residential careNeeds assessmentHome based carePalliative care	
Inputs	People & knowledge	Collaborative partnerships	Quality systems & processes	Technology	Facilities	Funding	Risk management

Output class 1: Prevention Services

Prevention services

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

Outputs measured by	Note			Target/Est2 018/19	Baseline	Baseline data date
Health protection and statutory regulation						
The number of disease notifications investigated.	V	WPI	Total	154	154	2016/17
			Māori	15	15	
			Pacific	3	3	
The number of environmental health investigations.	V	WPI		90	90	2016/17
The number of premises visited for alcohol controlled purchase operations.	V	WPI		19	19	2016/17
The number of tobacco retailers visited during controlled purchase operations	V	WPI		23	23	2016/17
Health promotion and education						
Number of adult referrals to the Green Prescription program.	V	WPI		124	124	2016/17
Number of submissions providing strategic public health input and expert advice to inform policy and public health programming in the sub-regional	V	WPI		17	3	2016/17
Number of new referrals to Public Health nurses in primary/intermediate schools.	V	WPI	Total	174	174	Jan – Dec ³ 2016
			Māori	107	107	
			Pacific	5	5	
Smoking cessation						
Percentage of PHO enrolled patients who smoke and have been offered help to quit smoking by a health care practitioner in last 15 months.	C	HT5		≥90%	90%	2017/18 Q2
Percentage of hospitalized smokers receiving advice and help to quit.	Q	PP31		90%	97%	2017/18 Q2
Percentage of pregnant women who identify as smokers upon registration with a DHB-employed midwife or LMC being offered brief advice and support to quit smoking.	Q	HT5		≥90%	100%	2017/18 Q2

³ School year related data is required to be reported from Jan – Dec, not financial year.

Outputs measured by	Note			Target/Est. 2018/19	Baseline	Baseline data date
Immunisation						
Percentage of 2-year olds fully immunised.	C	PP21		≥95%	96%	2017/18 Q2
Percentage of 8-month olds fully vaccinated	C	HT4		≥95%	92%	2017/18 Q2
Percentage of year 7 children provided Boostrix vaccination in schools in Wairarapa district.	C	WPI	Total	≥70%	77%	Jan – Dec 2016
			Māori		79%	
			Pacific		88%	
Percentage of year 8 girls vaccinated against HPV (final dose) in Wairarapa district schools.	C	PP21	Total	75%	69%	Jan – Dec 2016
			Māori		72%	
			Pacific		67%	
Breastfeeding						
Percentage of infants fully or exclusively breastfed at 3-months.	Q	PP37	≥60%		52%	2016
Population based screening services						
Percentage of eligible children receiving a B4 School Check.	C	WPI	≥90%	Quintile 5: 91%	2016/17	
				Total: 94%		
Percentage of eligible women (25-69 years) having cervical screening in last 3 years.	C	SI10	>80%	Māori: 72%	2016/17	
				Total: 78%		
Percentage of eligible women (50-69 years) having breast screening in the last 2 years.	C	SI11	>70%	Māori: 69%	2016/17	
				Total: 76%		

Output class 2: Early detection and management

Early detection and management

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

Outputs measured by	Note		Target/Est 2018/19	Baseline	Baseline data date
Primary Care services / Long term conditions management					
Percentage of DHB-domiciled population enrolled in a PHO.	C	PP33	≥99%	Māori: 91%	2016/17
				Total: 99%	
Percentage of practices with a current Diabetes Practice Population plan (or LTC plan that includes diabetes).	C	WPI	100%	91%	2017/18 Q2
Percentage of eligible population assessed for CVD risk in last 5 years.	C	PP20	≥90%	89.2%	2017/18 Q2
The number of new and localised HealthPathways in the sub-region.	V	3DHB	375	368	2016/17 Forecast
The average number of users accessing the HealthPathways website in the last month of the financial year.	V	3DHB	2,000	2317	2016/17 Forecast
Oral health					
Percentage of children under 5 years enrolled in DHB-funded dental services.	C	PP13	≥95%	83%	2017
Percentage of adolescents accessing DHB-funded dental services.	C	WPI	≥85%	70%	2017
Pharmacy services					
Number of initial prescription items dispensed.	V	WPI	≥364,505	350,352	2016/17
Percentage of DHB domiciled populations dispensed at least one prescription item.	C	WPI	Est. ≥80%	84%	2016/17
Number of people participating in a Community Pharmacy anticoagulant management service in a pharmacy.	V	WPI	≥45	45	2016/17
Percentage of people registered with a Long Term Conditions (LTC) Program in a Pharmacy.	C	WPI	≥4%	9.7%	2016/17

