

Capital & Coast District Health Board

Statement of Performance Expectations 2018/19

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

Statement of Performance Expectations including Financial Performance

The following sections provide baselines, forecasts and targets for each Output Area.

Interpreting Our Baseline and Target Performance

Types of measures

Identifying appropriate measures for each output class requires us to do more than measure the volumes of patients and consumers through our system. The number of services delivered or the number of people who receive a service is often less important than whether the right person or enough of the right people received the right service, and whether the service was delivered at the right time. Therefore, in addition to volume, we have added a mix of output measures to help us to evaluate different aspects of our performance. The outputs are categorised by type of measure, which shows whether the output is targeting coverage, quality, quantity (volume), or timeliness. In addition, some of our performance measures look at the health of the people who live in our district (DHB of domicile view), while other performance measures relate to the performance of the services we provide, regardless of where people live (DHB of service view). When possible and relevant, we have also broken our performance down by ethnicity.

Standardisation

Different populations have different characteristics, and these different population characteristics can lead to different rates between populations. One such characteristic is the age structure of a population. By standardising for age, we can see what the rates would have been if the two populations had the same proportion of people in each age group, and therefore draw comparisons. In the following outputs, if measures have been standardised (often by the Ministry of Health to allow comparison between DHBs), we have noted why and how.


Targets and estimates

Some of our performance measures are demand-based and are included to show a picture of the services that the DHB funds and provides. For these measures, there are no assumptions about whether an increase or decrease is desirable. For performance measures that are demand-based, we have provided an estimate of our 2017/18 performance (indicated with 'Est. '), based on historical and population trends.

Baselines marked with (*) are from January to December 2016 and (**) are from January to December 2016.

Signatories


Andrew Blair
Chair
Date:


Dame Fran Wilde
Deputy Chair
Date:

Output Class – Prevention

Preventative services are publicly funded services that protect and promote health in the whole population or identifiable sub-populations comprising of services designed to enhance the health status of the population as distinct from treatment services which repair/support health and disability dysfunction. Preventative services support health-promoting 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, many of these services are population-wide preventative services.

Output Area: Public Health Protection and Regulatory Services					
Output Area Description: Health protection activity is enacted through a range of platforms, as described by the Ottawa Charter: public policy, reorienting the health system, environments, community action, and supporting individual personal skills. This is done to address the prerequisites of health, such as income, housing, food security, employment, and quality working conditions. While health has a significant role here, it requires a whole-of-sector approach; and our DHB and our Public Health Unit, Regional Public Health; work with other sectors (housing, justice, and education) to enable this. What we want to achieve: Protected healthy environments where environmental and disease hazards are minimised.					
Measure	Class / Type	Group	Baseline 2016/17	Forecast 2017/18	Target/Est. 18/19 – 19/20
The number of disease notifications investigated	Prevention / Quantity	Total	1,126	1,126	1,126
		Māori	88	88	88
		Pacific	49	49	49
The number of environmental health investigations	Prevention / Quantity		668	688	688
The number of premises visited for alcohol controlled purchase operations	Prevention / Quantity		12	22	12
The number of premises visited for tobacco controlled purchase operations	Prevention / Quantity		27	27	27

Output Area: Health Promotion and Preventative Intervention Services					
Output Area Description: Health promotion service: inform people about health matters and health risks, and support people to be healthy. Success begins with awareness and engagement, reinforced by community health programmes that support people to maintain wellness or assist them to make healthier choices. What we want to achieve: People are healthier and better supported to manage their own health. Children have a healthy start in life. Lifestyle factors that affect health are well-managed. Equitable health outcomes.					
Measure	Class / Type	Group	Baseline 2016/17	Forecast 2017/18	Target/Est. 18/19 – 19/20
Number of submissions providing strategic public health input and expert advice to inform policy and public health programming in the sub-region	Prevention / Quantity		17	17	17
The percentage of infants fully or exclusively breastfed at 3 months	Prevention / Coverage	Total	62%	65%	≥60%
		Māori	43%	47%	
		Pacific	49%	58%	
Number of new referrals to Public Health Nurses in primary/intermediate schools*	Prevention / Quantity	Total	1,126	1,126	1,126
		Māori	475	475	475
		Pacific	411	411	411
The number of adult referrals to the Green Prescription programme (CCDHB component)	Prevention / Quantity	Total	1,922*	2,777*	≥600
		Māori & Pacific	N/A	924*	≥360
The number of adult referrals to the Green	Prevention /	Total	250*	1,020*	≥600

