

# Summary Annual Report 2001–2002



Canterbury DHB

District Health Board

Te Poari Hauora o Waitaha

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The summary financial report has been extracted from the full financial report dated 25 October 2002 and cannot provide as complete an understanding as the full financial report. The full financial report can be found on our website [www.cdhb.govt.nz](http://www.cdhb.govt.nz)

### **Our Vision** – Te Matou Matakite

To promote, enhance and facilitate the health and wellbeing of the people of the Canterbury District

Ke te whakapakari, whakamaanawa  
me te whakahaere i te hauora  
Mo te orakapai o ka takata o te rohe o Wataha

### **Our Values** – A matou uara

**Care and respect for others**

Manaaki me te kotua i etahi

**Integrity in all we do**

Hapai i a matou mahi katoa i ruka i te pono

**Responsibility for outcomes**

Kaiwhakarite i ka hua



# The Chairman's Report

The Canterbury District Health Board's establishment year 2001/2002 has been a significant one during which several major milestones have been set and our future directions determined. It has been a year of challenge and a year of change for health in Canterbury particularly the way in which health has been funded and managed for the primary, secondary and tertiary sectors.

The twelve members who make up the governance of the District Health Board have determined three distinct areas where we can make a difference.

Firstly, with the breadth of government mandate invested in us, we have been able to assess the health needs of Canterbury in a more complete way than has ever been achieved before.

Secondly, the results of these preliminary assessments and consultations have resulted in the production of our first strategic plan that will be published later this year and will set the health directions for Canterbury towards 2006.

Thirdly, the Board itself has accepted the responsible role of determining the important policy directions for the organisation, directions which, like the strategic plan, will enable our Health Board as one of the largest in the country, to fund and thereby enhance and facilitate a range of health care to all our constituents.

Unlike the organisations that have preceded the Canterbury District Health Board, our principal role is that of a health funder. We hold approximately \$750 million of the nation's Vote Health and are responsible for the fair and equitable distribution of this money to ensure positive health outcomes for the people in our region. In addition to being the health funder for primary care, we provide health services through our 14 hospitals for secondary and tertiary care. This fundamental shift in organisational responsibility and management means that we have a wider overview of the health needs of our region, and we can implement improvements through our contracts with the many excellent community health providers.

We have established several advisory committees and groups that are representative of consumer, professional and other health areas. These are in addition to the internal committees set up by the Board to maintain a watching brief on critical areas like finance and risk management.

Health care is all about people – our community, our staff and the people and organisations with whom we develop relationships, partnerships and contracts to ensure a more innovative, professional and caring service is provided at all times. It has been an exciting year for health, and at times a troubled one. The nurses' strike earlier in the year challenged us all to work better together in the future, to be aware of staff needs and to meet the responsibilities that the government has requested.

Equally importantly, the contracts the management team has negotiated particularly with primary and community care providers in our region will go a long way to ensuring the fair and equitable delivery of health service regardless of location.

As the first Chairman of the Canterbury District Health Board, and on behalf of my fellow Board members, I warmly congratulate everyone on the positive initiatives that have been taken in our first full year. There is an abundance of enthusiasm to retain the quality of service that already exists in many areas, the centres of excellence, and to establish ways of improving the services that have been identified as needing more energy and commitment. Going from our establishment year to one of consolidation, will enable the Canterbury District Health Board to build on the principles of engagement that we have put in place.



Syd Bradley  
Chairman

## Board Members

### Graham Heenan

Graham Heenan has been involved in business management for nearly 30 years, since graduating with a Bachelor of Commerce in 1972. Currently Graham is self-employed, and a director of numerous companies throughout the South Island. Graham's interest in the health sector has been as a director of Canterbury Health Ltd since 1995, and of Health South Canterbury (1998-2000).

### Philip Bagshaw

Philip Bagshaw is a general surgeon at Christchurch Hospital and is an Associate Professor of Surgery at the University of Otago's Christchurch School of Medicine and Health Sciences. Philip was appointed to the academic staff there in 1981, where he teaches and does research work. Philip has already served on the Canterbury District Health Board for one year.

### Tuari Potiki

Tuari Potiki is of Kai Tahu, Kati Mamoe descent, belonging to the hapu of Kati Taoka and Kai Te Ruahikihiki. He has a background in Maori health and has worked extensively in the alcohol and drug, mental health, and justice sectors. Tuari is currently Social Development manager with the Ngai Tahu Development Corporation.

### David Morrell

David Morrell is City Missioner in Christchurch, and has had 30 years involvement with general health and mental health through hospital chaplaincy, primarily at Christchurch Hospital during the 1970s and subsequently at the City Mission. City Missioner since 1982, David has had extensive management training, both here and in the United Kingdom.

### Paul White

Paul White is from the Ngai Tupoto hapu of Te Rarawa Iwi. Paul has a 20-year background in Maori development and wide experience in the public service. He is currently a management and development consultant and professional director. Previous to this Paul was the Chief Executive of Ngai Tahu Development Corporation where he worked for three and a half years, a Regional Director for Te Puni Kokiri in Tai Tokerau for five years, and Branch Manager for the Housing Corporation in Northland where he worked for seven years. Paul is a registered architect and has a Masters in Business Studies, he is also a board member on Housing NZ Ltd.



### Randall Allardyce

Randall Allardyce is a director of medical research at the Christchurch School of Medicine & Health Sciences and is also affiliated to the University of Canterbury. Based in Cust, Randall has headed or worked for many North Canterbury community projects and healthcare initiatives as well as the establishment of the NZ Liver Transplantation Unit, the national introduction of keyhole surgery and the new Mobile Surgical Unit.

### Olive Webb

Olive Webb is a clinical psychologist, has more than 30 years experience working in the disability sector, particularly with people with intellectual disabilities. Based in Hororata, Olive has a focus on rural health issues and delivery. She is the national Health Consultant for IHC and also consults in the Mental Health sector. Olive has served on the Canterbury District Health Board for one year.

### Syd Bradley – Chair

Syd Bradley is a professional Company Director based in Christchurch and is the Chairman of the Canterbury District Health Board. Syd has served on a number of boards since resigning from General Manager Commercial Operations (International) with New Zealand Post in 1996. Over the last decade he has been closely involved with the administration of the health sector, first as a Director of the Canterbury Health Ltd and subsequently as Director of Healthlink South Ltd and Healthcare Otago Ltd. He was also Chairman of Healthlink South Ltd and Canterbury Health Ltd. Following this Syd was Chairman of the Health Funding Authority and also chaired the Crown Health Association (CHA) representing public health and hospital services.

### Alison Wilkie

Alison Wilkie served on the Riccarton-Wigram Community Board for three years. Alison trained as a nurse at Christchurch Hospital and has post-graduate qualifications in health economics and public health. A life member of the Asthma Foundation and the Canterbury Asthma Society, Alison has worked as an asthma and respiratory educator and owns a small business. Alison has served on the Canterbury District Health Board for one year.



### Erin Baker

Erin Baker is currently a councillor serving on the Christchurch City Council. Erin trained as a radiographer at Christchurch Hospital and worked in this profession both in Christchurch and overseas before becoming a professional athlete. Erin has also served on the boards of Jade Stadium Limited and Christchurch and Canterbury Marketing Limited.



### Robin Booth

Robin Booth has previously served on the Christchurch City Council, and is a self-employed builder, manufacturer and author. Robin has a strong interest in community health and preventative medicine.

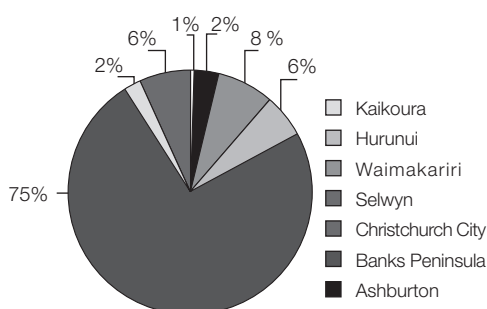
# The Year In Review



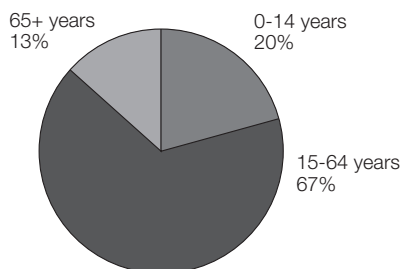
Jean O'Callaghan  
Chief Executive

## CDHB Population by Region – 1996 Census

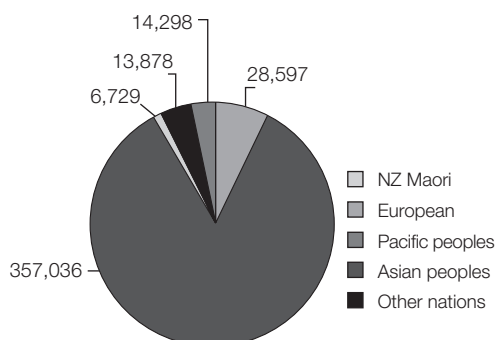
CDHB total population is 420,538



## CDHB Population by Age



## CDHB Population by ethnic background – 1996 Census



It is with pleasure that I present my report in the first Canterbury District Health Board Annual Report for the period 1 July 2001 to 30 June 2002.

My first year as Chief Executive has been busy and challenging. The Canterbury District Health Board is a large and complex organisation. While the public identifies us as a provider of many publicly funded health services, mainly through our hospital-based services, we also allocate government funding for a wide range of non-hospital services throughout Canterbury.

In line with Government health policy, we are charged with the responsibility of adopting a broader approach to health care – one that is focused not only on treatment but on promoting 'wellness', preventing disease, improving the health of communities and promoting the independence of people with disabilities. To this end we have been given responsibility over how government money is spent on health services throughout the Canterbury region.

Canterbury is one of the largest of New Zealand's 21 District Health Boards and funds more than \$750 million of government health services for over 430,000 people. We run Canterbury's 14 public hospitals; manage public health and protection programmes; co-ordinate the provision of all health and disability care; and we are involved in the funding and provision of mental health, disability support, community health, and, alcohol and other drugs services. Importantly, we are also responsible for funding local delivery of services by providers such as GPs, practice nurses, Maori and Pacific groups, and other primary care providers, as well as personal and family health services.

A strong primary sector in Canterbury means we have a prime opportunity to 'get things right' and a clear direction for the Board is to foster an environment in which all health care providers increasingly work on a co-operative basis to streamline patient care, produce better outcomes for the community and more effectively use our limited resources.