Output class 3: Intensive assessment and treatment

Intensive Assessment and Treatment services

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

Outputs measured by	Note		Target/Est. 2018/19	Baseline	Baseline data date
Mental Health and Addiction services					
Number of people accessing secondary Mental Health Services.	V	PP6	Māori: Est 622	Māori: 622	2016/17
			Total: Est 2,048	Total: 2,048	
Percentage of patients 0-19 yrs referred to non-urgent child & adolescent mental health services & seen within 8 weeks.	T	PP8	≥95%	90%	2017/18 Q2
Percentage of patients 0-19 years referred to non-urgent child & adolescent Addiction services & seen within 8 weeks.	T	PP8	≥95%	100%	2017/18 Q2
Percentage of people admitted to an acute mental health inpatient service that were seen by the mental health community team in the 7 days prior to admission.	Q	WPI	Local target: 95% (Nat'l ≥75%)	92%	2017/18 Q2
Percentage of people discharged from an acute mental health inpatient service that were seen by the mental health community team in the 7 days following discharge.	Q	WPI	Local target: 95% (Nat'l ≥90%)	88%	2017/18 Q2
Elective and Acute (Emergency Dept.) inpatient/outpatient					
Number of surgical elective discharges.	V	HT2	≥2,417	2,459	2016/17
Percentage of patients admitted, discharged or transferred from ED within 6 hours.	T	HT1	95%	94.25%	2017/18 Q2
Standardised inpatient average length of stay ALOS (Acute).	T	OS3	≥2.35	2.41	2017/18 Q2
Standardised inpatient average length of stay ALOS (Elective).	T	OS3	≥1.55	1.34	2017/18 Q2
Rate of inpatient falls causing harm per 1,000 bed days.	Q	WPI	≤1.3	1.07	2016/17
Rate of hospital acquired pressure injuries per 1,000 bed days.	Q	WPI	≤0.50	0.43	2016/17
Rate of identified medication errors causing harm per 1,000 bed days.	Q	WPI	≤0.65	1.07	2016/17

Outputs measured by	Note		Target/Est. 2018/19	Baseline	Baseline data date
Weighted average score in Patient Experience Survey	Q	SI8	≥8.3	Communication: 8.5 Coordination: 8.7 Partnership: 8.5 Physical and emotional needs: 8.8	2016/17
Percentage Did Not Attend (DNA) appointments for outpatient First Specialist assessments.	Q	WPI	≤7%	5.75%	2017/18 Q2
Percentage DNA appointment for follow-up Specialist appointments.	Q	WPI	≤7%	8.3%	2017/18 Q2
Cancer services					
Percentage of patients, ready for treatment, who waited less than 4 weeks for radiotherapy or chemotherapy.	T	WPI	100%	100%	2016/17
Percentage of patients receiving their first cancer treatment (or other management) within 31 days from date of decision-to-treat.	T	PP30	≥85%	88.5%	2017/18 Q2
Percentage of patients with a high suspicion of cancer and a need to be seen within 2 weeks that received their first cancer treatment (or other management) within 62 days of being referred.	T	HT3	≥95%	92.3%	2017/18 Q2

Output class 4: Rehabilitation and Support

Rehabilitation and Support services

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

Outputs measured by	Note		Target/Estimate 2018/19	Baseline	Baseline data date
Disability care services					
Number of sub-regional and Wairarapa Disability forums.	V	WPI	≥1	WRP: 1 3DHB: 1	2016/17
Number of sub-regional Disability newsletters published.	V	WPI	≥2	12	2017/18 Q2
Total number of hospital staff that have completed the Disability Responsiveness eLearning module.	Q	WPI	150	126	2017/18 Q2
Health of Older People (HOP) services					
Percentage of people 65+ years who have received long term home support services in the last 3 months who have had comprehensive clinical [InterRAI] assessment and a completed care plan.	C	PP23	100%	100%	2016/17
Percentage of people 65+years receiving DHB funded HOP support that are being supported to live at home.	C	PP23	≥ 67%	69%	2017/18 Q2
Health of Older People (HOP) services cont.					
Percentage of the population aged 75+ years that are in Aged Residential Care (including private payers).	C	WPI	9.5%	9.2%	2017/18 Q2
Percentage of residential care providers being awarded 3-year (or more) certification in the planned year.	Q	WPI	100%	85%	2016/17