

01/07/03  
30/06/04

# SUMMARY ANNUAL REPORT



**Canterbury**

District Health Board

Te Poari Hauora o Waitaha

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## Our Vision – Ta Matou Matakite

To promote, enhance and facilitate the health and well-being of the people of the Canterbury district

Ki te whakapakari, whapamaanawa me te whakahaere i te hauora

Mo te orakapai o ke takata o te rohe o Waitaha

## 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

## Ways of Working – Ka huari mahi

Be people and community focused

Arotahi atu ki ka takata me ka iwi whanau

Demonstrate innovation

Whakaatu whakaaro hihiko

Engage with our stakeholders

Tuu atu ki ka uru

This summary financial report has been extracted from the full financial report dated 8 October 2004 and cannot provide as complete an understanding as the full financial report. The full report can be found on our website [www.cdhb.govt.nz](http://www.cdhb.govt.nz)

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**CANTERBURY DISTRICT HEALTH BOARD:** • FUNDS AND PROVIDES \$870M OF HEALTH SERVICES A YEAR • PROVIDES SECONDARY AND TERTIARY SERVICES TO 450,000 PEOPLE IN CANTERBURY AND OTHERS FROM AROUND THE SOUTH ISLAND • EMPLOYS ABOUT 8,000 PEOPLE • IS THE LARGEST ORGANISATION IN THE SOUTH ISLAND • FUNDS PRIMARY CARE AND COMMUNITY SERVICES, AND PROVIDES PUBLIC HEALTH SERVICES. **EACH DAY IN CANTERBURY, APPROXIMATELY:**

- 17,000 LAB TESTS ARE UNDERTAKEN
- 13,000 PRESCRIPTIONS ARE ISSUED
- 4,000 PEOPLE VISIT A GP
- 500 OUTPATIENT VISITS ARE SCHEDULED
- 200 PEOPLE VISIT CHRISTCHURCH HOSPITAL'S EMERGENCY DEPARTMENT, RESULTING IN 100 HOSPITAL ADMISSIONS
- 130 WOMEN HAVE CERVICAL SMEARS
- 50 CHILD DENTAL CHECKS HAPPEN
- 40 PEOPLE HAVE ELECTIVE SURGERY
- 20 PEOPLE HAVE FREE DIABETIC TESTS
- 15 BABIES ARE BORN
- 7.4 NOTIFIABLE DISEASES ARE ADVISED TO THE MEDICAL OFFICER OF HEALTH
- 3 PEOPLE DIE IN HOSPITAL.

## CHAIRMAN'S REPORT



SYD BRADLEY  
CHAIRMAN

In last year's annual report I wrote that our major challenge for this year and the years to come would be meeting the budget, while continuing to deliver high quality health services throughout our region. At the end of this financial year, I am delighted that we have achieved our commitment to take the deficit to a breakeven situation and at the same time to continue the delivery of high quality health services. This represents a significant achievement for the Board and the organisation, and it was not achieved easily.

As a Board we have pursued our governance role with vigour. As a public institution we have a responsibility to the Crown and to the region of Canterbury. This means making the tough decisions and ensuring they are carried through. In this, we have supported our Chief Executive Jean O'Callaghan and her staff as they have looked at better ways of working to achieve our goals.

The District Health Board is first and foremost a funding body with \$870 million of Vote Health this year, to ensure that public health in Canterbury is provided in an even-handed and appropriate way that meets government guidelines and our priorities. Through our statutory committees, which are open to the public, we have debated policies and challenged decisions. This is part of our obligation as a Board.

The introduction of population based funding for Canterbury is one of the greatest challenges we have to face. It requires the organisation to do more with less, and to achieve greater efficiencies in all areas. That doesn't mean a diminution of service or that the quality should be less. The budget will continue to increase each year albeit on

a reduced scale until we reach equity with the other District Health Boards.

There are many different options open to us. We have continued our policy of selling land that is surplus to our requirements. The money that is realised from these asset sales contributes to the construction of new buildings, and in this area, the Board has approved a new Dialysis & Diabetes Centre which will be started next year, as well as Stage 2 of the Burwood Hospital redevelopment project. We have continued to endorse the purchase of new high tech medical equipment for our hospitals and other capital items that will enhance public health services. As a Board, we have provided a mandate to the Chief Executive and her team to negotiate national and local awards.

The Board's responsibilities do not rest with hospitals, however, and through the Community & Public Health, and Disability Support Services Committees, we have approved and endorsed new community based initiatives. These committees are forums where primary and community health care agencies can put their case for funding support.

Later this year, local body elections will be held and there will be new faces around the Board table. The past three years have been extremely challenging and I am sure that will not change in the immediate future. The achievements of this District Health Board to date can be credited to the commitment and dedication of our staff and I applaud their efforts once again.

A handwritten signature in black ink, appearing to read 'Syd Bradley'.

Syd Bradley, Chairman

## BOARD MEMBERS

### Syd Bradley,

Chairman, (appointed) has been closely involved in the governance of the health sector for the last decade.

### Randall Allardyce

(elected) is a director of medical research at the Christchurch School of Medicine.

### Philip Bagshaw

(elected) is a general surgeon at Christchurch Hospital. He is also an Associate Professor of Surgery at the Christchurch School of Medicine.

### Robin Booth

(elected) is a self-employed builder, manufacturer and author. He has a strong interest in community health and preventative medicine.

### Norman Dewes

(appointed) is the Chief Executive of the urban Maori authority based in Canterbury. He has a background in education, social work, sport and recreation. (Appointed 19 February 2004).

### Graham Heenan

(appointed) has been involved in business management for about 30 years. He is currently director of several companies throughout the South Island.



### Karen Guilliland

(appointed) is CEO of NZ College of Midwives. She is a member of the Pharmac board and Deputy Chairperson of the Health Workforce Advisory Committee. (Appointed 20 November 2003).

### David Morrell

(elected) has had 30 years involvement with health through hospital chaplaincy at Christchurch Hospital and subsequently at the City Mission.

### Tuari Potiki

(appointed) is of Ngai Tahu, Ngati Mamoe descent, belonging to the hapu of Ngati Toaka and Ngai Te Ruahikihiki. He resigned 31 August 2003.

### Olive Webb

(elected) is a clinical psychologist with a focus on rural health issues and delivery. She is the national health consultant for IHC and also consults in the mental health sector.

### Paul White

(appointed) is a registered architect and a management consultant and professional director. He resigned 30 September 2003.

### Alison Wilkie

(elected) is a former nurse with post-graduate qualifications in health economics and public health. She is a life member of the Asthma Foundation and the Canterbury Asthma Society.

## THE YEAR IN REVIEW



JEAN O'CALLAGHAN  
CHIEF EXECUTIVE

This year has been one of the most challenging since the Canterbury District Health Board was established three years ago. It started on a note of caution that if we were going to meet our target and break even financially on 30 June, we would need to find better ways of working to live within our budget. At year's end, we were able to announce that we had achieved our goal. To go from a deficit of \$21 million three years ago, to a break-even point is a remarkable achievement, and although it received little public recognition, I must thank every member of our staff who contributed to this milestone.

However, the budget was not our only success this year. There were several celebrations, among them the 75th anniversary of the Nurses Chapel, which retains its historical character in the midst of the construction of the new Christchurch Women's Hospital. The 50th jubilee of the Child & Family Speciality Service was another great occasion, as was the 25th anniversary of the establishment of the Spinal Unit at Burwood Hospital.



Former Spinal Unit nurse Beth Spiers helps clinician Allan Bean cut the anniversary cake during a function held to celebrate 25 years since the Spinal Unit moved to Burwood Hospital. Originally situated at Christchurch Hospital, the Unit was built in 1974 through the energies of its Director Bill Utley. Several former staff attended the anniversary party along with current staff and patients.