In December 2001, the Government announced a new guaranteed three-year funding package. This population-based package has provided the Canterbury District Health Board with more funding certainty and a clear mandate to start planning long-term.

The Board faced a \$23 million deficit and the Government has allowed us to run at a deficit as we work towards a break-even situation over the next three years.

One of the most rewarding tasks for the new Board has been overseeing the development of the Canterbury District Health Board's new Strategic Plan. This plan determines the future direction for publicly funded health in Canterbury and sets the Board's goals and objectives for the next 5-10 years. The Strategic Plan process involved extensive consultation and input from the community in determining what services are provided. As a result of that process we now have a closer working relationship with other health providers and community groups.

The Board signed off on the Strategic Plan, and a number of other important strategic documents throughout the year. Implementation of the Strategic Plan is now taking place, along with associated plans to address priority areas in children's health services, Maori and Pacific health, rural health and diabetes. We face significant challenges in each of these areas, particularly given our tight funding situation, but we are determined to make progress and bring about significant health gains for people throughout our community.

We have a large task in a dynamic and challenging environment, and industrial action made this a particularly difficult year for management and staff alike. The nurses' strike was the biggest strike action by health workers in New Zealand history. We acknowledge that there are still many issues to resolve with our staff and the Board remains committed to working through those issues and to ensuring we never face such disruption in our health services again. Many staff worked throughout the strike and irrespective of their view they gave their time tirelessly to ensure their patients were safe and well cared for.

We have been addressing the concerns and issues raised by the nurses and we are working together on initiatives to ensure greater staff involvement in decision-making. A significant development will be the appointment of an Executive Nursing Director, reporting directly to me, giving all nurses a voice at senior management level. This position will ensure the executive management team has a good understanding of the needs of the nursing sector and of the impact on nurses of any decisions made. A medical appointment is also still to be made.



## New Developments

In the year under review we were involved in some exciting and innovative initiatives. Some of these included:-

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Strengthening planning and development of Maori and Pacific Health Services. On my appointment in July 2001, I pledged to address the disparities in health throughout the region, particularly among Maori and Pacific peoples. To help identify and address issues, we appointed our first Maori Health Manager. Key initiatives have included collecting ethnicity data from staff employed by the Health Board, and encouraging more Maori and Pacific people to choose careers in health. We have developed a Maori responsiveness including the employment of Maori staff and Maori services across the provider arm. We have established Maori policies within the area of women's health and engaged a Maori adviser in Ashburton. We have developed health plans for both Maori and Pacific peoples, and we will be working with related community organisations in the implementation of these plans in the coming year.

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Towards the end of 2001, we were chosen by the Ministry of Health to be one of two lead District Health Boards to develop and pilot key projects that aim to improve health services for older people. Canterbury was chosen because of the success of Elder Care Canterbury, which links health services for the elderly. The 'lead District Health Board' concept has been developed to minimise District Health Boards' unnecessarily duplicating work or reinventing projects that already exist elsewhere or are known to fail. We will develop an all-encompassing approach to health care for older people, from health promotion and prevention of illness or injury, right through various treatment regimes, to care at the end of life.

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In December 2001, Crown Public Health began amalgamating with the Canterbury District Health Board. Our focus on population health means the public activities that Crown Public Health staff are expert in will be critical to our future success in reducing the impact of a

range of preventable diseases. From December, Crown Public Health will be known within the District Health Board's operation as Community and Public Health.

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In March 2002, the Board received the Child Health Strategy Report. This comprehensive review commissioned by the Canterbury District Health Board highlighted a lack of co-ordinated planning, funding and delivery of child health services in Canterbury. The report noted that certain morbidity and mortality data for Canterbury children contain trends that are of concern. Also, that Canterbury faces a decline in overall numbers of children. However significant increases are predicted for Maori, Pacific Peoples and Asian families. Recommendations from the Child Health Strategy Report have been included in the Strategic Plan.

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The incidence of insulin dependent diabetes has increased significantly amongst children and adolescents in the last 30 years. Diabetes among adults is also increasing. The Canterbury District Health Board has acknowledged that diabetes is a major issue in our region and we have introduced an interim Diabetes Plan that will be implemented in the coming year.

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Statistics about mental health suggest that one in five New Zealanders has an identifiable mental illness at any one time. Our Health Board has several initiatives and plans for implementing national and regional projects in the next 1-5 years. We will continue to work towards the implementation of the Mental Health Strategy and Blueprint for Mental Health Services, the Youth Suicide Strategy and other related strategies and guidelines in Canterbury and the South Island. We are continuing to work collectively through the South Island Regional Mental Health Network, and implement the regional plan of work initially in areas of forensic services, alcohol and drug services, and workforce.

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A \$100,000 investment pool has been set aside for research grants this year through the Christchurch School of

Medicine. The aim is to support research projects that have the potential to enhance patient care or services on an ongoing basis, and signal our commitment to the importance of research to health care delivery.

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During the year we became involved in the Healthy Cities project, a World Health Organisation initiative being applied in Christchurch and called Healthy Christchurch. This is a collaboration between Crown Public Health, the Ministry of Health, the Christchurch City Council, and Otago University's Christchurch School of Medicine and Health Sciences. The group's focus is to make Christchurch a healthier place to live, which fits well with our public health goals.

## Issues

We faced many challenges in the past year, with the biggest being the nurse's strike. Since it ended in February 2002, we have concentrated on moving forward.

An ongoing issue is the shortage of GPs and other health professionals in rural Canterbury. Rural Health is a key issue for this Board and it is pleasing to have the support of the Rural Mayors' Forum. In some rural areas GPs are struggling to maintain coverage and over the year we met with specific practices to look at how we can support primary health care in rural areas. This is a national issue and the announcement in May 2001 that the Government is providing a \$32 million funding package over three years was extremely encouraging. The payments are designed to encourage primary and community health care workers to stay in rural areas.

During the year, the Health Board also dealt with a critical shortage of anaesthetists and anaesthetic technicians. This impacted on our ability to perform operations. The shortage is an international issue and we recently recruited staff in New Zealand and overseas to improve our position.

The shortage of anaesthetists and anaesthetic technicians also impacted on another issue facing the Canterbury

District Health Board – hospital waiting lists. Because we did not have the full complement of anaesthesia staff, there were resulting postponements of some elective surgery waiting lists. However by far the major contributor to waiting lists was a 10% growth in patient referrals from GPs for first specialist assessments at Canterbury District Health Board hospitals. This growth in GP referrals is continual and is placing increasing pressure on waiting lists, however we are working closely with GPs to address this important issue.

### Our People

We employ more than 7,500 staff throughout our District Health Board in many different regional locations. We are the largest employer in the South Island. I am proud to lead an organisation of such dedicated health professionals and administrators who work for the common good of the people of Canterbury. Working in health can be simultaneously challenging and rewarding, and we are fortunate to have a committed team who work together to promote 'wellness' and better integrate our care for our patients.

We have been involved in some innovative new projects during the past year, some of which include:–

In December 2001, Canterbury District Health Board was awarded a new funding contract for post-graduate training of nurses in their first year of practices. One of only three contracts awarded nationally,

the new funding will greatly enhance the on-the-job professional development of newly graduated nurses working in Canterbury Hospitals. The programme is designed to help graduate nurses make the transition from a student environment to the working situation. Each nurse is assigned an experienced nurse mentor, or preceptor, to guide him or her and teach the practical aspects of nursing on the job.

A staff survey commissioned during the year showed there is significant room for improvement in the Canterbury District Health Board's organisational culture. The results indicated there are three main areas for the Health Board to address – recognition, organisational values and job satisfaction. The Board has been sent the message that it needs to 'Walk the Talk' (given that the organisations values are "Care and respect for others, integrity in all we do; and responsibility for outcomes"). Also, that we need to develop new ways to recognise good performance, and better define opportunities for career advancement. The survey highlighted the clear relationship between job satisfaction and workload, as well as training and support provided for staff. While the results were no real surprise, the challenge is now to determine how we can work together to improve the areas of staff concern.

2001 was the International Year of the Volunteer. It was formally recognised by the planting of a commemorative camellia,

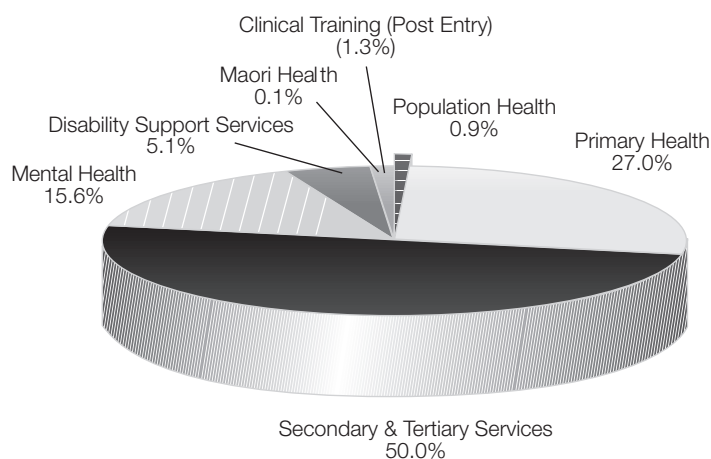
'Volunteer', outside the main entrance of Christchurch Hospital. Several thousand volunteers regularly work in the health sector in Canterbury and many of them have been volunteers for more than 20 years. It is a tremendous commitment and we could not manage without them.

### Managing Services

Within the Canterbury District Health Board, there are two distinct areas of management and contractual agreement – the provider arm which is responsible for the management of 14 publicly funded hospitals in the Health Board's region, and the community health providers which we fund and who are responsible for general practice, community and specialist health care. There are contracts between the Health Board and more than 700 of these community health providers. It is a substantial aspect of our organisation. The provider arm is managed through the offices of the hospital general managers reporting to the Chief Operating Officer, and the community health providers link to the Health Board principally through its Planning and Funding department.

The other important members of the health team are the many people who work in the primary and community care services, in many diverse roles. Without them the health system can not function.