Measure	Class / Type	Group	Baseline 2016/17	Forecast 2017/18	Target/Est. 18/19 – 19/20
Prescription Plus programme (CCDHB component)	Quantity	Māori & Pacific	N/A	298 ⁺	≥360
The number of children (5 -18 yrs.) referred to the Active Families programme (CCDHB component)	Prevention / Quantity	Total	120	163 ⁺	≥120
		Māori & Pacific	N/A	153 ⁺	≥72
The number of pregnant women referred to the Maternal Green Prescription programme (CCDHB component)	Prevention / Quantity	Total	N/A	79 ⁺	≥66
		Māori & Pacific	N/A	38% ⁺	≥70%
The number children (3 - 5 yrs.) referred to the Pre-School Active Families programme (CCDHB component)	Prevention / Quantity	Total	148	103 ⁺	≥111
		Māori & Pacific	N/A	59% ⁺	70%
The number of primary schools enrolled in the Project Energize Programme	Prevention / Quantity	Total	25	25	≥25

*3DHB Performance for 2016/17.

*3DHB Performance for 2017.

Output Area: Immunisation Services

Output Area Description: Immunisation services: work to prevent the outbreak of vaccine-preventable diseases and unnecessary hospitalisations. The work spans primary and community care and allied health services to optimise provision of immunisations across all age groups, both routinely and in response to specific risk.

What we want to achieve: Fewer people experience vaccine preventable diseases. A high coverage rate. Equitable health outcomes.

Measure	Class / Type	Group	Baseline 2016/17	Forecast 2017/18	Target/Est. 18/19-19/20
The percentage of two year olds fully immunised	Prevention / Coverage	Total	94%	93.2%	≥95%
		Māori	95%	92.6%	
		Pacific	98%	97.8%	
The percentage of eight month olds fully vaccinated	Prevention / Coverage	Total	93%	94.4%	≥95%
		Māori	86%	94.0%	
		Pacific	91%	93.5%	
The percentage of Year 7 children provided Boostrix vaccination in schools in the DHB	Prevention / Coverage	Total	72%	72%	≥70%
		Māori	81%	81%	
		Pacific	88%	88%	
The percentage of Year 8 girls vaccinated against HPV (final dose) in schools in the DHB	Prevention / Coverage	Total	64%	64%	≥75%
		Māori	62%	62%	
		Pacific	79%	79%	

Output Area: Smoking Cessation Services

Output Area Description: Smoking cessation services: are provided by clinical staff to smokers to help smokers quit. Clinicians follow the ABC process: Ask all patients whether they smoke and document their response; if the patient smokes, provide Brief advice to quit smoking; and if patient agrees, provide Cessation support (e.g. a prescription for nicotine gum or a referral to a provider like Quitline)

What we want to achieve: Fewer people take up smoking tobacco and quit attempts are made by more current smokers. Equitable health outcomes.

Measure	Class / Type	Group	Baseline 2016/17	Forecast 2017/18	Target/Est. 18/19 – 19/20
The percentage of PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months	Prevention / Coverage	Total	89%	91%	≥90%
		Māori	88%	93%	
		Pacific	87%	92%	
The percentage of hospitalised smokers receiving advice and help to quit	Prevention / Coverage	Total	91%	88%	≥95%
		Māori	91%	88%	
		Pacific	90%	86%	

Measure	Class / Type	Group	Baseline 2016/17	Forecast 2017/18	Target/Est. 18/19 – 19/20
The percentage of pregnant women who identify as smokers upon registration with a DHB-employed midwife or Lead Maternity Carer being offered brief advice and support to quit smoking	Prevention / Coverage	Total	100%	100%	≥90%
		Māori	100%	100%	
		Pacific	100%	100%	

Output Area: Screening Services

Output Area Description: These services help to identify people at risk of ill-health and to pick up conditions earlier.

What we want to achieve: More eligible people participate in screening programmes. Children entering school are ready to learn. Equitable health outcomes.