We successfully launched the Healthy Heart Under-5s programme, a joint venture between the Canterbury District Health Board, the National Heart Foundation and the Rainbow Children's Trust. The Minister of Health launched the Clinical Decision Support Unit, and, later in the year, the Oral Health Campaign was rolled out, its aim to encourage adolescents to go to the dentist. This is a joint project between the Canterbury District Health Board, West Coast and South Canterbury District Health Boards.

The Canterbury District Health Board's Quality & Patient Safety Council's first awards event was an outstanding success. Each of the 10 finalists represented some of the best health initiatives in Canterbury. The winner, 'A Fast System for Reporting the FM 100-Hue Colour Vision test' went on to achieve national acclaim.

This year, the Clinical Board was established to provide clinical advice to the Chief Executive, with Dr Nigel Millar as its first chair. The Board comprises senior medical staff from across the District Health Board, with members representing a range of clinical disciplines. Also, early in the year, the Hospital & Specialist Service began the first in a series of ongoing clinical and management reviews aimed at improving the health services we offer at our hospitals. Several projects have been initiated – theatre utilisation, patient flow, public access to information about waiting lists, the introduction of a safe handling programme, supported by ACC, to teach staff about better patient lifting techniques, clinical records management, and many more. All these projects have contributed to the ongoing development and improvement of patient safety and quality care in our hospitals.

The Emergency Department at Christchurch Hospital began the calendar year at an extremely busy pace, which only increased as the year progressed. In spite of measures to improve staffing levels



Celebrating the launch of the Under 5s Healthy Heart Programme.

within the department, media interest was elevated to such an extent that an external review was instigated, which began in June.

The outcome of the review and the recognised need for the hospital to focus more on the patient's journey through the health system will be the focus for major efforts in the New Year.

Work continued this year to ensure all our sites gained certification and accreditation. Staff across the District Health Board worked extremely hard to ensure our extensive portfolio of policies and procedures was updated and thoroughly reviewed. This was a substantial undertaking for everyone and, like many other projects, was performed in addition to normal duties.

Major hospital refurbishment projects have continued throughout the year, notably

the upgrade of Christchurch Hospital's Paediatric Department and the joint venture between the Canterbury District Health Board and the Cancer Society to upgrade and develop comprehensive new oncology facilities. At the same time, the new Christchurch Women's Hospital has continued to take shape on the Christchurch Hospital campus. In May, the topping out ceremony saw the last metre of concrete poured to complete the exterior of the building. When completed, it will be a magnificent facility and the move from the current hospital to the new site is scheduled to take place at the end of March next year. This is an enormous undertaking for staff in addition to their regular work. The new hospital is due to be officially opened in May 2005. The Board also approved the

construction of a new Diabetes & Home Dialysis Training Centre facility, which will begin early in 2005 and is due for completion in March 2006.

In October, the District Health Board announced it would formally become smokefree within 12 months. While hospitals in Canterbury have been smokefree for nearly 20 years, this decision was part of a nationwide strategy by all District Health Boards to make all hospital and other District Health Board sites completely smokefree.

Smoking is a major health issue and this year it was well debated in the public arena. Public recognition that obesity is the leading cause of diabetes in our communities has also increased. Diabetes is one of the Canterbury District Health Board's major priorities and there has been increasing



The Smokefree team at Burwood Hospital.

emphasis on encouraging people at risk to have a health check. The Community & Public Health Division of the Board has been instrumental in fostering these and other initiatives.

The introduction of Primary Health Organisations in Canterbury this year, and their emphasis on community health education and information, augers well for increased public understanding about primary health care, where it can be accessed, and what is available locally. The four PHOs – Canterbury Community, Hurunui/Kaikoura, Partnership Canterbury and Rural Health Canterbury – are working together with a number of non-governmental organisations (NGOs) in Canterbury as well as with the Canterbury District Health Board to develop projects that will enhance these important areas.

In November, the decision by Hanmer Clinics Ltd to go into liquidation meant the Canterbury District Health Board took on the task of relocating patients and staff who had been employed by the Clinic. Our first priority was for the patients and their welfare, and we were well supported by other District Health Boards and the Richmond Fellowship. With the land at the Hanmer site having been declared surplus by the Canterbury District Health Board, the Board sought approval

from the Minister of Health to sell the land. Negotiations are continuing between the Board, Ngai Tahu and the Hurunui District Council.

Also in November, Pathways, well known nationally for its provision of community mental health services, started a new operation in Canterbury providing community based services for 46 individuals who were in residential accommodation provided by the Canterbury District Health Board's Mental Health Services. At the end of the month, we were advised of funding support from the Ministry of Health for a new Kaupapa Maori Alcohol & Other Drug Service to include a new 10 – 12 bed residential facility and day programme.

The Canterbury District Health Board has continued to forge strong relationships with its community provider stakeholders which, with the devolution of disability support services to District Health Boards, now number about 900. This includes the contractual relationship, which is principally between our Planning & Funding Division and other health providers, as well as the working relationships between our hospitals and community providers. The achievements of the stroke rehabilitation unit at Princess Margaret Hospital in conjunction with community providers is an excellent example of collaboration and cooperation, as are the primary care initiatives developed between Pegasus Health and Christchurch Hospital.

As a rehabilitation centre, Burwood Hospital has continued its long-standing tradition of partnership with NGOs and community groups who support patients in the Spinal Unit, the Brain Injury Unit and the Respiratory Unit. Most of the people belonging to these community groups are volunteers and the part they play in health cannot be overstated or truly appreciated. Not only are there hospital volunteers who visit patients, act as drivers and

support crew when required, but there are also the service club volunteers who so willingly and generously support many of our rural hospitals.

The Cancer Society and Rainbow Children's Trust provide ongoing support to the Canterbury District Health Board and this year they have again been very generous in their donations.

We have tackled major issues this year with some outstanding results. While budget issues continued particularly at Christchurch Hospital, there were many important successes. I am very proud of the work that has been achieved, and proud of the recognition given to the excellence in healthcare that our staff provide. Our 8000-strong workforce is second to none in New Zealand and although we still have some way to go, as has been identified in our annual culture surveys, we always strive to improve.

The Canterbury District Health Board is a large, complex organisation with a mission to promote, enhance and facilitate the health and wellbeing of the people of Canterbury. As a funder of public health services, our role is to prioritise the health needs of our region and to appropriately allocate the funds to provide the region's health service. It is a wide and challenging role and one that in the coming year will be thoroughly tested with the ongoing impact of population based funding. I look forward to building on the successes of this year and to working together to achieve our goal of improving the health status of our community.

I commend this annual report to everyone and thank everyone in the health sector in Canterbury for the wonderful work they continue to achieve.

Jean O'Callaghan  
Chief Executive



New Christchurch Women's Hospital, due for completion March 2005.

## HIGHLIGHTS AND ACHIEVEMENTS

### QUALITY & INNOVATION AWARDS

In 2003, the Canterbury District Health Board initiated an annual awards programme to recognise and publicly acknowledge the excellent quality, innovation and improvement initiatives generated by our staff and providers funded by the Canterbury District Health Board.

The Supreme Award Winner of the inaugural awards announced in August was Christchurch Hospital's department of ophthalmology for a project which involved the development of an accurate and timesaving computerised scanning programme for acquired colour vision defects in optic nerve disease and diabetic retinopathy. This project has since won international acclaim.

Other winners were:

- A pain management protocol, developed by Ashburton and Community Health Services.
- A policy on the single use of the Bremer Halo System by Burwood Hospital staff.
- A package designed by Christchurch Hospital's paediatric department to help prepare children who will be attending hospital for treatment.
- A review of the overall utilisation of laboratory testing by Pegasus Health's Education Department.

### INTRODUCTION OF PRIMARY HEALTH ORGANISATIONS

This year saw the introduction of four Public Health Organisations (PHOs) in the Canterbury region. They represent a significant change for primary health care – moving from a 'fee for service' system to a capitation based system, where general practices are reimbursed according to the number of patients they have 'enrolled'.

The PHO system shifts the focus from individuals to their communities of interests. PHOs get a set amount of funding according to the population they serve, which is an incentive for them to keep their population as healthy as possible.