### Canterbury District Health Board Funding 2001/02



## Hospitals

We fund and manage the following hospitals

Within Christchurch:

- Burwood Hospital and Spinal Unit
- Christchurch Hospital
- Christchurch Women's Hospital
- Hillmorton Hospital
- The Princess Margaret Hospital

Canterbury District:

- Akaroa Community Hospital
- Ashburton Hospital / Tuarangi Home
- Darfield Community Hospital
- Ellesmere Community Hospital
- Kaikoura Hospital
- Lincoln Hospital
- Oxford Hospital
- Rangiora Hospital
- Waikari Community Hospital

### Burwood Hospital

Burwood Hospital incorporates the Burwood Spinal Unit, one of only two such units in the country. Burwood also receives respiratory and cardiac patients transferred from Christchurch Hospital for rehabilitation. Other services include a Primary Birthing Unit, Pain Management, Public Health Nurses, Vision / Hearing Testers and community Paediatric Therapy. The hospital is also the site of the Champion Centre for children with learning disabilities, Parafed Canterbury and the Melrose wheelchair factory.

The Allan Bean Centre, a new centre for research and learning was established in October 2001. Named after internationally recognised spinal rehabilitation physician, Allan Bean, the centre aims to provide information that meets the individual needs of people in recovery. Its philosophy is based on the belief that while acute care is primarily the responsibility of professionals, recovery and rehabilitation is primarily the responsibility of the patient. The centre is run by the NZ Spinal Trust in partnership with the Canterbury District Health Board.

Over the last year, an extensive refurbishment programme has been underway at Burwood Hospital. This involves completion of a new Orthopaedic Rehabilitation Unit, refurbishment of the Spinal Unit, a new ambulance bay and new Administration building.

A new Concussion Clinic opened in November to help people suffering from the sometimes long-term effects of mild traumatic brain injury. An estimated 10% of the 30,000 New Zealanders who suffer from some form of concussion each year continue to experience symptoms such as headaches, dizziness, fatigue and blurred vision. The Concussion Clinic aims to help people get over their difficulties and readjust to normal life.

### Christchurch Hospital

Christchurch Hospital is the largest tertiary, teaching and research hospital in the South Island and provides a full range of emergency, acute, elective and outpatient services. It provides services to over 35,600 patients each year, approximately two-thirds of who are admitted acutely. A further 13,000 people are day patients. Christchurch Hospital has the busiest Emergency Department in Australasia, treating more than 65,000 patients a year. The hospital operates 650 beds. There are over 197,000 outpatient attendances at the hospital, excluding radiology and laboratory services.

The Christchurch School of Medicine, part of the University of Otago, is integrated into the Christchurch Hospital site. Christchurch Hospital is the major tertiary teaching hospital in the South Island and many of the doctors and specialists working in the hospital are involved in leading international research. Some of the initiatives that occurred at Christchurch Hospital in the year under review include:

A chest pain assessment unit was set up to improve the management of patients presenting with chest pain. Established by the Cardiology Department in conjunction with the Emergency Department, the unit has a multi-disciplinary team capable of quickly assessing a patient's risk of heart attack. A six-month trial shows the unit reduced by half the length of time patients spend in hospital for low-risk chest pain – down from an average of almost two days to about 24 hours. While chest pain assessment units are common overseas, Christchurch Hospital's is one of the first in New Zealand.

A \$55,000 donation by the Liver and Digestive Diseases Trust has ensured a miniature diagnostic camera the size of a pill is now available to patients suffering

from intestinal disease. The pill camera is designed to be swallowed by patients and then takes thousands of photos as it passes through and out of the intestinal tract. Measuring 26 x 11 mm, the camera allows technicians to access an area of the small intestine that previously could not be examined by conventional equipment.

In March, Bundle Bear, a teddy given to children up to the age of seven before or just after surgery, was introduced. Bundle Bear is dressed in a surgical gown and is often used by medical or nursing staff to demonstrate procedures such as having an injection. Each child given a Bundle Bear gets an ownership certificate and the bear can be taken home.

Under sixteens discharged from any of Christchurch Hospital's paediatric services now receive a new Going Home pack designed to provide children with a seamless transition between hospital care and health care in their community. The pack contains a copy of the child's hospital discharge notes and medical information, including contact details for their regular family practice team and information about 24-hour general practice services. The Going Home Project is a collaboration between the Rainbow Children's Trust, Pegasus Health and the Canterbury District Health Board.

In June, a new Clinical Skills Unit opened at the Professional Development Unit. Designed to standardise teaching, practice and assessment across the CDHB, the new unit features life-like models for staff to practise clinical skills such as suturing, inserting peripheral and central intravenous lines, joint injection, lumbar puncture, drawing blood samples, urinary catheterisation and a wide range of diagnostic examination techniques. The unit is jointly funded by the Health Board, and Otago University's Christchurch School of Medicine and Health Sciences.



Staff from the Nephrology Department joined former staff and patients on 07 June 2002 to celebrate the 30th Anniversary of the hospital's first kidney transplant operation. While transplant survival has greatly improved due to new anti-rejection medicines, there is sadly an ongoing shortage of donated kidneys, with 30-40 South Island patients always waiting for transplants.

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During the year in review, the Rainbow Children's Trust continued its generous support of the children's ward and child oncology services at Christchurch Hospital. This included a \$65,000 donation used to buy and medically equip two new cars for the children's Outreach Nursing Service. The sole aim of the Rainbow Children's Trust is to fundraise in order to improve the services, equipment and facilities available to children and their families at Christchurch Hospital. The Rainbow Children's Trust works continuously for children in our region and has to date raised more than \$1 million.

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The Health Board has been generously supported by donations from many service and other community organisations during the year which contributes to the ongoing improvement of services and the environment for both patients and staff. Such support is gratefully received and we thank the people of Canterbury for their ongoing commitment to health.

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A new \$2.7 million digital technology package that replaces the need for X-ray films is being installed. The Emergency Department was the first to get the new Picture Archiving and Communication System (PACS) in July 2001 with the result that sick and injured patients no longer need to be taken upstairs for X-rays. PACS is of particular benefit when patients receive treatment from several different clinicians, as the images will increasingly be able to be accessed via computer terminals throughout the hospital.

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A new Oral Health Centre was officially opened in July. The facility works with people who are financially disadvantaged, or who have special oral health needs because of an existing medical condition,

injury illness or disability. The provision of dentistry at the hospital was previously restricted by lack of space.

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The winter of 2001 was Canterbury's worst for influenza for three years but was also one of the best for immunisation coverage. As a result, while there were more cases of influenza reported by doctors through the Canterbury region, Christchurch Hospital's Emergency Department was not under the same pressure as that experienced at many North Island hospitals. It is believed this was due to the region's high immunisation rate. Canterbury was the country's only health district to achieve at least 75% immunisation coverage of over 65 year olds, compared to the national rate of 58%. For elderly populations, Christchurch doctors achieved the highest vaccination rate in New Zealand last winter, with at least 81% of Pegasus patients aged 65 or older being immunised.

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#### Christchurch Women's Hospital

While the primary role of Christchurch Women's Hospital is to act as a birthing facility, the hospital also provides gynaecological operations and services, a neonatal intensive care unit, pregnancy and parenting education, a mid-wifery service, social work, counselling and physiotherapy.

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In June, the Government gave approval for construction to begin on a new \$79 million Christchurch Women's Hospital and Day Surgery Unit. This state-of-the-art facility being built alongside Christchurch Hospital will provide much increased privacy for mothers and babies, more toilets and showers, en-suites for most patients, better facilities and more space for neonatal babies. The current Christchurch Women's Hospital building has major design problems which are not cost-effective to address. Also, the new building will be closer to emergency and intensive care resources, which are currently an ambulance ride away.

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Lyndhurst is a day surgery unit based in Christchurch, which performs pregnancy terminations.

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#### Hillmorton Hospital

The majority of Canterbury's inpatient mental health services are provided through Hillmorton Hospital (formerly Sunnyside). Inpatient units include an Acute Psychiatric Inpatient Service, Inpatient Forensic care, an Alcohol and Drug Detoxification Unit, and the Psychiatric Service for Adults with an Intellectual Disability. Outpatient services include the Community Forensic Psychiatric Service, and the Youth Specialty Service. The majority of mental health services are provided throughout the community in rural and urban Canterbury. The Canterbury District Health Board is one of the country's two largest mental health providers.

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#### The Princess Margaret Hospital

Princess Margaret Hospital primarily houses the Older Persons' Health Services and Mental Health Services. To meet the specific needs of older people, the hospital provides assessment, treatment and rehabilitation services; specialist mental health services via Psychogeriatric Services for the Elderly, and the Meals on Wheels Service. Mental Health Services provided at Princess Margaret Hospital include inpatient beds for Child and Youth, Mother and Babies, Eating Disorders and an Adolescent Unit.

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#### Rural Hospitals

Ashburton is the largest of Canterbury's rural hospitals with 104 beds. It provides maternity services, intensive care, acute medical and surgical services assessment, treatment and rehabilitation services, acute admissions and surgical procedures. The hospital's administration is also responsible for the management of Tuarangi Home, a facility for hospital care of the elderly.

Canterbury District Health Board also provides community focused rural health care services at hospitals located in Akaroa, Darfield, Ellesmere, Kaikoura, Lincoln, Oxford, Rangiora and Waikari. The range of services includes provision of general beds, obstetrics and meals on wheels.



## Primary And Community Care Contracts

With more than 700 community health providers receiving funding from the District Health Board, there is an extensive range of services for the people of Canterbury. Primary health care is acknowledged as the first point of contact for most of the region's patients and is critical in the provision of ongoing home and community care. This will increase over the next 5 years with the establishment of Primary Health Organisations (PHOs) in Canterbury. Some of the more diverse services funded by the District Health Board are outlined below.

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### Alcohol & Drug Association

The Alcohol and Drug Association of New Zealand offers a range of alcohol and other drug information. They also provide a national Help Line on alcohol and other drugs. The Association takes a lead in coordinating organisations around alcohol and other drugs in planned activities and supports communities and individuals to make informed choices and health lifestyle changes. The Alcohol and Drug Association has been active in the last year providing a regional support service for the alcohol and other drugs sector including a Consumer Advisor Service, Policy coordination, facilitation of the South Island Liaison on Alcohol Drug Forms (LOAD) and distributing information by way of their newsletter 'The ADA Connection'. The Association has been successful in negotiating with the Ministry of Health for the addition of other drugs to the current alcohol line.

### Comcare Charitable Trust

Comcare works with and for people with severe mental illness in Canterbury. It provides a choice of community services. It was established in 1987 by a group of clinicians and members of the community who wanted to ensure that the first wave of deinstitutionalised people from Sunnyside hospital were as well integrated into the community as possible. Initial emphasis was on housing, leisure and recreational activities.