Measure	Class/Type	Group	Baseline 2016/17	Forecast 2017/18	Target/Est. 18/19-19/20
The percentage of eligible children receiving a B4 School Check	Prevention / Coverage	Total	90%	86%	≥90%
		Māori	78%	77%	
		Pacific	89%	79%	
		High need	95%	84%	
The percentage of eligible women (25-69 years old) having cervical screening in the last 3 years	Early Detection & Management / Coverage	Total	77%	77%	≥80%
		Māori	62%	61%	
		Pacific	67%	67%	
The percentage of eligible women (50-69 years old) having breast screening in the last 2 years	Early Detection & Management / Coverage	Total	73%	73%	≥70%
		Māori	68%	67%	
		Pacific	70%	70%	

Output Class – 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.

Output Area: Primary Care Services					
<p>Output Area Description: Primary care services are offered in local community settings by teams of general practitioners (GPs), registered nurses, nurse practitioners, and other primary health care professionals; aimed at improving, maintaining, or restoring health. These services keep people well by: intervening early to detect, manage, and treat health conditions (e.g. health checks); providing education and advice so people can manage their own health; and, reaching those at risk of developing long-term or acute conditions.</p> <p>What we want to achieve: Accessible, affordable and connected primary care services. Long-term conditions are well-managed. Increased availability of urgent and acute primary health care services. Fewer people are admitted to hospital for avoidable conditions. Equitable health outcomes.</p>					
Measure	Class / Type	Group	Baseline 2016/17	Forecast 2017/18	Target/Est. 18/19-19/20
The percentage of the DHB-domiciled population that is enrolled in a PHO	Early Detection & Management / Coverage	Total	94%	94%	≥94%
		Māori	85%	84%	90%
		Pacific	>100%	>100%	100%
The percentage of the eligible population assessed for CVD risk in the last five years	Early Detection & Management / Coverage	Total	89%	89%	≥90%
		Māori	86%	86%	
		Pacific	87%	87%	
The number of people enrolled in the CCDHB Health Care Home model of care	Early Detection & Management / Quality	Total	59,000	148,327	200,000
		Māori	New	18,554	
		Pacific	New	13,662	
The number of cases discussed between Health Care Homes and the integrated hospital services in multidisciplinary team meetings	Early Detection & Management / Quantity		0	450	550

Output Area: Oral Health Services					
<p>Output Area Description: Dental services are provided to children (pre-schooler, primary school & intermediate school children) and adolescents (year 8 up to their 18th birthday) by registered oral health professionals to assist people in maintaining healthy teeth and gums.</p> <p>What we want to achieve: Sustained level of utilisation of dental services by children and adolescents. Better teeth and gum health in children with reduced numbers of caries, decayed, missing and filled teeth. Equitable health outcomes. A reduction in the number of young children requiring invasive complex oral health treatment (under general anaesthetic) is also indicative of the quality of early intervention and of public health education and messages regarding the importance of good oral health.</p>					
Measure	Class / Type	Group	Baseline 2016	Forecast 2017	Target/Est. 18/19-19/20
The percentage of children under 5 years enrolled in DHB-funded dental services*	Early Detection & Management / Coverage	Total	97%	94%	≥95%
		Māori	70%	67%	
		Pacific	86%	80%	
The percentage of adolescents accessing DHB-funded dental services**	Early Detection & Management / Coverage	Total	77%	77%	≥85%
		Māori	New	55%	
		Pacific	New	78%	

Output Area: Pharmacy					
Output Area Description: The provision and dispensing of medicines and are demand-driven. Community pharmacies provide medicine management services to people living in the community. Medication management is particularly important for people on multiple medications to reduce potential negative interactive effects. What we want to achieve: People are on the right medications to manage their conditions.					
Measure	Class / Type	Group	Baseline 2016/17	Forecast 2017/18	Target/Est. 18/19-19/20
The number of initial prescription items dispensed	Early Detection & Management / Quantity	Total	2,325,515	2,602,774	Est. 2,655,870
		Māori	220,632	226,893	
		Pacific	177,322	179,134	
The percentage of the DHB-domiciled population that were dispensed at least one prescription item	Early Detection & Management / Coverage	Total	80%	78%	Est. 78%
		Māori	66%	67%	
		Pacific	82%	81%	
The number of people registered with a Long Term Conditions programme in a pharmacy	Early Detection & Management / Coverage	Total	5,920	6,371	Est. 6,370
		Māori	New	New	
		Pacific	New	New	
The number of people participating in a Community Pharmacy Anticoagulant Management service in a pharmacy	Early Detection & Management / Quantity	Total	171	172	Est. 172
		Māori	New	New	
		Pacific	New	New	

Output Class – Intensive Assessment and Treatment

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. On a continuum of care, these services are at the complex end of treatment services and focussed on individuals. 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.