### SOUTH ISLAND PACIFIC HEALTH FONO

In April, the Canterbury District Health Board hosted a South Island Pacific Health Fono that brought together key stakeholders within the South Island to discuss Pacific health issues. The aim of the fono was to identify what work had been undertaken under the Ministry of Health's 2002 National Pacific Health & Disability Plan.

During the year, we also initiated bi-monthly meetings with the four Pacific Provider Managers to discuss provider issues and to increase collaboration and coordination.



Prepare Yourself for Surgery booklet and video cover.

### ACC PARTNERSHIP PROGRAMME

This year, the District Health Board made a commitment to entering the ACC Partnership Programme. This requires the District Health Board to manage the work-related injuries of its staff. It is anticipated that this will lead to better injury management outcomes for staff and a financial return to the District Health Board.

### NEW ONCOLOGY CT SCANNER

In May this year \$3.5 million was approved for purchase of a linear accelerator for the oncology department. This will replace current equipment that is 15 years old and originally had a 10 year life span.

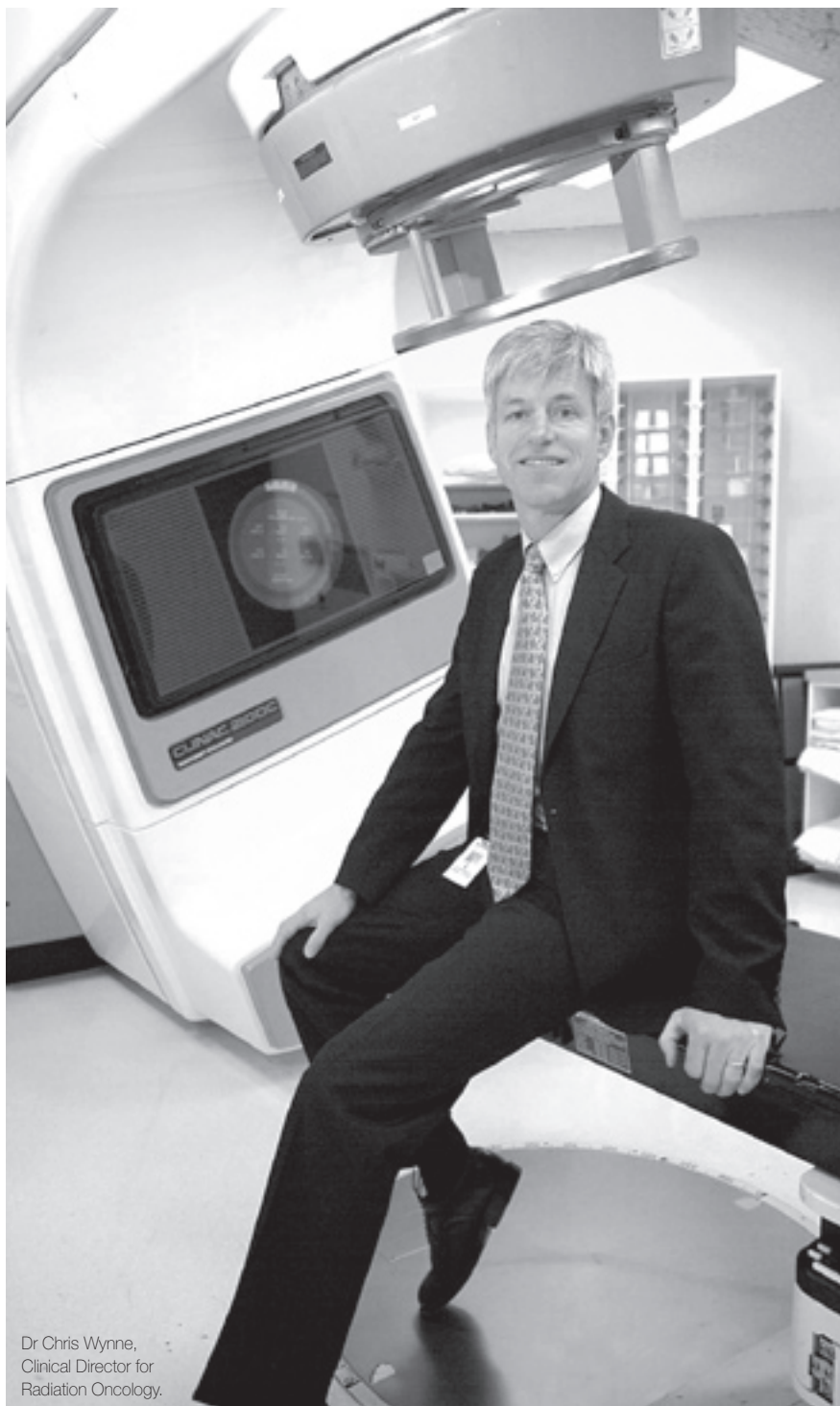
The new equipment will enable the Canterbury District Health Board to continue to meet its obligations as a regional cancer centre for the South Island.

### 'PREPARE YOURSELF FOR SURGERY' BOOKLET AND VIDEO FOR ORTHOPAEDIC SURGERY PATIENTS

This project was an initiative of the Burwood Orthopaedic Unit. Staff and patients helped carry out the research required to get the project underway, and also participated in the compilation of the booklet and the making of the video. This is now an excellent resource for patients prior to their hip or knee surgery.

### UNDER-5 HEALTHY HEART PROJECT

Earlier this year, the Under-5 Healthy Heart Project was implemented. This focuses on Early Childhood Centres to improve the nutrition and physical activity of 'under-fives' in Canterbury. It is a joint project run by Community & Public Health (including Hauora Mataraka) and the National Heart Foundation. The project also supports Early Childhood Centres and Kohanga Reo



Dr Chris Wynne,  
Clinical Director for  
Radiation Oncology.

to implement the Healthy Heart Awards.

During the year, the project was introduced into more than 80 pre-schools and playcentres in Canterbury.

### **BURWOOD SPINAL UNIT CELEBRATES 25 YEARS**

This year the Burwood Spinal Unit achieved its 25th jubilee year, a real milestone for a Unit that has a positive international reputation. To mark this occasion, in February, Hon Ruth Dyson, Associate Minister of Health, launched *A New Way of Living*, a book on the history of Burwood's Spinal Injuries Unit. In April 2004 there was a celebration acknowledging the Spinal Unit's 25th Anniversary.

### **STAFF CULTURE SURVEY**

A second organisational culture survey was conducted across the Canterbury District Health Board in November 2003. Following on from the first survey in 2002, its objective is to gain current and accurate feedback as to how staff feel about their workplace.

Overall there has been a general shift to staff having more positive attitudes across the Board. There were positive increases among staff regarding trust in leadership and values and recognition. The third survey in this series will be conducted in November 2004.

### **PALLIATIVE CARE**

A workplan was developed to improve the provision of Palliative Care services for Canterbury. It involves working with providers to define processes for service delivery, and to improve consistency of service and understanding of the issues for consumers accessing palliative care in our district.



Launching the adolescent dental health campaign are (L-R): Dr Martin Lee, CEO Jean O'Callaghan, Steven Simmons, President of New Zealand Dental Association and Minister of Health, Annette King.

### ORAL HEALTH STRATEGY

An Oral Health Strategy for the Canterbury region was developed during the year. This included adopting a position statement on fluoridation and a range of actions aimed at promoting improved oral health and access to services particularly targeted at

13-18 year olds. The campaign has been so successful in Canterbury that it is going to be adopted nationwide.

In Canterbury, oral health treatment of children up to 18 years of age is publicly funded, as is some emergency dental care and treatment of those on low incomes.

### TE AMORANGI RICHMOND WELLNESS CENTRE

The new Te Amorangi Richmond Wellness Centre opened in July 2003. It provides a wide range of preventative health services targeting lower income householders as well as offering a bi-lingual early childhood centre,

counselling rooms and an area devoted to the promotion of spiritual wellbeing.