Now it provides community support for up to 132 people at any one time living independently in Christchurch, Ashburton and rural Canterbury. It provides assistance for up to 105 clients at any one time. It assists in finding people employment, has contracts in light packaging and woodwork and runs the Serendipity opportunity shop and laundry service which provides work experience and training for up to 27 people at any one time. Comcare provides a fully staffed home for up to 5 people with severe

mental illness and ongoing needs. In addition it manages 8 homes including 6 one-bedroom flats.

### Healthcare New Zealand

Healthcare New Zealand provides home-based support, rehabilitation and district nursing services in Canterbury as part of the largest national provider of community services.

The Healthcare New Zealand district nursing team has developed key community link services for post-discharge clients in both general surgical and cardiothoracic areas of Christchurch Hospital. In addition, the team has developed specialist wound care, cardiothoracic and diabetes nursing roles to better address the requirements of the District Health Board in the application of community-based care.

### Hurunui/Kaikoura Rural Health Ltd

Hurunui/Kaikoura Rural Health Ltd is a small Independent Practitioners Association (IPA) made up of General Practitioners and nurses in five separate practices in Hurunui and one in Kaikoura, both areas located in north Canterbury. The IPA has a contract with the Canterbury District Health Board to provide primary health care and district nursing services throughout the Hurunui and Kaikoura areas. The organisation also provides continuing education opportunities as well as business and management support for its members.

### Maori Health Services

We contract a range of Maori health services including wellchild, community mental health, alcohol and drug, older person's health, Whanau Ora health services and a primary care contract for GP services with one provider. The Health Board supports He Oranga Pounamu which was established in 2000 by the Ngai Tahu runanga to facilitate the

development of integrated health and social services aligned with whanau, hapu and iwi development. The organisation's overall purpose is to ensure that the health and social needs of Maori are responded to in an appropriate way. It operates across the health, social service, employment, housing, education and justice sectors.

### Nurse Maude Association

The Nurse Maude Association operates a range of services including an 80-bed geriatric / psycho-geriatric hospital, a Palliative Care and Hospice Service, a comprehensive Community Health Services Division (which incorporates district nursing, the Home Care Service, Wound Care service, Continence and Stomal Advisory Service, dietetics, diabetes management) and other ancillary services (such as a community laundry service and delivering evening meals).

During the year, total visits by Nurse Maude Association district nurses increased by 7000.

The Nurse Maude Association also noted an increase in demand for Home Care Services. This is the result of shorter hospital bed stays combined with improved hospital procedures, which enable people to return to their homes sooner and therefore require more home care for their rehabilitation and convalescence.

### Pacific Trust Canterbury

Pacific Trust Canterbury is a provider of health, education, employment and social services for Pacific children, youth and families. Established in 1999, it manages contracts for wellchild, asthma education and community mental health services. It is currently completing the development of a Pacific Health Clinic, which is due to open in 2003. With its entire workforce comprising Pacific people, the Trust makes an important and valuable contribution to health care in the Canterbury region.



### Pegasus Health

Pegasus Health is a charitable organisation made up of 219 doctor members. 250 nurses work alongside Pegasus Health family doctors and between them, they care for over 290,000 patients.

The organisation puts its emphasis on illness prevention. Services provided include subsidised medical care for people with a community card and for children, immunisation for children, flu vaccinations for those in need, diabetes programmes, community-based acute medical services, and access to community-based diagnostic tests and specialist opinion.

Pegasus Health's Community Care Service is a key focus of the organisation which aims to reduce the load on hospitals by providing extra services at family practices and in patients' homes.

Education is a key priority for Pegasus Health and this year, an emphasis was placed on helping family health practice teams provide better care to patients with diabetes, asthma, chronic obstructive cardiopulmonary disease and chronic heart failure.

During the year in review, over 23,000 children were immunised against serious diseases. Pegasus Health family practice teams have one of the highest rates of childhood immunisation in New Zealand.

Together with Ngai Tahu, Pegasus Health has formulated a Maori Health plan that initially focused on Pegasus Health family practice teams attending a Maori Health training programme.

Pegasus Health is a key partner in many District Health Board projects.

### Richmond Fellowship

The Fellowship was established in Richmond, London in 1958, at a time when people with psychiatric disabilities were being moved out of large institutions to very limited options in the community. The organisation's central ethos is clients can provide much of the expertise to manage their condition, and can move towards independent community living by working in partnership with skilled staff.

In 1978, the Richmond Fellowship was established in New Zealand. It works with 18 of the country's 21 District Health Boards.

The Richmond Fellowship has pioneered community based mental health services throughout the Canterbury region. It provides a range of mental health services on behalf of the Canterbury District Health Board including community-based recovery programmes, and specialist support services for patients with the most challenging and complex needs. The Fellowship also provides specialist youth services for the region's most complex and disturbed young people, and community-based alcohol and drug detoxification services.

In Christchurch, the Richmond Fellowship operates a primary health initiative – Te Amorangi Richmond, a joint venture with Nga Maata Waka (urban iwi authority). This 'Wellness Village' caters for over 3,000 patients a year and provides free medical services and an early childhood centre.

### South Link Health

South Link Health Inc. is an Independent Practitioners Association, which represents more than 450 GPs in the South Island. Practice Nurses are also members of South Link Health. The organisation aims to improve the quality and value of health care by assisting its members with continuing education, advice on best practice, information technology and business matters. South Link Health's main focus in Canterbury is in rural and semi-rural areas where it holds a contract with the Canterbury District Health Board to provide primary health care.

### Stepping Stones Trust

Stepping Stones is a psychiatric rehabilitation service offering residential support to 22 adults who are 17 years and over, and 12 adolescents who are 14 to 17 years requiring 24 hour professional support. Its strength lies in its professionally trained, experienced team. The organisation also provides community support for 100 adults and 40 adolescents who are living in the community in their own homes and operates a 10 bed respite service for planned and emergency respite care.

### The Christchurch City Mission

The Mission is a long established organisation which provides community mental health teams, alcohol and drug services including women's recovery programmes and a social detoxification house.





## Other Significant Initiatives

In addition to the funding of primary care, and the provision of secondary care, the District Health Board owns and manages a major community laboratory in New Zealand and also funds the school and community dental service.

### Canterbury Health Laboratories

Canterbury Health Laboratories is a leader in the provision of specialist testing for District Health Boards and community laboratories throughout New Zealand.

Canterbury Health Laboratories was awarded the contract to provide specialist testing for community practitioners based in six District Health Boards in the lower North Island. Those evaluating the contract scored Canterbury Health Laboratories first equal in nearly every category.

During the year, Taranaki and Hawera Hospitals connected to the Canterbury District Health Board Delphic computer system. Together with Nelson and Wairau Hospitals, this means that five hospitals, representing three District Health Boards, are using the system.

### School And Community Dental Service

The largest school dental service in the South Island, this service provides free dental care from 165 school dental clinics and mobile facilities to around 70,500 pre-school, primary and intermediate children throughout Canterbury.

## Subsidiary Companies

### Brackenridge Estate

A community environment for former residents of the Templeton Centre, Brackenridge Estate comprises 14 houses for up to 86 intellectually disabled residents for whom it is too challenging to live in the wider community. Brackenridge's care philosophy aims to have residents achieving as fulfilling and normal lives as possible while maximising the potential and quality of life of each individual.

### Canterbury Laundry Services

Canterbury Laundry Services is a subsidiary business providing laundry services to the Health Board's hospitals. Originally established in 1982 on the closure of individual hospital laundries in Christchurch, the service is based at Hillmorton hospital and also runs a commercial operation. With a staff of 85, the average throughput per year amounts to 3,800 tonnes of laundry.

### Crown Public Health

Crown Public Health provides a range of population based/public health services in Canterbury, South Canterbury and the West Coast. With a staff of over 90, its emphasis is on health protection, health promotion, and Maori health promotion. The function of the Medical Officer of Health also comes under the organisation's auspices.

As at 1 December 2002, Crown Public Health will become part of the Canterbury District Health Board and will be known as Community and Public Health. The Health Board will continue to provide public health services to the West Coast and South Canterbury in addition to the Canterbury district.

### The Fertility Centre

A joint venture between the Canterbury District Health Board and the University of Otago. Services include donor inseminations, in-vitro fertilisation, intra-uterine inseminations, sperm acquisition procedures and intra-cytoplasmic sperm injection.

## Future Directions

At the end of 2002, we will publish our Strategic Plan for community distribution. The Plan is our blueprint for the delivery of health care in our region for the next five to ten years and is a very important document. The Strategic Plan outlines the challenges we face and what our responses to meet these challenges will be.

I want to thank everyone who participated in the consultation process. The feedback received has been very valuable in assisting us to produce a plan that aims at providing our community with the best possible health care within our resources. The following is a summary of some of the key initiatives outlined in the plan.

After much consultation we have decided that our future direction will focus on five key areas:

Improving the health status of our community. This also involves a particular focus on providing support to those groups where the greatest health disparities exist.

Finding better ways of working. In addition to using Government funds for maximum benefit, a particular focus will be on fostering an environment in which all health care providers work more co-operatively in order to streamline patient care, produce better outcomes for patients and more effectively use our limited resources.

Working together. This will involve ensuring staff, the people of Canterbury, and the funders and providers of a wide range of social and health services make the best use of their combined resources.

Developing Canterbury's health care workforce. Our aim is to make Canterbury a preferred district for health workers in New Zealand.

Being a leader in hospital and health care services. This includes working towards the integration of services, working with other District Health Boards to make services available to patients throughout the South Island, encouraging focused research projects, managing waiting lists and finding solutions to service pressures.



### Top Priorities

We have also identified our top priorities based on a health needs assessment for Canterbury, consideration of key government health strategies and feedback received in the formal consultation of the Strategic Plan. Our priorities over the next five to ten years are:

- Child and Youth Health
- Primary Health
- Maori Health
- Mental Health
- Disease Prevention and Management - in particular Cardiovascular (Heart) Disease, Diabetes and Cancer.

Full details of the current situation and what we plan to do are outlined in the Strategic Plan, which can be viewed on our website.

We also remain proactive in many areas on work that is ongoing. In the next five to ten years our focus will also be on:

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Implementing recommendations from the government's Health Information Management and Technology Plan - the Wave Report.

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Increasing our focus on population and public health services with programmes to reduce smoking, improve nutrition, reduce obesity and increase physical activity.

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Improving rural health by working with local authorities and rural health service providers.

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Improving Pacific people's health with the implementation of the Pacific Health Plan.

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Implementing the Government's Health of Older People's Strategy.

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Continuing to implement the Government's Alcohol and Other Drugs strategies.