Output Area: Medical and Surgical Services					
Output Area Description: Unplanned hospital services (Acute services) are for illnesses that have an abrupt onset and are often of short duration and rapidly progressive, creating an urgent need of care. Hospital-based acute services include emergency departments, short-stay acute assessments and intensive care services. Planned Services (Elective surgery) are services for people who do not need immediate hospital treatment and are 'booked' services. This also includes non-medical interventions (coronary angioplasty) and specialist assessments (first assessments, follow-ups, or preadmission assessments). What we want to achieve: Reduced acute/unplanned hospital admissions. People have shorter waits for specialist assessment and treatment. Patients have a positive experience of care. Services provided are safe and effective. Equitable health outcomes.					
Measure	Class / Type	Group	Baseline 2016/17	Forecast 2017/18	Target/Est. 18/19 – 19/20
The percentage of patients admitted, discharged or transferred from Emergency Department within six hours	Intensive Assessment & Treatment / Timeliness	Total	90%	92%	≥95%
		Māori	90%	92%	
		Pacific	89%	91%	
The number of surgical elective discharges	Intensive Assessment & Treatment / Quantity		10,785	11,166	11,205
			New	New	

			New	New	
The standardised inpatient average length of stay (ALOS) in days, Acute	Intensive Assessment & Treatment / Timeliness		2.31	2.30	2.31
			New	New	
			New	New	
The standardised inpatient average length of stay (ALOS) in days, Elective	Intensive Assessment & Treatment / Timeliness		1.57	1.55	1.57
			New	New	
			New	New	
Number in-hospital cardiopulmonary arrests in adult inpatient wards (total and by ethnicity) Deteriorating Patient	Intensive Assessment & Treatment / Quality	Total	New	New	35
		Māori	New	New	5
		Pacific	New	New	5
The rate of identified opioid medication errors causing harm, per 1,000 bed days.	Intensive Assessment & Treatment / Quality	Total	New	New	≤5
		Māori	New	New	≤1
		Pacific	New	New	≤1
The rate of Hospital Acquired Pressure Injuries, per 1,000 bed days	Intensive Assessment & Treatment / Quality	Total	0.8	0.4	≤0.3
		Māori	New	New	≤0.1
		Pacific	New	New	≤0.1
The total rate of inpatient falls causing harm per 1000 bed days from five identified inpatient areas ((MAPU, ORA, 5 South, 5 North, 6 East).	Intensive Assessment & Treatment / Quality	Total	New	New	≤0.2
		Māori	New	New	≤0.1
		Pacific	New	New	≤0.1
The weighted average score in the Inpatient Experience Survey by domain.	Intensive Assessment & Treatment / Quality	Communication	8.3	8.0	8.4
		Coordination	8.4	7.9	8.4
		Partnership	8.8	7.9	8.6
		Physical & Emotional Needs	8.5	8.1	8.5
The percentage of “DNA” (did not attend) appointments for outpatient specialist appointments	Intensive Assessment & Treatment / Quality	Total	7.2%	7.5%	7%
		Māori	15.5%	15.4%	15.3%
		Pacific	15.3%	17.5%	17%

Output Area: Cancer Services

Output Area Description: Cancer services include diagnosis and treatment services. Cancer treatment in the sub-region is delivered by the Wellington Blood and Cancer Centre.

What we want to achieve: People have shorter waits for specialist assessment and treatment. Patients have a positive experience of care. Services provided are safe and effective. Equitable health outcomes.

Measure	Class / Type	Group	Baseline 2016/17	Forecast 2017/18	Target/E st. 18/19-19/20
The percentage of patients with a high suspicion of cancer and a need to be seen within two weeks that received their first cancer treatment (or other management) within 62 days of being referred	Intensive Assessment & Treatment / Timeliness	Total	81%	91%	≥90%
		Māori	New	New	
		Pacific	New	New	

Output Area: Mental Health and Addictions Services

Output Area Description: Specialist Mental Health Services are services for people who are most severely affected by mental illness or addictions and include assessment, diagnosis, treatment and rehabilitation, as well as crisis response when needed. Currently the expectation established in the National Mental Health Strategy is that specialist services (including psychiatric disability services) will be available to 3% of the population.