The Centre offers an holistic approach to health with an emphasis on empowering the individual to take responsibility for their own healthcare.

### **CANTERBURY HEALTH LABORATORIES SUCCESS (CHL)**

Canterbury Health Laboratories generated a 14% increase in the number of referrals from laboratories outside of Canterbury. This generated over \$6 million of external revenue and contributed significantly to CHLs' ability to provide services to Canterbury patients.

### **HEALTH NEEDS ASSESSMENT**

In 2004, the Canterbury District Health Board produced its second Health Needs Assessment (HNA). The first HNA was conducted in 2001.

The 2004 HNA provides an analysis of the region's population, its general health status, and an overview of some of the critical health issues.

Some of the findings:

- Canterbury has a lower birth rate than most other District Health Boards and a higher rate of births by caesarean section.
- Smoking kills nearly three adults a day in Canterbury. It costs the region's hospitals \$23 million a year, with nearly 9,000 people over the age of 35 admitted to hospital annually.
- Cancer accounts for 29% of all deaths in Canterbury.
- In many areas, Canterbury's children show better health statistics than national averages but our hospitalisation rates for childhood asthma are high and our notified rate of pertussis (whooping cough) is higher than any other district.
- Canterbury has more nurses, GPs,

medical specialists, physiotherapists and lab technicians than national averages. It has a shortage of pathologists, radiation therapists, cardiology technicians, rural midwives and anaesthetic technicians.

### **PATIENT FLOW PROJECT**

Since commissioning of the Patient Flow report in 2002, a significant amount of work has been undertaken to improve the journey of patients through Christchurch Hospital and either into other health facilities in the District Health Board or back to their homes. This work has resulted in 9000 (5%) fewer bed days occupied by patients than the previous year, despite 1427 (4%) more patients. Initial analysis indicates that while the length of stay has been reduced, the rate of readmission and incidents has remained stable or reduced.



### **SMOKING POLICY**

During the year, the Canterbury District Health Board undertook a comprehensive planning process to implement its new policy and practices on smoking. This was prompted by a collective decision by the chief executives of the country's 21 District Health Boards in conjunction with

last year's World Smokefree Day to work towards all District Health Board sites being smokefree.

The change is designed to protect the health of Canterbury District Health Board staff and the community, and to increase access to smoking cessation services for staff and patients. The Canterbury District Health Board spends approximately \$22 million per annum on smoking related health problems and issues.

### **NEW ENDOSCOPY UNIT**

In June 2004 the Gastroenterology Investigation Unit and the Respiratory Bronchoscopy Unit relocated from unsuitable clinic space to Stage 1 of a purpose built endoscopy suite on the second floor of the clinical services block. Stage 2 is due to be completed by December 2004.

The new endoscopy suite will provide four specifically designed procedure rooms for endoscopy procedures compared to the three unsatisfactory procedure rooms previously available. A larger recovery area has also been provided to improve patient safety, and Stage 2 will provide interview rooms for the first time, which will greatly enhance patient confidentiality.

### **PHARMACY**

The Canterbury District Health Board has been working with pharmacists in Canterbury on a pilot project to ensure patients 'at risk' of having a medication-related incident are identified and their medication regimes adjusted to fit best with their condition and lifestyle.

The project will initially be based in the Brighton area and will see up to 400 patients over the course of a year. It is designed to test a medication management process in a real environment and determine whether the process adds clinical value as well as reducing overall costs.

## CHIEF MEDICAL OFFICER – DR NIGEL MILLER

**In July 2003, Canterbury District Health Board appointed its first Chief Medical Officer of Health – geriatrician Dr Nigel Miller. He was previously the Clinical Director of Older Persons' Health, a position he held since he came to New Zealand from the UK in 1992. One of the main functions of the Medical Officer of Health is to provide clinical input into decision making at the executive management level of the Canterbury District Health Board.**

The rationale for creating the new position of Chief Medical Officer of Health was to bring a clinical perspective to the policy and decision making process. As is the case with the Executive Director of Nursing, the roles are about ensuring clinicians' voices are 'heard' at the key stages that policies are being discussed and decisions made.

I believe this approach by the Canterbury District Health Board has been enormously successful. We now have better communication between senior management and clinical staff and there has been a distinct move away from the old 'us and them' mindset. Clinicians have more confidence that the issues they face are going to be dealt with, and that Canterbury District Health Board strategies and plans will include clinical perspectives. This represents a significant change in

approach for our organisation.

Another aspect of the role is to lead constructive change. Solving problems and improving the provision of health services are no longer about patching up problems by spending more money. Significant budget constraints (brought about by population based funding) mean we have to find ways to do things better, and focus on becoming more effective and more efficient. In this respect though, my role is to influence, not to control. In the last year, much of my time has been focused on changing people's perspective – from how we can reorganise systems, to dealing with common issues such as managing patient flows. It is interesting to note that hospitals overseas manage many more people with fewer hospital beds than Christchurch Hospital, and this is achieved by managing a higher percentage of their care while they are in the community.

I partly attribute the success of my position to the fact that it allows me to continue to work at a clinical level – 30% of my time is spent in various Canterbury District Health Board hospitals as a practising geriatrician and general physician. This keeps me in touch with reality and provides a solid understanding of what the difficulties are and the real issues our clinical services are experiencing.

Some other highlights and achievements over the last 12 months are:

- Setting up the Canterbury District Health Board's new Clinical Board, which in

turn partners with the Quality of Patient Safety Council. This Board replaced the Clinical Advisory Committee and plays an important part in setting clinical and ethical policies and guidelines, and encouraging best practice and innovation.

- Filling most of the vacant positions for senior medical staff. This represents a significant turnaround from the situation 3-4 years ago.
- Working with other medical advisers nationally to evaluate the use of new technologies and treatments.

Looking towards the year ahead, my main focus will be on what we call 'improving the patient journey' – analysing our systems to identify any issues and generally trying to improve processes from the patient's perspective.

I also want to increase my level of contact with the primary health care sector.



Dr Nigel Miller

## **EXECUTIVE DIRECTOR OF NURSING – MARY GORDON**

**The Canterbury District Health Board appointed its first Executive Director of Nursing in 2002. As the most senior nursing position within the organisation it is primarily a leadership position, giving advice to the Chief Executive for the development of the nursing workforce across the District Health Board.**

**Mary's reports include the Director of Nursing in each of the Canterbury District Health Board's operational divisions. She also has links with the primary health care and education sectors.**

One of my most significant achievements over the last two years has been the development of a defined nursing structure within the Canterbury District Health Board that provides nursing leadership at all levels of the organisation.

Nurses have been fully incorporated into the clinical governance model and are now represented on all organisational committees. I also have active input into all the Board subcommittees.

Together with the other main senior clinical role, the Chief Medical Officer, I am responsible for overall clinical quality and quality improvement throughout the Canterbury District Health Board. Both roles are highly focused on improving patient safety and we operate very much

in partnership – with each other and with the management.

There is a lot more to my role than 'just nursing'. While a key focus is developing the nursing workforce, health services are another top priority – in particular, patient care and patient delivery. Nurses have a fundamental part to play in delivering Canterbury's overall health service.

The highlights and achievements during the year included:

- Initial planning on the business case for a professional development and recognition programme for nurses throughout all divisions of the Canterbury District Health Board.
- Initiated new nursing scholarships from the Ministry of Health in the primary care, rural nursing and orthopaedic fields.
- Achieved a second successive year of low staff turnover. The Canterbury District Health Board's nursing staff turnover is one of the lowest in the country.
- Established and ensured representation for nurses on the new Canterbury District Health Board's new Clinical Board.
- Completed a second year of the primary health care Aranui Nursing Project. This has seen a specialist nurse working in primary care general practice for the first time.
- Instigated the inaugural annual Canterbury District Health Board Nursing Awards. This was part of

the Nursing showcase staged on International Nurses Day in May 2004.