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Working with health educators and local government to improve oral health. Improving information on respiratory illness and promote health education to all community groups. Implementing the Disability Strategy Action Plan and encourage health and disability support providers to work together to provide a coordinated service.

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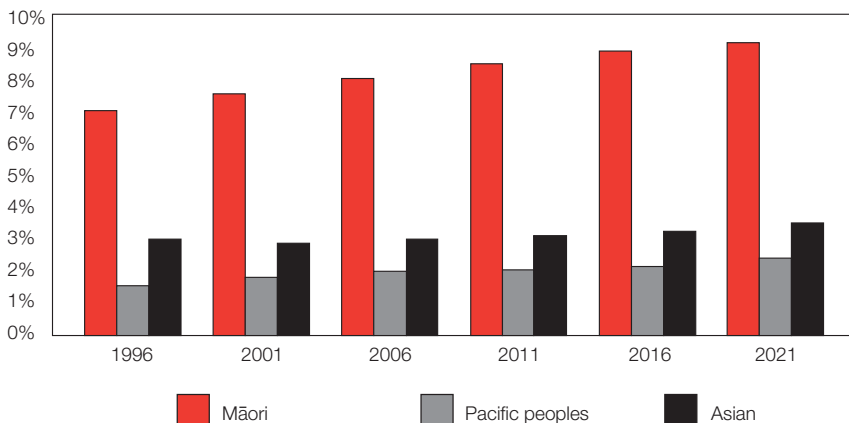
Working towards reducing waiting lists for elective surgery and ensuring those with the greatest need and ability to benefit are offered treatment first.

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The way ahead for the Canterbury District Health Board is very promising. In the year under review we have received more funding certainty from the Government and have laid solid foundations that put the Board in a very strong position to achieve our strategic goals. At the same time, we have worked with our staff to ensure a more progressive approach to health care in future. This can only be achieved with everyone working together, and it is gratifying to see the progress we have made.

My personal thanks go to staff working in hospitals and in the community for their efforts and achievements during the year. We will continue to work collaboratively with our health and disability support service providers, and with our staff in all our region's locations, to ensure that together we are able to deliver the best possible health care for Canterbury in the coming year and in future years.

**Projected CDHB Populations by ethnic share 1996-2021**



Jean O'Callaghan  
Chief Executive

# Summary Statement of Service Performance



For the Year Ended 30 June 2002

The provision of a Statement of Service Performance is a new requirement for the District Health Board, with the establishment of appropriate measures being at an evolutionary stage. CDHB intends to further develop measures that are appropriate to the needs of our stakeholders within Parliament and the community. These measures and associated performance targets will be reflected in future Statements of Intent and reported in subsequent Statements of Service Performance.

The aim of the Statement of Intent is to demonstrate how the District Health Board's activities impact on the District Health Board's primary objective of "improving the health and wellbeing of people living in Canterbury". Measures established in the 2001-2004 Statement of Intent were defined prior to the completion of the Canterbury District Health Board Strategic Plan. To this end, this performance overview is presented in two sections:

- An overview of the outcomes from the strategic planning process.
- An overview of CDHB's performance against the core strategic directions for the 2001/02 year. This includes a selection of relevant indicators from the Statement of Intent 2001-2004 and additional indicators that are considered to be of interest to the Public and Parliament. These performance indicators are presented under the relevant core strategic directions.

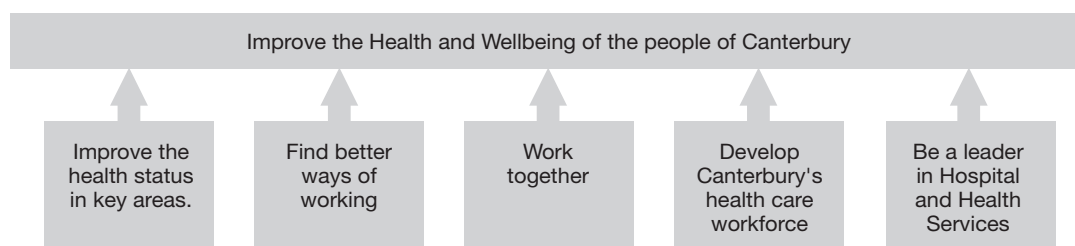
## 1. Strategic Planning Overview

A key outcome for CDHB during the 2001/02 year, has been the development of our strategic direction which identifies how the District Health Board will work over the coming years towards "Improving the Health and Wellbeing of People Living in Canterbury".

The development of the Strategic Plan reflects the first major community consultation undertaken by the District Health Board. Consultation on the draft plan included 47 meetings, of which 12 were public and the balance with key stakeholder groups. As a result of this community consultation the final Strategic Plan approved by the Board included priority areas as Child and Youth Health, Primary Health, Maori Health, Disease Prevention and Management [Cardiovascular (Heart) Disease, Diabetes, Cancer]. Cancer and Mental Health Services were added as a result of the consultation process.

To achieve CDHB's primary objective to improve the health and well being of people living in Canterbury, the District Health Board intends to focus on achieving improved outcomes in these priority areas via the five core direction intervention areas:

- *Improving the health status of our community* - improve the health outcomes for specific groups in our community.
- *Find better ways of working* - to get the maximum improvement in health status for our community within the available funding and resources.
- *Work together* - to ensure the right service is provided at the right time to obtain the maximum possible health gains for our community.
- *Develop Canterbury's health care workforce* - to ensure that we have the appropriate workforce to meet the health needs of the people of Canterbury.
- *Be a leader in Hospital and Health Services* - to ensure the best possible level of care is provided to maximise the health outcomes for the people of Canterbury.



## 2. Key 2001/02 Statement of Intent Performance Indicators.

The following indicators reflect those performance measures specified in the 2001/02 Statement of Intent which are considered the most important in terms of the District Health Board's strategic direction.

### Objective:

Improve the health outcomes for specific groups in our community

### Brief Description:

Within the Canterbury region:

- There are a number of population groups who have lower health status than the general population of Canterbury
- Likewise there are a number of chronic diseases which impact significantly on the health status of Canterbury people
- The health of our children and young people is similar to other regions in New Zealand, however it is not as good, or improving as fast, as the health of children in other developed countries (no associated performance report for 2001/02)

Interventions focused on improving the services and the way health care is provided to these groups should result over time in improvements to the health status of the people of Canterbury. Activities undertaken during the 2001/02 year have focused on understanding the current issues and developing plans that define what we should do to achieve the long term outcomes.

Target area: Population Groups			
Target - Outcomes	Output 2001/02	Performance Measure	Results
Improved health status of Canterbury's Maori Residents (Long Term)*	Produce a Maori Health Plan which identifies the appropriate actions the District Health Board should take to achieve the desired outcome (Short Term)	Development of a comprehensive Maori Plan.	The CDHB Maori Health Plan 2002-06 has been written to align with the CDHB Strategic Plan as well as He Korowai Oranga, the national Maori Health Strategy. This plan has been developed with local Maori and has undergone significant consultation. Local Maori and the CDHB Board have endorsed this plan. Implementation of this plan will be ongoing. Processes and progress will be reviewed annually against the established project milestones and accountabilities. Performance against this plan will be reported in future annual reports. A copy of this plan is available on request.
Improved health status of Canterbury's Pacific Island Residents (Long Term)*	Produce a Pacific Health Plan which identifies the appropriate actions the District Health Board should take to achieve the desired outcome (Short Term)	Development of a comprehensive Pacific Plan.	The CDHB Pacific Health Action Plan has been written to align with the CDHB Strategic Plan as well as the national Pacific Health & Disability Action Plan. This local action plan has been developed with input from the Pacific Island community and the Ministry of Pacific Island Affairs. The CDHB has endorsed this plan. Implementation of this plan will be ongoing. Performance against this plan will be reported in future annual reports. A copy of this plan is available on request.

**Objective:**

Find better ways of working, to get the maximum improvement in health status for our community within the available funds.

**Brief Description:**

Funding for health services will always be limited. The CDHB must therefore constantly seek better ways of working to get the maximum improvement in health status for our community within the available funding. A number of key areas to improve the way we work have been identified within the Strategic Plan. These can be broadly grouped into a number of intermediate outcome areas, namely:

- Efficiency Gains, to improve the services that can be provided within the available funding (no associated performance report for 2001/02).
- Keeping people healthy via the adoption of a "Wellness" strategy. This would include addressing issues such as improving access to primary care services and disease prevention.

<b>Target area: Keeping People Healthy</b>			
<b>Target - Outcomes</b>	<b>Output 2001/02</b>	<b>Performance Measure</b>	<b>Results</b>
Improved access to, and quality of primary health care for Rural Canterbury Residents (Long Term).	Develop a Rural Health Strategy which covers improving access to services, quality of service and workforce planning (Short Term).	Development of a comprehensive Rural Health Plan.	The CDHB Rural Health Plan has been written to align with the CDHB Strategic Plan and the national Primary Care Strategy. This plan has been developed with input from the rural local bodies, rural practitioners and rural health advocates. The CDHB Board has endorsed this plan. Implementation of this plan will be ongoing. Performance against this plan will be reported in future annual reports. A copy of this plan is available on request.

**Objective:**

Work together - to ensure the right service is provided at the right time to obtain the maximum possible health gains for our community.

**Brief Description:**

Work together to ensure the right service is provided at the right time to ensure the maximum possible health gains are made for our community. To improve the way we work together CDHB believes that interventions are required in four broad areas:

- Information, to ensure that health care providers have access to appropriate information to support the provision of services (no associated performance report for 2001/02).
- Integration of services to provide a clear continuum of care.
- Communicate and consult with our community and patients about health issues and developments and access to services (see Strategic Plan overview).
- Elective Services.