What we want to achieve: People have shorter waits for specialist assessment and treatment. Patients have a positive experience of care. Services provided are safe and effective. Equitable health outcomes.

Measure	Class / Type	Group	Baseline 2016/17	Forecast 2017/18	Target/Est. 18/19-19/20
The number of people accessing secondary mental health services	Intensive Assessment & Treatment / Quantity	Total	10,080	10,683	≥10,683
		Māori	2,046	2,287	≥2,287
		Pacific	718	729	≥729
The percentage of patients 0-19 referred to non-urgent child & adolescent mental health services that were seen within eight weeks	Intensive Assessment & Treatment / Timeliness	Total	87%	90%	≥95%
		Māori	New	New	
		Pacific	New	New	
The percentage of patients 0-19 referred to non-urgent child & adolescent addictions services that were seen within eight weeks	Intensive Assessment & Treatment / Timeliness	Total	77%	88%	≥95%
		Māori	New	New	
		Pacific	New	New	
The percentage of people admitted to an acute mental health inpatient service that were seen by mental health community team in the 7 days prior to the day of admission	Intensive Assessment & Treatment / Quality	Total	57%	57%	≥75%
		Māori	New	New	
		Pacific	New	New	
The percentage of people discharged from an acute mental health inpatient service that were seen by mental health community team in the 7 days following the day of discharge	Intensive Assessment & Treatment / Quality	Total	63%	64%	≥90%
		Māori	New	New	
		Pacific	New	New	

Output Class – Rehabilitation and Support

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.

Output Area: Disability Services					
Output Area Description: Many disability services are accessed through a Needs Assessment and Service Co-ordination (NASC) service. NASCs are organisations contracted to the DSS, which work with disabled people to help identify their needs and to outline what disability support services are available. They allocate Ministry-funded support services and assist with accessing other supports. What we want to achieve: Responsive health services for people with disabilities. Enhanced quality of life for people with disabilities.					
Measure	Class / Type	Group	Baseline 2016/17	Forecast 2017/18	Target/Est. 18/19-19/20
The number of sub-regional and CCDHB Disability Forums	Rehabilitation and Support / Quantity		CCDHB:2 3DHB:2	1	≥1
The number of sub-regional Disability Newsletters	Rehabilitation and Support / Quantity		12	12	≥3
The total number of hospital staff that have completed the Disability Responsiveness eLearning Module	Rehabilitation and Support / Quality		718	949	1,513
The total number of people with a Disability Alert	Rehabilitation and Support / Quality	Total	7,165	7,667	≥9,000
The percentage of the Disability Alert Population who are Māori or Pacific	Rehabilitation and Support / Quality	Māori	New	10.4%	≥11.4%
		Pacific	New	5.9%	≥7.0%

Output Area: Health of Older People Services

Output Area Description: These are services provided to enable people to live as independently as possible and to restore functional ability. Services are delivered in specialist inpatient units, outpatient clinics and also in home and work environments. Specialist geriatric and allied health expertise and advice is also provided to general practitioners, home and community care providers, residential care facilities and voluntary groups.

What we want to achieve: Improve the health, well-being, and independence of our older people. Reduced acute/unplanned hospital admissions. Older people with complex health needs are supported to live in the community. Services provided are safe and effective.

Measure	Class / Type	Group	Baseline 2016/17	Forecast 2017/18	Target/Est . 18/19 – 19/20
The percentage of people 65+ who have received long term home support services in the last three months who have had a comprehensive clinical (interRAI) assessment and a completed care plan	Rehabilitation and Support / Coverage	Total	100%	100%	100%
		Māori	100%	100%	
		Pacific	100%	100%	
The percentage of people 65+ receiving DHB-funded HOP support who are being supported to live at home	Rehabilitation and Support / Coverage	Total	63%	62%	≥63%
		Māori	New	New	
		Pacific	New	New	
The percentage of the population 65+ who are in Aged Residential Care (at all levels; subsidised & non-subsidised)	Rehabilitation and Support / Coverage	Total	4.9%	4.9%	4.9%
		Māori	New	New	
		Pacific	New	New	
The percentage of residential care providers meeting three or more year certification standards	Rehabilitation and Support / Quality	Total	100%	97%	100%
The percentage of residential care providers meeting four year certification standards	Rehabilitation and Support / Quality	Total	N/A	45%	≥48%

Financial Performance

The prospective planned result for Capital and Coast DHB 2018/19 annual plan is a deficit of \$15.9 million. The final result for 2017/18 was a deficit of \$18.2 million.