I cannot stress enough the dedication and commitment of our nursing staff across the District Health Board. Significant credit is due to the operational Directors of Nursing at each hospital and our improved nursing structure, where nurses are managing nurses.

Looking ahead to the coming year, we anticipate implementing a new internal credentialling programme for nurses throughout all divisions of the Canterbury District Health Board. The move is prompted by the Health Practitioners Competency Assurance Act. The Canterbury District Health Board has a vested interest in patient safety and has a particular interest in ensuring our credentialling programme is implemented.



Mary Gordon

## PRIORITY AREAS

### PRIORITY AREA: CHILD & YOUTH HEALTH

Child health is a priority area for the Canterbury District Health Board. 18% of Canterbury's under-15 age group live in deciles 8, 9 or 10, including 40% of Pacific children and 30% of Maori children. High levels of deprivation predict poor health outcomes.

During the year we completed the Child Health and Disability Action Plan. It focuses on children aged 0 – 14 years, of which there are an estimated 86,000 in Canterbury, including 11,000 Tamariki, 2,500 Pacific children and 3,500 Asian children.

There are ten short to medium-term priorities – access to services, child health information, hearing, immunisation, injury prevention, mental health, nutrition and physical activity, oral health, parenting and smokefree environments.

Actions cover the full spectrum from health promotion to tertiary health services. Those initiated in 2004 included:

- working in collaboration with those involved in the Strengthening Families project to assess the success of collaborative case management.
- scoping a housing project with involvement from Work and Income and Housing New Zealand.
- undertaking a pilot project to improve child health gains within the Early Childhood Centres setting.
- completing a child and teenage demographic profile of the Canterbury District Health Board area.

### PRIORITY AREA: PRIMARY HEALTH

The development of Primary Health Organisations (PHOs) continues to go well, and there are some excellent community initiatives in areas of health promotion, smoking cessation and reducing the level of diabetes.

Collectively, 425,000 people are enrolled with the PHOs. This is around 90% of the Canterbury population.

- Canterbury Community PHO (1 July 2003) – Access funded, covers Union and Community Health Centre and Te Amorangi Richmond Wellness Centre.
- Rural Canterbury PHO (1 October 2003) – Interim funded, covers Waimakariri, Ashburton, Akaroa and Diamond Harbour and three urban practices.
- Hurunui Kaikoura PHO (1 January 2004) – Interim funded, covers Amberley through to Kaikoura, and Hanmer Springs.
- Partnership Health PHO (1 April 2004) – Interim funded, covers urban Christchurch, Selwyn and Lyttelton practices.

During the year, all four Canterbury District Health Board PHOs developed health promotion programmes which are now being implemented. They are also collaborating to undertake a Canterbury-wide 'stocktake' of smoke-free, physical activity and nutrition initiatives in our region.



### PRIORITY AREA: MAORI HEALTH

Maori make up 6.7% of the Canterbury District Health Board population, with 37% under the age of 15.

On average, Maori have the poorest health status of any group in New Zealand. Maori people are more than twice as likely to develop diabetes as European people, and are over-represented for injuries from car crashes, assault and pedestrian-car incidents. Maori children have higher rates of hospitalisation for vaccine-preventable diseases, and have higher rates of tooth decay and glue ear.

A number of strategies are in place to address these health concerns, and the Canterbury District Health Board continues to work closely with the Maori community and Maori health providers to make progress.

A key focus during the year was developing the Maori Health Workforce:

- Established five Maori project worker positions within the Hospital and Specialist services area. These are based in areas of high Maori health need such as paediatrics, cardio-respiratory, whanau support and needs assessment.
- Established two new corporate positions – a Maori Health Analyst and Executive Director of Maori Health.
- Supported Te Waipounamu Hui Whakapiripiri Ratoka, the South Island Maori Provider Hui. This saw the launch of the Maori Workforce Stocktake and Needs project, to identify the range of skills within our Maori Community Health Providers.
- Initiated a Best Practice Model Project to identify and recognise the different models of service delivery by community Maori Health Providers. The project aims to build capacity and further develop the provision of these services.



Children from Addington Primary School.



Artwork featuring in the entrance to Hillmorton's administration building.

Work in the field of Maori Mental Health continued during the year, to implement the recommendations of the Te Waipounamu Maori Mental Health Strategy 2003 – 2006.

### **PRIORITY AREA: MENTAL HEALTH**

In July the Canterbury District Health Board signed off on its Mental Health and Addictions Strategy. This aims to achieve a consumer-centred System of Care and generally improve the health and wellbeing of people experiencing mental illness, and alcohol and other drug problems.

The new strategy requires a shift in thinking for providers – away from patients being looked after in the tertiary and secondary sector, to improving the mental health System of Care with consumers and their families. The Specialist Mental Health Services has been active in its participation in the three Access Canterbury projects of discharge planning, shared care, and GP liaison. It also provided significant input into the GP Link project.

The strategy will result in a number of changes to the way Canterbury District Health Board's Mental Health Services are configured:

- more community based care backed up by specialist services.
- realigning secondary services to be specialist and regional.
- a greater role and more responsibility for community and primary care services.

This year also saw the completion of a South Island-wide project that reviewed Alcohol and other Drug services and recommended a way forward to improve services for consumers. Following the closure of alcohol and drug services at the Queen Mary Hospital in Hanmer, a Recovery Clinic was established within the Alcohol & Drug Services in Christchurch.

During 2002/03 the inpatient Assessment, Treatment & Rehabilitation Unit for people with intellectual disability was experiencing major difficulties

addressing the increasingly complex needs of clients presenting. During the last 12 months a review has been successfully completed, examining the use of intellectual disability services and ascertaining the best clinical management of these services. Implementation of the review is underway with the recent appointment of a Project Manager. The implementation phase is expected to be completed within two years. The next 12 – 24 months will also focus on the impact of the new Intellectual Disability Compulsory Care & Rehabilitation Act.

The Regional Forensic Service has completed its implementation of the Ministry of Health's Forensic Framework. The focus is now on management of mental illness in the prisons. This will involve increased screening and treatment where indicated.

During the last 12 months there has been a consolidation of past developments to maintain a safe and accessible continuum of care regarding child and youth services. This has been enhanced with the implementation of the Intensive Case Management/Wrap Around Service. The intensive case management system has been implemented throughout the South Island. The Child & Family Service has welcomed the appointment of a Clinical Director for this service, following a 12 month vacancy.

### **PRIORITY AREA: DISEASE PREVENTION AND MANAGEMENT**

- reducing the incidence and impact of diabetes,
- cancer, and
- cardiovascular (heart) disease.

#### **Diabetes**

Diabetes is a major health issue in Canterbury. For Type I diabetes, Canterbury has one of the highest rates of diagnosis in New Zealand in young people under 20 years. Type II diabetes is diagnosed most

frequently in middle and older ages but increasing obesity rates mean it is now being seen in children. Diabetes New Zealand estimates there could be up to 31,000 people with diabetes in Canterbury.

The Canterbury District Health Board continues to support the Local Diabetes Team (made up of community providers and community people) in its work to report on annual diabetes screening and management targets.

It also supports the Maori and Pacific Lifestyle Advisers who work in their communities to promote healthier lifestyles, through nutrition and physical activity, to reduce obesity and therefore the risk of diabetes.

The Canterbury District Health Board continues to fund the free annual check for people with diabetes. An increasing number of people are using this service which helps those with diabetes to manage their disease.

### Cancer

When all forms of cancer are grouped together, cancer is the leading cause of death and a major cause of hospitalisation in New Zealand and Canterbury. It is the highest cause of death for females and second highest cause for men. Lung cancer is the leading cause of cancer deaths in men, and breast cancer the leading cause of cancer deaths in women.

During the past year funding and support for service delivery in Oncology has been a major priority. During the year planning began, in partnership with the Cancer Society, for an information and learning centre located at Christchurch Hospital. Recently opened, the Laurel Whitford Charitable Trust Information and Learning Centre comprises a 70-seat lecture theatre, an oncology library, a professional development suite and an information



Calendar project launched earlier this year.

centre staffed by Cancer Society personnel.