<b>Target area: Integration of Services</b>			
<b>Target - Outcomes</b>	<b>Output 2001/02</b>	<b>Performance Measure</b>	<b>Results</b>
Improved coordination and integration to ensure the provision of seamless services to the elderly (Long Term).	Continue to support the Elder Care Canterbury project in its objective of integrating and improving health services for older people. (Short Term).	Establish infrastructure to support projects within the District Health Board. Evaluate existing projects.	The key results in establishing the required infrastructure have been: <ul style="list-style-type: none"> <li>• Employment of a project facilitator</li> <li>• Development of a new model in the form of a project forum to enhance community involvement in the project</li> <li>• The successful pilot of the Coordinator of Services for the Elderly (COSE). This is an excellent integration project, which moves coordination of services from the hospital setting to the community by attaching COSEs to GP practices. It has been extremely well received by all involved.</li> </ul>
	Develop the role of lead District Health Board with regard to defining and implementing the integrated continuum of care and the proposed devolution of age-related disability support services funding to the District Health Boards. (Short Term).	Establish infrastructure to support the devolvement of funding for older person's health services from the MoH.	The key results in establishing the required infrastructure to support devolution of funding have been: <ul style="list-style-type: none"> <li>• Employment of a project manager</li> <li>• The establishment of a steering group representing a broad spectrum of the sector to guide the project and assist the District Health Board to achieve its aims</li> <li>• Assisting the MoH, in conjunction with Northland District Health Board, to develop capability criteria for all District Health Boards to ensure they are able to manage the devolved funding</li> <li>• Work on defining the integrated continuum of care, identified gaps and barriers to implementing the continuum and identified solutions.</li> </ul>

**Target area: Elective Services**

Target - Outcomes	Output 2001/02	Performance Measure	Results					
<p>Reduced waiting lists for first specialist assessments to a level where all appropriately referred patients can be assessed within appropriate timeframes. (Medium Term).</p>	<p>Improve access to first specialist assessments. (Medium Term).</p>	<p>100% of patients receive their first specialist appointment within six months.</p>	<p>CDHB has continued to seek to achieve this level of performance. To date this has not however been achieved. Of the new patients seen during the year, 90% were seen within 6 months. At the end of the year there were some 6,943 patients who we had not seen who had waited longer than 6 months. This reflects approximately 2<sup>1</sup>/<sub>4</sub> months work at current activity levels. A number of specialities performed near<sup>1</sup> this target, namely Cardiology, Diabetes, Endocrinology, Infectious Diseases, Paediatric Medicine, Paediatric Surgery, Renal Medicine, Thoracic Surgery, Haematology, Neurosurgery, Oncology and Vascular Surgery. Specialities not performing at this target include Dermatology, Endoscopy, Otolaryngology, Gastroenterology, General Medicine, General Surgery, Gynaecology, Neurology, Ophthalmology, Orthopaedics, Pain Management, Plastics, Respiratory, Rheumatology and Urology.</p>					
			<p style="text-align: center;"><b>Outpatient Wait List <sup>(6)</sup></b></p> <table border="1"> <caption>Outpatient Wait List Data</caption> <thead> <tr> <th>Year</th> <th>Patients</th> </tr> </thead> <tbody> <tr> <td>1999/00</td> <td>14,500</td> </tr> <tr> <td>2000/01</td> <td>13,000</td> </tr> <tr> <td>2001/02</td> <td>17,000</td> </tr> </tbody> </table>	Year	Patients	1999/00	14,500	2000/01
Year	Patients							
1999/00	14,500							
2000/01	13,000							
2001/02	17,000							
<p>Provide patients with certainty that they will receive/not receive access to publicly funded inpatient surgery. Provide timely access for those offered surgery. (Medium Term).</p>	<p>Reduce waiting times for those patients offered publicly funded inpatient surgery (Medium Term).</p>	<p>100% of patients receive publicly funded surgery within six months.</p>	<p>CDHB provides patients with two levels of certainty for publicly funded treatment, namely, "definite" cases, who are offered certainty of treatment within 6 months and "probable" cases who are considered likely to receive publicly funded treatment within 12 months. Quarterly performance for those patients provided certainty of treatment within 6 months varied from 91% to 97% of patients receiving treatment within 6 months. Quarterly performance for those patients who were considered likely to receive treatment within 12 months has also varied. In quarter 2, 70% of these patients received treatment within the 6 month target wait time, in quarter 3, 68%, while in quarter 4 only 33% received treatment within the 6 month target.<sup>2</sup> The first quarter was not reported. This lower than planned performance has in part resulted from the industrial action.</p>					
			<p style="text-align: center;"><b>Inpatient Wait List</b></p> <table border="1"> <caption>Inpatient Wait List Data</caption> <thead> <tr> <th>Year</th> <th>Patients</th> </tr> </thead> <tbody> <tr> <td>1999/00</td> <td>9,500</td> </tr> <tr> <td>2000/01</td> <td>8,500</td> </tr> <tr> <td>2001/02</td> <td>11,500</td> </tr> </tbody> </table>	Year	Patients	1999/00	9,500	2000/01
Year	Patients							
1999/00	9,500							
2000/01	8,500							
2001/02	11,500							

<sup>1</sup> Near target is defined as >95% of patients seen within 6 months and the number waiting longer than 6 months at the end of the period being <4% of annual throughput which is equivalent to 2 weeks activity.

<sup>2</sup> Noted that these statistics do not include Christchurch Women's Hospital due to information issues that prevent these measures from being calculated.

<sup>6</sup> Outpatient Waiting List excludes endoscopies.

Target area: Elective Services								
Target - Outcomes	Output 2001/02	Performance Measure	Results					
Delivery of a level of publicly funded service which is sufficient to ensure access to elective surgery before patients reach a state of unreasonable distress, ill health or incapacity (Long Term).	Deliver the level of inpatient surgery funded by the MoH. (Short Term). (Note – this output has been used as proxy for this outcome).	100% of MoH funded surgical volumes are delivered.	Surgical case-weighted volumes (discharges) delivered during the 2001/02 year were below the target level of delivery. Otolaryngology has delivered its funded case-weighted volumes. Ophthalmology and Dental have delivered near their funded case-weighted volumes. The remaining specialities have under delivered against the funded case-weighted volumes by the following percentages: <ul style="list-style-type: none"> <li>• General Surgery 7%</li> <li>• Cardiothoracic 49%</li> <li>• Gynaecology 11%</li> <li>• Neurosurgery 7%</li> <li>• Orthopaedic 19%</li> <li>• Paediatric Surgery 16%</li> <li>• Plastic &amp; Burns 9%</li> <li>• Urology 7%</li> </ul> This lower than planned performance has in part resulted from the industrial action and shortages of Anaesthetists and Anaesthetic Technicians.					
			<table border="1"> <caption>Surgical Case Weighted Discharges</caption> <thead> <tr> <th>Year</th> <th>Case Weighted Discharges</th> </tr> </thead> <tbody> <tr> <td>1999/00</td> <td>~29,000</td> </tr> <tr> <td>2000/01</td> <td>~31,000</td> </tr> <tr> <td>2001/02</td> <td>~29,000</td> </tr> </tbody> </table>	Year	Case Weighted Discharges	1999/00	~29,000	2000/01
Year	Case Weighted Discharges							
1999/00	~29,000							
2000/01	~31,000							
2001/02	~29,000							

**Objective:**

Develop Canterbury's health care workforce - to ensure that we have the appropriate workforce to meet the health needs of the people of Canterbury.

**Brief Description:**

To ensure that Canterbury's health workforce contributes to the health of the people of Canterbury to the maximum extent, CDHB believes that supporting the development of the health care workforce will result in improvements to the health status of the people of Canterbury. Two key areas of intervention have been identified:

- Improving the relationships within the District Health Board to ensure we are working together to achieve common objectives.
- Workforce development to support improvements in the services provided, particularly in relation to services provided to Maori and Pacific Island communities (these areas are under development as components of the Maori and Pacific Health Plans).

Target area: Improving Relationships			
Target - Outcomes	Output 2001/02	Performance Measure	Results
Being a good employer will ensure that Canterbury District Health Board provides a safe working environment, equal opportunities, culturally sensitive work place and upholds a commitment to good faith bargaining (Medium Term).	Initiate systems and processes to promote a good working environment which encourages a management style that is more open, inclusive and transparent and that fosters a true partnership between staff, and between staff and management (Medium Term).	Develop a strategy to meet District Health Board good employer obligations that promotes a good working environment and encourages a management style that is more open, inclusive and transparent and that fosters a true partnership between staff, and between staff and management.	Various strategies and systems/processes have been implemented, but further initiatives can be developed. To date: <ul style="list-style-type: none"> <li>• A Culture Survey has been undertaken across the organisation. This will assist in further identifying initiatives.</li> <li>• Development of a cluster structure at Christchurch Hospital to facilitate greater involvement at all levels across all medical disciplines.</li> <li>• Harassment and bullying policy and training implemented to assist in providing a better working environment.</li> <li>• Management leadership training in place.</li> </ul> Policies and approaches are under development to provide for greater involvement of Maori and Pacific Island people in the CDHB workforce.

**Objective:**

Be a leader in Hospital and Health Services - to ensure the best possible level of care is provided to maximise the health outcomes for the people of Canterbury.

**Brief Description:**

Being a leader in Hospital and Health Services to ensure the best possible care is provided to maximise the health outcomes for the people of Canterbury. Three key areas of intervention have been identified:

- Quality.
- Regional Centre (no associated performance report for 2001/02).
- Teaching Research (no associated performance report for 2001/02).