Financial Performance

CCDHB Summary Financial Table

Capital & Coast DHB	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Budget for the Four Years Ending 30 June 2021	\$'M	\$'M	\$'M	\$'M	\$'M	\$'M
Funding (excluding IDF inflows below)	823.9	866.1	901.8	909.6	917.6	917.6
Services provided for Other DHBs (IDF Inflows)	215.4	225.3	237.2	237.2	237.2	237.2
Total Funding	1,039.2	1,091.4	1,138.9	1,146.8	1,154.8	1,154.8
DHB Provider Arm	698.4	736.9	763.3	763.3	763.3	763.3
Funder Arm	264.0	266.7	285.2	285.2	285.2	285.2
Governance Arm	8.8	9.6	11.7	11.7	11.7	11.7
Services Purchased from Other DHBs (IDF Outflows)	92.7	96.4	94.6	94.6	94.6	94.6
Total Allocated	1,064.0	1,109.7	1,154.8	1,154.8	1,154.8	1,154.8
Surplus / (Deficit)	(24.8)	(18.2)	(15.9)	(8.0)	0.0	0.0

Financial Assumptions

The assumptions are the best estimates of future factors which affect the predicted financial results. As such there is necessarily a degree of uncertainty about the accuracy of the predicted result, which is unable to be quantified.

Factors which may cause a material difference between these prospective financial statements and the actual financial results would be a change in the type and volume of services provided, significant movement in staff levels and remuneration, plus unexpected changes in the cost of goods and services required to provide the planned services.

Revenue

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

Expenditure

- Personnel expenditure increase in line with wage cost of settlement expectations
- Trendcare model for nursing staff rosters across all Directorates
- Supplies and expenses based on current contract prices where applicable
- Depreciation to include base, plus work in progress, plus new purchases
- Capital Charge at 6% payable half yearly
- Total Capital Expenditure of up to \$35 million per annum is planned from 2018/19

Financial Risks

There has been good progress over the last year on many of the initiatives that were included in the savings plan however the pressure continues and further change is required to ensure the DHB meets the fiscal targets. The savings strategies underpin the DHB getting to a surplus position in the future. The key risks and assumptions associated with this financial plan are;

- Wage settlement increases higher than the funding increase;

- Not meeting elective targets;
- Acute demand exceeding plan;
- Inter-district inflows being below plan;
- Not realising the financial savings associated with change initiatives;
- Additional cost in RHIP and NZ Health Partnerships initiatives;
- Demand for aged residential care above plan;

Capital Plan

The operational capital funding requirements for the Provider Arm will be met from cash flow from depreciation expense, and they are prioritised with the clinical leaders and managers both within the Directorates and across the Provider Arm. Items with compliance, health & safety and a risk to patient care elements, or essential to support the District Annual and Strategic Plans, or yielding a fast payback have been included to be funded from the internal cash flow. The baseline CAPEX for 2018/19 is \$35 million. CAPEX is required to be funded internally.

Equity

Equity Drawing

Additional deficit support may be requested for the 2018/19 financial year.

Working Capital

CCDHB has a working capital facility limit with Westpac/BNZ bank. This is part of the “DHB Treasury Services Agreement” between New Zealand Health Partnerships (NZHP) and the participating DHBs. The agreement enables NZHP to “sweep” DHB bank accounts daily and invest surplus funds on their behalf. The working capital facility is limited to one month’s provider revenue, to manage fluctuating cash flow needs for the DHB.

Gearing and Financial Covenants

No gearing or financial covenants are in place.

Asset Revaluation

Land and buildings are valued to fair value as determined by an independent registered valuer with sufficient regularity. This is to ensure the carrying amount is not materially different to fair value and the valuation is done at least every five years. The latest revaluation was carried out in June 2018.

Strategy for disposing of assets

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

Disposal of Land

All land that has legally been declared to be surplus to requirements will be disposed of following the statutory disposal process defined in the Public Works Act 1991, the Health Sectors Act 1993, the New Zealand Public Health and Disabilities Act 2000, the Reserves Act 1977 and the Maori Protection Mechanism Regulations set up to fulfil the Crown’s obligations under the Treaty of Waitangi. No land has been identified as surplus to requirements within this plan.