The new centre cost \$500,000 and is part of a total project that will see a new \$3 million radiotherapy treatment centre at Christchurch Hospital, making it the best equipped treatment centre in New Zealand. The Canterbury District Health Board is also spending \$3.5 million on a linear accelerator for the treatment centre.

### Cardiovascular (Heart) Disease

Cardiovascular disease includes coronary heart disease, other diseases of the heart and circulation and stroke. Coronary artery disease is a leading cause of death in New Zealand.

In May 2004 the Canterbury District

Health Board and The National Heart Foundation joined forces to improve heart health in the region and signed a Memorandum of Cooperation. The Memorandum outlines that the two organisations will focus on agreed priorities across the Canterbury population on personal heart health. Both organisations will share resources and knowledge, improve workforce training and regularly review and evaluate ongoing projects.

The Canterbury District Health Board is also working more closely with primary care workers, particularly general practice. This will enable the development of effective population based cardiovascular disease programmes and may also enable more comprehensive identification of high risk patients.

## ONGOING WORK

### OLDER PERSONS' HEALTH

The Canterbury region has a high number of people aged 65 years and over and this will increase from the current 13% to 20% of the total population by 2021. In particular, the 85 plus age group will significantly increase in that time frame.

On 1 October 2003 the Ministry of Health devolved the funding responsibility for age related disability services. Canterbury District Health Board is now responsible for all planning and funding for health and disability services for older people including rest home services, continuing care hospitals, dementia care, psychogeriatric care, respite care, carer support and other community services for the elderly.

This devolution of service responsibility has been a major undertaking for Canterbury District Health Board particularly given the 'demand-driven' nature of some of these services and Canterbury's ageing population. Management of these services within the funding allocated by the Ministry will be a continuing challenge for the Canterbury District Health Board.

At the same time, Canterbury District Health Board began implementing the Action Plan attached to its Integrated

Continuum of Care for Older People's Health Services Strategy.

Other initiatives during the year included:

- The Older Persons' Health Service is working with a number of other District Health Boards to pilot the Inter RAI MDS-HC assessment and care planning tool, a standardised assessment of older people's functional, psychological, social and environmental needs. This project is being trialled in three sites in Christchurch, and aims to reduce duplication of assessment for older people, improve links between assessments at primary and secondary care levels, achieve consistent data collection and reporting, and align assessment results with support package planning and delivery.
- The new Maori Needs Assessment and Service Coordination service commenced in January 2003. It aims to maximise and support the abilities of people with a disability by enabling them to identify their needs and goals, and make decisions on how these can best be met.
- One of the Elder Care Canterbury Project's initiatives, the Elder Friendly Guidelines, was implemented by

hospitals and community support providers during the year. These guidelines serve as a reminder from our older consumers to all health professionals about communicating well and ensuring the environment and processes meet older people's needs.

- Stay on Your Feet Canterbury, a collaborative health promotion approach that aims to prevent falls among older people by integrating the strengths of a range of primary, secondary and community health providers. Now available in the Waimakariri and Ashburton Districts, it is available to 91% of the over 65 year olds in the Canterbury District Health Board region.

### STRATEGIC HEALTH INVESTMENT FUND

This fund, established by Canterbury District Health Board in 2002, aims to address health priorities. Availability of the fund is determined annually, and a sum of \$2 million was set aside for this purpose in 2003/04.

Monies allocated during the year included:

- Deep Vein Thrombosis assessment and treatment.
- Canterbury Asthma Society's preschool asthma programme 'Baxter Bear'.
- Child health and wellbeing in Early Childhood Centres.
- Implement and evaluation of the Inter RAI-MDS geriatric assessment tool.
- Research into respite services for mothers with mental illness.
- Post Traumatic Stress Disorder training for Mental Health service providers.
- Oral Health Services for the elderly.
- The establishment of the Acute Stroke Unit at Christchurch Hospital.
- Pharmaceutical Waste Project – seeking opportunities to reduce drug wastage.
- Medication Management Project – a pilot targeting 'at-risk' patients.
- Elder Care Canterbury research to identify health information needs of older people.



Pat Melhopt, Janet Earle and Margaret Bennetts discussing exercises provided for clients at home. Pat and Margaret are volunteers and Janet, from Therapy Professionals, provides training for the Home Exercise Programme volunteers.



Rest home resident Ann Bruce having her blood glucose levels tested by Margaret Sutherland, Nurse Manager.

## HOSPITAL & SPECIALIST SERVICES

The Canterbury District Health Board funds and manages the region's 14 public hospitals, and Canterbury Health Laboratories. The hospitals include Christchurch, Christchurch Women's, Burwood, The Princess Margaret and Hillmorton in the city, and Ashburton, Akaroa, Darfield, Ellesmere, Lincoln, Rangiora, Waikari, Kaikoura and Oxford in rural Canterbury.

### ACCREDITATION/CERTIFICATION

All Canterbury District Health Board facilities have now achieved certification. Several of our facilities have achieved accreditation or are in the process thereof.

The Accreditation Survey for Christchurch Hospital was carried out in June and notice was received of Certification to provide Health Care Services for Hospital Care. The notification took effect on 21 September and has been awarded for two years.

Certification of the Women's Health Division (WHD) to the New Zealand Health & Disability Sector Standards was achieved in August, together with a second three year Accreditation to the Quality Health New Zealand Standards which recognises WHD's commitment to ongoing quality improvement.

Ashburton & Community Health Services, Burwood Hospital, and The Princess Margaret Hospital all received accreditation and certification, while Laboratory and Support Services have been accredited with IANZ since 1994.

The Specialist Mental Health Services achieved certification for a two-year period with the Ministry of Health. In addition it underwent its first survey for Accreditation

with Quality Health New Zealand.

Several individual departments also participated in other external accreditation/certification programmes during the year including ISO9001 Certification by Medical Physics and Bioengineering, and Technical Services. The Nuclear Medicine, Endocrinology and Respiratory laboratories also received IANZ Laboratory Accreditation.

### ASHBURTON & COMMUNITY HEALTH SERVICES

It has been a busy year for all services at Ashburton & Community Health Services. Acute inpatient activity during the period July–August 2003 was the highest ever and staff all worked well. Clinical Services had a challenging year with achievements in service delivery and the appointment of key staff. A successful Consumer Focus Forum on the Cardiac Service was held in April, and identified issues around education and access to service which are being addressed. A highlight for the Therapy Services division was the positive audit for the Physiotherapy Service and the subsequent approval for ACC contracts under its new system.

The rural hospitals – Akaroa, Darfield, Ellesmere, Kaikoura, Oxford and Waikari – were all well utilised throughout the year, providing GP medical, elderly and rehabilitation care.

### BURWOOD – TE WHARE TOA TAKITINI

Burwood is the Canterbury District Health Board's major rehabilitation facility. Many of these services are provided to patients from the South Island while the Spinal Unit manages patients from

Invercargill to Hamilton. During the year the Burwood Spinal Unit received 22 (18%) more acute admissions than last year.

Highlights for the year included producing a video to provide information to patients prior to major joint replacement surgery, and this is now provided prior to surgery. The technique for Spinal Acute Management was reviewed and changed, and the Spinal Outreach Nurse Position was established to co-ordinate Outreach Clinics and undertake Telephone Surveillance of Patients (new ACC Contract).

### CHRISTCHURCH HOSPITAL

Christchurch Hospital is the largest tertiary, teaching and research hospital in the South Island. It provides a wide range of secondary and tertiary services, and as a result very few people need to be referred out of Canterbury for their health care.

In 2003/04 36,474 inpatients were admitted to Christchurch Hospital, 1427 (4%) more than the previous year. Approximately two-thirds of these patients were admitted acutely. A further 15,632 patients were treated as day patients, an increase of 469 (3%) over 2003/04. There were 216,745 outpatient attendances, 10,275 (5%) more than the previous year. In 2003/04 over 15,000 theatre operations were provided, an increase of 907 (6%) over the previous year.