<b>Target area: Quality</b>											
<b>Target - Outcomes</b>	<b>Output 2001/02</b>	<b>Performance Measure</b>	<b>Results</b>								
Achieve and maintain Quality Health New Zealand accreditation for all District Health Board Hospitals (Long term).	Maintain accreditation at Ashburton, Akaroa, Waikari, Darfield, Burwood and Christchurch Women's Hospitals.	Maintain existing accreditation status.	Ashburton, Akaroa, Waikari, Darfield, Burwood and Christchurch Women's Hospitals are accredited with Quality Health New Zealand. During the 2001/02 year, Ashburton Hospital underwent survey by independent auditors resulting in accreditation being reconfirmed.								
	Initiate accreditation process for Christchurch, Kaikoura, and Oxford Hospitals along with the Mental Health and Older Persons Health Services.	Initiate accreditation process.	During the 2001/02 year, Christchurch, Kaikoura, and Oxford Hospitals along with the Mental Health and Older Persons Health Services entered the accreditation programme. Entering the programme required each hospital/service to establish processes and documentation that meets the requirements of the standard. Dates for accreditation surveys have not been established.								
Maintain accreditation of Support Services with International Accreditation New Zealand. (Laboratory accreditation to ISO15189 Quality Management in Medical Laboratories. Others ISO9000 series quality standards).	Maintain accreditation for CDHB's Laboratories, Technical Services, Physiotherapy (Christchurch Hospital) and Medical Physics and Bio-engineering.	Maintain existing accreditation status.	During the 2001/02 year CDHB's Laboratories, Technical Services, Physiotherapy (Christchurch Hospital) and Medical Physics and Bio-engineering Services were re-surveyed to reconfirm accreditation. Accreditation was confirmed for each service.								
Maintain appropriate levels of clinical quality within CDHB Hospitals.	Operate an effective incident reporting mechanism to monitor clinical quality.	Patient Falls Rate <sup>3</sup>  (Note: Performance targets were not specified in SOI).	Rate per 1,000 Inpatient Bed days.  <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>1999/2000</td> <td>2000/2001</td> <td>2001/2002</td> </tr> <tr> <td>3.73</td> <td>3.60</td> <td>3.84</td> </tr> </table> <p>The inpatient fall rates have remained relatively unchanged over this 3 year period. Initiatives are planned to further reduce this rate.</p>	1999/2000	2000/2001	2001/2002	3.73	3.60	3.84		
		1999/2000	2000/2001	2001/2002							
3.73	3.60	3.84									
IV Medication Errors. <sup>4</sup>  (Note: Performance targets were not specified in SOI).	Medication Errors Rate per 1,000 Inpatient Bed days <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>1999/2000</td> <td>2000/2001</td> <td>2001/2002</td> </tr> <tr> <td>1.12</td> <td>1.38</td> <td>1.17</td> </tr> </table> <p>The medication error rates have remained relatively unchanged over this 3 year period.</p>	1999/2000	2000/2001	2001/2002	1.12	1.38	1.17				
1999/2000	2000/2001	2001/2002									
1.12	1.38	1.17									
		Hospital Acquired Bacteraemia Rate. <sup>5</sup>  (Note: Performance targets were not specified in SOI).	<p style="text-align: center;"><b>Hospital Acquired Bacteraemia Rate</b></p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <th>Year</th> <th>Rate 100 IP Days</th> </tr> <tr> <td>1999/00</td> <td>0.33</td> </tr> <tr> <td>2000/01</td> <td>0.38</td> </tr> <tr> <td>2001/02</td> <td>0.50</td> </tr> </table> <p>The rate is increasing and initiatives are being developed to reduce this rate.</p>	Year	Rate 100 IP Days	1999/00	0.33	2000/01	0.38	2001/02	0.50
Year	Rate 100 IP Days										
1999/00	0.33										
2000/01	0.38										
2001/02	0.50										

<sup>3</sup> Note: Patient Fall rates reflect Christchurch, Burwood and Ashburton Hospitals only. Data was not available for the other District Health Board Hospitals.

<sup>4</sup> Note: IV Medication Error rates reflect Christchurch, Burwood and Ashburton Hospitals only. Data was not available for the other District Health Board Hospitals.

<sup>5</sup> Note: Hospital Acquired Bacteraemia rates reflect Christchurch, Burwood and Ashburton Hospitals only. Data was not available for the other District Health Board Hospitals.\*

**3. Summary of Revenues and Expenses by Output Class**

	Funding \$'000	Governance & Funding Admin \$'000	Provider \$'000	In House Elimination \$'000	Total District Health Board \$'000
Revenue					
MoH revenue	588,072	2,633	425,326	(392,953)	623,078
Patient Related Revenue			22,611		22,611
Other			9,708		9,708
Total Revenue	588,072	2,633	457,645	(392,953)	655,397
Expenditure					
Personnel		1,711	298,037		299,748
Depreciation			20,892		20,892
Interest & Capital Charge			23,635		23,635
Other	588,072	922	136,724	(392,953)	332,765
Total Expenditure	588,072	2,633	479,288	(392,953)	677,040
Net Surplus/(Deficit)	-	-	(21,643)	-	(21,643)

# Financial Statements



For the Year Ended 30 June 2002

**Statement Of Financial Performance For The Period Ended 30 June 2002**

	Group			Parent	
	Actual 12 mths to 30/06/02 \$'000	Budget 12 mths to 30/06/02 \$'000	Actual 6 mths to 30/6/01 \$'000	Actual 12 mths to 30/06/02 \$'000	Actual 6 mths to 30/6/01 \$'000
<b>OPERATING REVENUE</b>					
MoH Revenue	623,078	637,904	212,349	609,975	205,386
Patient Related Revenue	22,611	20,462	9,477	22,609	9,238
Other Revenue	9,708	11,170	11,735	9,190	11,044
<b>TOTAL REVENUE</b>	<b>655,397</b>	<b>669,536</b>	<b>233,561</b>	<b>641,774</b>	<b>225,668</b>
<b>OPERATING EXPENSES</b>					
Employee Costs	299,748	289,534	142,631	289,231	136,976
Treatment Related Costs	83,402	79,272	41,959	85,562	43,092
External Service Providers	195,119	219,001	-	195,119	-
Depreciation	20,892	23,110	9,972	19,761	9,396
Interest Expense	7,443	9,500	3,760	7,310	3,694
Other Expenses	54,244	49,856	27,289	50,477	24,427
<b>TOTAL OPERATING EXPENSES</b>	<b>660,848</b>	<b>670,273</b>	<b>225,611</b>	<b>647,460</b>	<b>217,585</b>
<b>OPERATING SURPLUS / (DEFICIT) BEFORE CAPITAL CHARGE</b>	<b>(5,451)</b>	<b>(737)</b>	<b>7,950</b>	<b>(5,686)</b>	<b>8,083</b>
Capital Charge Expense	(16,192)	(19,281)	(8,064)	(16,192)	(8,064)
<b>OPERATING SURPLUS/(DEFICIT) BEFORE TAXATION</b>	<b>(21,643)</b>	<b>(20,018)</b>	<b>(114)</b>	<b>(21,878)</b>	<b>19</b>
Tax (Expense)/ Benefit	50	-	(81)	-	-
<b>OPERATING SURPLUS (DEFICIT) AFTER TAXATION</b>	<b>(21,593)</b>	<b>(20,018)</b>	<b>(195)</b>	<b>(21,878)</b>	<b>19</b>
Share of Associate Co's Surplus before Tax	-	-	116	-	116
Taxation Benefits/(Expense)	-	-	(38)	-	(38)
Share of Associate Co's Surplus after Tax	-	-	78	-	78
Minority Interest Share of Surplus in Subsidiary	(30)	0	(10)	-	-
<b>NET SURPLUS / (DEFICIT) FOR THE YEAR</b>	<b>(21,623)</b>	<b>(20,018)</b>	<b>(127)</b>	<b>(21,878)</b>	<b>97</b>

## Statement Of Movements In Equity For The Period Ended 30 June 2002

	Group		Parent		
	Actual 12mths to 30/06/02 \$'000	Budget 12mths to 30/06/02 \$'000	Actual 6 mths to 30/06/01 \$'000	Actual 12 mths to 30/06/02 \$'000	Actual 6 mths to 30/06/01 \$'000
<b>TOTAL EQUITY</b>					
<b>AT BEGINNING OF THE PERIOD:</b>					
Equity excluding Minority Interest	156,546	157,185	-	156,455	-
Minority Interest	26	1	-	-	-
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	156,572	157,186	-	156,455	-
<b>TOTAL RECOGNISED REVENUES AND EXPENSES:</b>					
Net surplus / (deficit) for the period	(21,623)	(20,018)	(127)	(21,878)	97
Attributable to Minority Interest	30	-	10	-	-
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	(21,593)	(20,018)	(117)	(21,878)	97
<b>OTHER MOVEMENTS</b>					
Contribution from Crown	-	19,000	156,673	-	156,358
Minority Interest Introduced	-	-	16	-	-
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	-	19,000	156,689	-	156,358
<b>TOTAL EQUITY AT END OF THE PERIOD:</b>					
Equity excluding Minority Interest	134,923	156,167	156,546	134,577	156,455
Minority Interest	56	1	26	-	-
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	134,979	156,168	156,572	134,577	156,455

**Statement Of Financial Position As At 30 June 2002**

	Group		Parent		
	Actual as at 30/06/02 \$'000	Budget as at 30/06/02 \$'000	Actual as at 30/06/01 \$'000	Actual as at 30/06/02 \$'000	Actual as at 30/06/01 \$'000
<b>CROWN EQUITY</b>					
General Funds	149,824	169,301	149,824	149,962	149,962
Revaluation Reserve	453	453	453	-	-
Retained Earnings	(22,534)	(20,018)	(496)	(22,268)	10
Trust Reserve	7,180	6,431	6,765	6,883	6,483
Minority Interest	56	1	26	-	-
<b>TOTAL EQUITY</b>	<b>134,979</b>	<b>156,168</b>	<b>156,572</b>	<b>134,577</b>	<b>156,455</b>
<b>REPRESENTED BY:</b>					
<b>CURRENT ASSETS</b>					
Cash & Bank	(3,635)	(10,781)	(8,249)	(4,531)	(9,193)
Receivables and Prepayments	52,596	52,690	52,216	51,364	51,131
Stocks	7,331	6,858	6,832	7,276	6,757
<b>TOTAL CURRENT ASSETS</b>	<b>56,292</b>	<b>48,767</b>	<b>50,799</b>	<b>54,109</b>	<b>48,695</b>
<b>CURRENT LIABILITIES</b>					
Creditors and Accruals	59,192	35,062	35,967	58,468	35,185
Owing to Crown	7,834	4,125	8,063	7,834	8,063
Staff Entitlements due within 1 year	28,661	34,654	24,713	27,996	23,827
Loans due within 1 year	27,568	27,667	220	27,468	220
<b>TOTAL CURRENT LIABILITIES</b>	<b>123,255</b>	<b>101,508</b>	<b>68,963</b>	<b>121,766</b>	<b>67,295</b>
<b>NET WORKING CAPITAL</b>	<b>(66,963)</b>	<b>(52,741)</b>	<b>(18,164)</b>	<b>(67,657)</b>	<b>(18,600)</b>
<b>NON CURRENT ASSETS</b>					
Investments	466	500	427	4,032	4,230
Fixed Assets	269,641	279,987	271,668	264,905	266,751
Surplus Property	7,450	7,450	7,450	7,350	7,350
Restricted Assets	7,180	6,431	6,765	6,883	6,483
<b>TOTAL NON CURRENT ASSETS</b>	<b>284,737</b>	<b>294,368</b>	<b>286,310</b>	<b>283,170</b>	<b>284,814</b>
<b>NON CURRENT LIABILITIES</b>					
Staff Entitlements due after 1 year	3,636	2,962	2,791	3,636	2,791
Provision for maintenance	210	-	90	-	-
Deferred Tax	69	53	45	-	-
Loans repayable after 1 year	78,880	82,444	108,648	77,300	106,968
<b>TOTAL NON CURRENT LIABILITIES</b>	<b>82,795</b>	<b>85,459</b>	<b>111,574</b>	<b>80,936</b>	<b>109,759</b>
<b>NET ASSETS</b>	<b>134,979</b>	<b>156,168</b>	<b>156,572</b>	<b>134,577</b>	<b>156,455</b>