The Christchurch Hospital Emergency Department is one of the busiest in Australasia, recording 65,749 attendances in 2003/04, an increase of 1403 (2%).

Christchurch Hospital continues to experience high demand for elective services. A number of leading edge initiatives have been developed to manage

the demand and ensure that both patients and referrers receive appropriate access to services. Achievements for this year include the introduction of GP access to mammography services. A strategy giving GPs access to radiology and access to CT for the first time has also been developed.

### **HILLMORTON HOSPITAL**

Hillmorton provides 24-hour urgent and emergency psychiatric assessment for people of all ages and has a mobile service. It provides an acute psychiatric inpatient service for the adult population on an inpatient basis. Hillmorton also houses an Alcohol and Drug Detox Unit. There is a psychiatric service for adults with an intellectual disability (PSAID) which includes a 15-bed inpatient unit, and a regional forensic psychiatric service covering people in Canterbury, the West Coast, Nelson and Marlborough districts. Youth specialty services are provided for young people in the 13-18 age group with moderate to severe mental illness.

### **WOMEN'S HEALTH DIVISION**

The Women's Health Division (WHD) of Canterbury District Health Board comprises Christchurch Women's Hospital, with the additional facilities offered by Lyndhurst, Rangiora, Lincoln and Burwood.

WHD saw increased activity in most areas, with the number of babies being born rising 8% to 4271, and the number of births rising to 4724. Outpatient visits also rose, up 9% to 27,933, largely due to increases in obstetrics and colposcopy visits. Greater activity levels were also experienced in Acute Gynae Assessment, up 4% to 6390 total admissions. Overall theatre volumes were down on 02/03 by

2% to 4647, and day patient admissions at Lyndhurst were down 3% at 2087.

The Foetal and Maternal Medicine Unit expanded to include the ability to undertake foetal blood transfusions, which previously required transportation to Auckland. The facility itself was relocated to a refurbished area within CWH.

### **THE PRINCESS MARGARET HOSPITAL**

The hospital is made up of a number of services including Older Persons' Health – which provides assessment and rehabilitation services and old age psychiatric services for patients over 65 years – the Community Therapy Services, Mental Health Services, Needs Assessment Services and School Dental Services.

Over the last year the Stroke Rehabilitation Unit has achieved significant success with its programme and its partnership with community health organisations. It will be complemented by the acute stroke unit when it opens in Christchurch Hospital in December.

### **SCHOOL & COMMUNITY DENTAL SERVICE**

The School and Community Dental Services provide services to children up to the end of their year 8 schooling in the wider Canterbury area. This year has seen increased effort put into rural dental health care and promoting the need for adolescents to access a dentist on a regular basis.

### **CANTERBURY HEALTH LABORATORIES**

Canterbury Health Laboratories (CHL) is owned and operated by the Canterbury District Health Board and is responsible

for the provision of laboratory diagnostic services for patients under the care of the Canterbury District Health Board. It also offers a testing service for members of the Canterbury community, at the request of a GP or private specialist.

CHL is a major tertiary laboratory and employs 227 full-time equivalent staff members. It is utilised by 23 public and private pathology laboratories throughout New Zealand, who refer samples for more specialised testing. Increasingly the laboratory is being recognised as an international referral centre, with samples being referred from Australia and beyond.

During the year in review, CHL:

- Initiated joint projects in many clinical areas to examine testing request patterns and ensure all testing requested is appropriate and impacts on patient care.
- Extended its information service. The laboratory computer system not only provides processing for CHL in Christchurch and Ashburton, but also provides computing for hospital laboratories in Blenheim, Nelson, New Plymouth, Hawera, Wairoa and Hastings. Over 200 General Practitioners now receive results electronically, directly to their desktop.
- Grew the international reputation of its Molecular Pathology team with referrals received from Australia, Taiwan and North America, and initiated collaborative research projects with laboratories in Germany and the USA.
- Introduced rapid influenza testing 24/7 with 1-hour turnaround.
- CHL trialled and then introduced Surepath™ – Liquid Based Cytology resulting in 30% improved productivity.

## FACILITIES & SITE REDEVELOPMENT

Ten major site redevelopment projects with a capital value of \$123 million have been constructed, completed or approved during the last 3 years.

The largest is the new \$78.8m Christchurch Women's Hospital and Day Surgery Unit. Progress on the site was dramatic with the building starting as a hole in the ground and progressing to a 10 level

structure by year-end. Internally the works included framing, linings and painting in preparation for the early occupation of the Sterile Services Theatre Servicing Unit. Planning for the move is under the auspices of the Divisional Management Team in conjunction with the Site Redevelopment Team, and several subgroups are managing specific aspects of the relocation. It will be officially opened in May 2005.

Projects completed this financial year include:

- New staff car park building at Christchurch Hospital (\$4m).
- Community Alcohol and Drug Service and Methadone Programme at Hillmorton Hospital (\$0.925m).
- Redevelopment of the Paediatric Facilities at Christchurch Hospital (\$2.010m).

## WHOLLY OWNED SUBSIDIARIES OF CANTERBURY DISTRICT HEALTH BOARD

### Laundry Services

Launched in 1993, Canterbury Laundry Services has grown to a point where 25% of its laundry business is now conducted outside the hospital sector and this is growing year on year.

### Brackenridge Estate

Brackenridge Estate Limited provides residential care services and day programmes to people with intellectual disability and high dependency needs.

## JOINT VENTURE

### Fertility Centre

The NZ Centre for Reproductive Medicine (The Fertility Centre) is a joint venture between the Canterbury District Health Board and the University of Otago Holdings Ltd. Services include donor inseminations, in-vitro fertilisation, intra-uterine inseminations, sperm acquisition procedures and intra-cytoplasmic sperm injection.

## COMMUNITY CONTRACTS

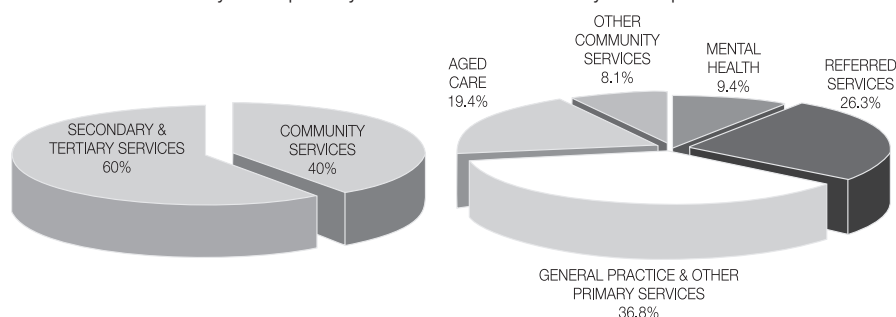
In addition to the secondary and tertiary health services provided by Canterbury District Health Board's Hospital and Specialist Services, the Canterbury District Health Board has around 900 Service Agreements with community health providers, the largest of which are Pegasus Health, the Nurse Maude Association and Richmond Fellowship. These Agreements are contracts and other funding agreements across a wide range of services, including:

- primary care
- mental health
- aged care
- palliative care
- home based support
- personal health
- Maori health
- Pacific health
- referred services

With the implementation of the Ministry of Health's Primary Care Strategy and the establishment of further PHOs in Canterbury over the 2003/04 year, there have been further opportunities for the District Health Board to work closely with primary health

providers to improve the health and wellbeing of our population.

The following diagram indicates how funding is allocated between the District Health Board's secondary and tertiary services, and the community health providers.



2003  
2004

# STATEMENT OF OBJECTIVES AND SERVICE PERFORMANCE



# STATEMENT OF OBJECTIVES AND SERVICE PERFORMANCE 2003/04

The Canterbury District Health Board continues to develop measures for the Statement of Service Performance that are appropriate to the needs of our stakeholders within Parliament and the community. These measures and associated performance targets will continue to be reflected in future District Strategic Plans 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". The measures included in the 2003-2006 Statement of Intent reflect activity in the priority areas identified in the Canterbury District Health Board Strategic Plan, "Towards a Healthier Canterbury: Directions 2006".