## Statement Of Cash Flows For The Period Ended 30 June 2002

	Group			Parent	
	Actual 12mths to 30/06/02 \$'000	Budget 12mths to 30/06/02 \$'000	Last Year 6 mths to 30/06/01 \$'000	Actual 12 mths to 30/06/02 \$'000	Last Year 6 mths to 30/06/01 \$'000
<b>CASH FLOW FROM OPERATING ACTIVITIES</b>					
Cash was provided from:					
Receipts from MoH	621,518	623,904	207,282	608,550	200,319
Other Receipts	30,191	30,717	21,181	29,519	19,837
Interest Received	565	516	125	717	298
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	652,274	655,137	228,588	638,786	220,454
Cash was applied to:					
Payments to Employees	293,724	289,534	142,308	283,235	136,421
Payments to Suppliers	311,060	329,461	76,738	309,438	75,554
Interest Paid	7,322	9,500	3,849	7,187	3,773
Taxes Paid / (Refunded)	(1,094)	(1,200)	(7)	(1,200)	-
Capital Charge	16,356	19,281	4,023	16,356	4,023
GST (net)	(1,322)	-	262	(1,304)	139
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	626,046	646,576	227,173	613,712	219,910
<b>NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES</b>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	26,228	8,561	1,415	25,074	544
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>					
Cash was provided from:					
Sale of Assets	579	-	7	579	7
Advances & Restricted Assets	-	-	-	-	294
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	579	-	7	579	301
Cash was applied to:					
Advances & Restricted Assets	454	-	392	202	-
Purchase of Assets	19,319	31,097	17,120	18,369	16,594
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	19,773	31,097	17,512	18,571	16,594
<b>NET CASH INFLOW/(OUTFLOW) FROM INVESTING ACTIVITIES</b>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	(19,194)	(31,097)	(17,505)	(17,992)	(16,293)
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>					
Cash was provided from :					
Loans Raised	-	20,000	7,367	-	7,367
Cash vested from Canterbury Health Ltd	-	-	474	-	(811)
Equity contribution from the Crown	-	19,000	-	-	-
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	-	39,000	7,841	-	6,556
Cash was applied to:					
Loans Repaid	2,420	19,000	-	2,420	-
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	2,420	19,000	-	2,420	-
<b>NET CASH INFLOW/(OUTFLOW) FROM FINANCING ACTIVITIES</b>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	(2,420)	20,000	7,841	(2,420)	6,556
Overall Increase/(Decrease) in Cash Held	4,614	(2,536)	(8,249)	4,662	(9,193)
Opening Cash Balance	(8,249)	(8,245)	-	(9,193)	-
<b>CLOSING CASH BALANCE</b>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	(3,635)	(10,781)	(8,249)	(4,531)	(9,193)

# Glossary Of Terms

<b>Accreditation</b>	Achievement against a national system of standards
<b>Audit</b>	The verification of performance against predetermined standards or contracts by a process of inspections, interviews and appraisal of documentation
<b>Brachytherapy</b>	Type of radiation therapy in which radioactive materials are placed in direct contact with the tissue being treated
<b>CAPEX</b>	Capital expenditure
<b>Cardiothoracic</b>	Relating to the heart or chest
<b>CNS</b>	Clinical Nurse Specialist
<b>Cohort</b>	Generational group as defined in demographics, statistics, or market research: "The cohort of people aged 30 to 39... were more conservative" (American Demographics).
<b>Community</b>	A collective of people identified by their common values and mutual concern for the development and wellbeing of their group or geographical area
<b>Consultation</b>	The process of seeking the views of individuals or groups. These include both providers and health service users.
<b>CPHAC</b>	Community and Public Health Advisory Community
<b>CWD - Cost Weighted Discharges</b>	Measure of relative patient's utilisation of resources
<b>Disability</b>	Incapacity caused by congenital state, injury or age-related condition expected to last six months or more. A disability may or may not be associated with the need for assistance.
<b>Disparity (or deprivation)</b>	Socio-economic or health inequality or difference relative to the local community or wider society to which an individual, family or group belongs
<b>District Health Boards</b>	District Health Boards are organisations being established to protect, promote and improve the health and independence of a geographically defined population. Each District Health Board will fund, provide or ensure the provision of services for its population.
<b>DSAC</b>	Disability Support and Advisory Committee
<b>DSP</b>	District Strategic Plan
<b>ECC</b>	Elder Care Canterbury
<b>EMT</b>	Executive Management Team
<b>Equity</b>	Equity means fairness
<b>Evaluation</b>	Assessment against a standard. Evaluations can assess both the process (of establishing a programme to deliver an outcome) and outcomes (ultimate objectives).
<b>FTE</b>	Full time equivalent
<b>Funding Agreement</b>	This is the agreement the Crown enters into with any person or entity under which the person or entity agrees to provide or arrange the provision of services in return for payment. For District Health Boards, this will include the District Health Board Annual Plan, funding schedules and the District Health Board Statement of Intent.
<b>General Surgery</b>	General and Vascular Surgery at Christchurch Hospital provides tertiary services to general, vascular and transplant services. Approx 60% acute workload. Treats mainly non deferrable malignant life and limb threatening disease of upper and lower gastro-intestinal system, breast, endocrine and perivascular systems, primarily malignant disease.
<b>Goal</b>	A high level strategic statement
<b>Gynaecology</b>	Disease and hygiene of women
<b>Health Needs</b>	This can be either: 1) what an individual requires to achieve or maintain health; or 2) an estimation of the programmes required to improve the health of populations.
<b>Health Needs Assessment</b>	A process designed to establish the health requirements of a particular population
<b>Health Outcomes</b>	A change in the health status of an individual, group or population which is attributable to a planned programme or series of programmes, regardless of whether such a programme was intended to change health status

<b>Health Policy</b>	A formal statement or procedure within institutions (notably government) that defines priorities and the parameters for action
<b>Health Status</b>	A description and/or measurement of the health of an individual or population
<b>Iwi</b>	Tribe
<b>LOS</b>	Length of Stay
<b>Med</b>	Medical
<b>Medical Credentialling</b>	Medical credentialling refers to the process of permitting an individual physician to practice in a particular hospital, clinic or other medical practice setting
<b>MoH</b>	Ministry of Health
<b>Neurosurgery</b>	Surgery of the nervous system
<b>NGO</b>	Non-governmental Organisation
<b>Objective</b>	Objectives state what is to be achieved and cover the range of desired outcomes to achieve a goal
<b>Ophthalmology</b>	Eye surgery
<b>Orthopaedic</b>	Prevention or correction of injuries or disease of the skeletal system and associated muscles, joints and ligaments
<b>Otolaryngology</b>	Ear, nose throat surgery
<b>Pacific Peoples</b>	The population of Pacific Island ethnic origin (for example: Tongan, Niuean, Fijian, Samoan, Cook Island Maori, and Tokelauan) incorporating people of Pacific Island ethnic origin born in New Zealand as well as overseas
<b>PACs</b>	Picture Archiving and Communications System
<b>Partnership</b>	The relationship of good faith, mutual respect and understanding and shared decision making between the Crown and Maori
<b>Performance Indicator</b>	A measure that shows the degree to which a strategy has been achieved.
<b>Population Based Funding</b>	Population based funding involves using a formula to allocate each District Health Board a fair share of the available resources so that each Board has an equal opportunity to meet the health and disability needs of its population
<b>Population Health</b>	The health of groups, families and communities. Populations may be defined by locality, biological criteria such as age or gender, social criteria such as socio-economic status, or cultural criteria such as Whanau.
<b>Population Health Outcomes</b>	Used to describe a change in the health status of a population due to a planned programme or series of programmes, regardless of whether such programmes were intended to change health status
<b>Population Health Status</b>	The level of health experienced by a population at a given time. This may be measured by separately identifying patterns of death and illness in a population or by means of one or more measures.
<b>Quality Assurance</b>	Formal process of implementing quality assessment and quality improvement in programmes to assure people that professional activities have been performed adequately
<b>RMO</b>	Resident Medical Officer
<b>Secondary Care</b>	Specialist care that is typically provided in a hospital setting
<b>Strategy</b>	A course of action to achieve targets
<b>Target</b>	A specific and measurable aim relating to an objective
<b>Tertiary Care</b>	Very specialised care often only provided in a smaller number of locations
<b>Treaty of Waitangi</b>	New Zealand's founding document. It establishes the relationship between the Crown and Maori as tangata whenua (first peoples) and requires both the Crown and Maori to act reasonably towards each other and with utmost good faith.
<b>Urology</b>	Diagnosis and treatment of diseases of the urinary tract and urogenital system
<b>Wellness</b>	A dimension of health beyond the absence of disease or infirmity, including social, emotional and spiritual aspects of health
<b>WHD</b>	Women's Health Division

# Directory

## Community & Public Health Advisory Committee

### Board members:

Alison Wilkie – Chair  
Tuari Potiki  
Philip Bagshaw  
Syd Bradley (ex officio)  
Olive Webb (ex officio)

### Other members:

Julie Barlass  
Christine Elliott  
Ray Kirk  
Mick Ozimek  
Fiona Pimm  
Rodney Routledge  
Api Taelmaitoga

## Disability Support Advisory Committee

### Board members:

Olive Webb – Chair  
Philip Bagshaw  
Randall Allardyce  
Robin Booth  
Tuari Potiki  
Syd Bradley (ex officio)

### Other members:

Ruth Jones  
Pauline O'Connor  
Jeanette Tarbotton  
Stephanie Waterfield

## Hospital Advisory Committee

### Board members:

Syd Bradley – Chair  
Paul White  
Randall Allardyce  
David Morrell  
Olive Webb (ex officio)

### Other members:

David Kerr  
Allison Lomax  
Suzanne Pitama  
Tony Stonhill  
Susanne Trim

## Board Members

Syd Bradley – Chair  
Randall Allardyce  
Philip Bagshaw  
Erin Baker  
Robin Booth  
Graham Heenan  
David Morrell  
Tuari Potiki  
Olive Webb  
Paul White  
Alison Wilkie

## Chief Executive Officer

Jean O'Callaghan

## Registered Office

Charles Luney House  
250 Oxford Tce  
PO Box 1600  
Christchurch

## Auditor

Audit New Zealand on behalf  
of the Auditor-General

## Banker

WestpacTrust  
Bank of New Zealand