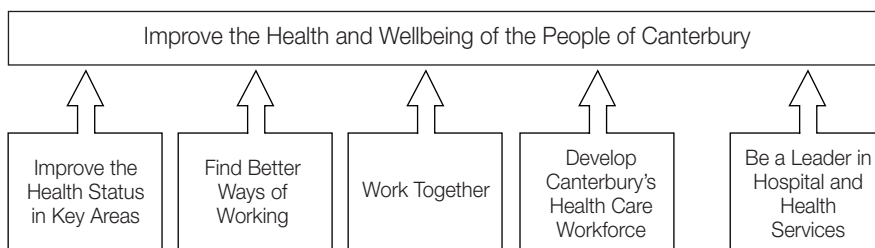
## 1. Strategic Priorities and Directions

To achieve Canterbury District Health Board's primary objective "To improve the health and wellbeing of people living in Canterbury", the Canterbury District Health Board is focusing on achieving improved outcomes in the following priority areas:

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

In improving health outcomes in these priority areas, as well as in our other areas of work, we are focusing our efforts on the five core directions:

- *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.



### NOTE:

In order to provide an overview of progress, where available, 2002/03 performance results have been included in parentheses and italics to the right of current results. In addition, for some measures the results involve low numbers which result in unreliable percentage rates. Where this is the case actual numbers have been included alongside the percentage rates to provide a more accurate picture.

## 2. Service Objectives and Measures

### Strategic Plan Priorities

The following indicators reflect the performance measures specified in the 2003/06 Statement of Intent which reflect the Strategic Plan priorities. It should be noted that the number of Pacific

people in the Canterbury District Health Board district is small (7,254 at the 2001 Census) so the percentages shown below should be interpreted with caution.

### 2.1 Child and Youth Health

Objective:	Brief Description:				
Improved health status for Canterbury's children and youth. (Long term)	Keeping children and youth healthy gives them a better chance of becoming healthy adults				
Objective 2003/04	Performance Measure	Performance Targets		Results 2003/04	2002/03
<i>Reduced number of low birth weight babies</i>	Percentage of babies born in public hospital with low birth weight	• Maori 7.2%	• Pacific 4.9%	• Maori 8.4%	(6.8%)
		• Other 6.1%	• Total 6.2%	• Pacific 4.5%	(8.5%)
				• Other 5.9%	(5.7%)
				• Total 6.1% <sup>1</sup>	(5.8%)
<i>Improved immunisation of Canterbury children</i>	Percentage of children fully vaccinated by their second birthday	• Maori 75.0%	• Pacific 75.0%	This was an indicator required by the Ministry of Health targets, which were agreed in our District Annual Plan. However, given data quality issues we are unable to report accurately on it. The implementation of the National Immunisation Register over the next 2 years will improve this situation.	
		• Other 75.0%	• Total 75.0%		

<sup>1</sup> Data is from the National Minimum Data Set, 1 January 2003 – 31 December 2003

Objective 2003/04	Performance Measure	Performance Targets	Results 2003/04	2002/03
<i>Reduce numbers of children with hearing loss</i>	Percentage of children passing school entry hearing tests	<ul style="list-style-type: none"> <li>• Maori 90.0%</li> <li>• Pacific 86.0%</li> <li>• Other 95.0%</li> <li>• Total 94.0%</li> </ul>	<ul style="list-style-type: none"> <li>• Maori 91.6%</li> <li>• Pacific 86.8%</li> <li>• Other 95.6%</li> <li>• Total 95.3%<sup>2</sup></li> </ul> Provisional data shows the Canterbury District Health Board achieved its targets for all groups.	<ul style="list-style-type: none"> <li>(93.3%)</li> <li>(83.3%)</li> <li>(95.3%)</li> <li>(94.8%)</li> </ul>
<i>Improved education and treatment of children with asthma</i>	Repeat admission for asthma in children under the age of 5	<ul style="list-style-type: none"> <li>• Maori 5.9%</li> <li>• Pacific 5.5%</li> <li>• Other 5.3%</li> <li>• Total 5.8%</li> </ul>	<ul style="list-style-type: none"> <li>• Maori 9.8% (5 readmissions)</li> <li>• Pacific 13.3% (2 readmissions)</li> <li>• Other 7.9% (15 readmissions)</li> <li>• Total 8.6%<sup>3</sup> (22 readmissions)</li> </ul> Note: the total number of readmissions for this age group was very low, which effects percentage rates.	<ul style="list-style-type: none"> <li>(6.9%)</li> <li>(11.1%)</li> <li>(4.7%)</li> <li>(5.7%)</li> </ul>
	Repeat admission for asthma in children between the ages of 5 and 15	<ul style="list-style-type: none"> <li>• Maori 5.6%</li> <li>• Pacific 6.4%</li> <li>• Other 6.0%</li> <li>• Total 5.8%</li> </ul>	<ul style="list-style-type: none"> <li>• Maori 16.7% (3 readmissions)</li> <li>• Pacific 25.0% (1 readmission)</li> <li>• Other 7.0% (7 readmissions)</li> <li>• Total 9.0%<sup>4</sup> (11 readmissions)</li> </ul> Note: the total number of readmissions for this age group was very low, which effects percentage rates.	<ul style="list-style-type: none"> <li>(0.0%)</li> <li>(0.0%)</li> <li>(3.5%)</li> <li>(3.0%)</li> </ul>
<i>Improved child oral health</i>	Mean MF score at Year 8 (Form 2). Total permanent teeth filled or missing due to holes (caries) divided by the number seen by the school dental service in the period	<ul style="list-style-type: none"> <li>• Total 1.6</li> </ul>	<ul style="list-style-type: none"> <li>• 1.6</li> </ul> There were 8,695 permanent teeth filled for 5,308 young people giving a mean MF score of 1.6 <sup>5</sup> . It is preferable that there are fewer permanent teeth filled or missing due to holes (caries), hence for this indicator, lower is better. The Canterbury District Health Board met its target for this indicator.	(1.74)
	Percentage of children caries free (no fillings or holes in teeth) at age 5	<ul style="list-style-type: none"> <li>• Total 53.6%</li> </ul>	<ul style="list-style-type: none"> <li>• 52%</li> </ul> There were 2,548 children at their first publicly funded dental service after their 5th and before their 6th birthday with primary dentition free of caries, with no fillings and with no teeth missing due to caries, out of a total of 4,901 children at their first publicly funded dental service after their 5th and before their 6th birthday. Thus the percentage of children caries free at age 5 is 52.0% <sup>6</sup> . Canterbury District Health Board has shown improved performances on this indicator since last year. The major factor impacting on the Canterbury District Health Board's performance on this measure is the low proportion of Canterbury's population receiving optimally fluoridated water supplies. Canterbury District Health Board's overall caries free rate is similar to other non-fluoridated areas. Maori and Pacific children have a lower rate of utilisation of dental services. Canterbury District Health Board is completed development of a high level Child Health Action Plan which will outline ways of improving access to services. As the inequality between these groups and other children is reduced, Canterbury's overall rate will increase to meet target. The Canterbury District Health Board is also actively promoting water fluoridation to Territorial Local Authorities through submissions to their Long Term Community Council Plans.	(50%)
<i>Improved Canterbury District Health Board objectives and performance measures for child health</i>	Develop three specific child health performance measures based on implementation of the Canterbury District Health Board Child Health Report	<ul style="list-style-type: none"> <li>• In place for 2004/05 year</li> </ul>	The Canterbury District Health Board has completed its high level Child Health Plan. The development of child health performance measures is incorporated within the work done for this plan. Following this, any new performance measures could not be put in place for the 2004/05 year and have been delayed until 2005/06.	

<sup>2</sup> Provisional data from the National Audiology Centre, 1 July 2003 – 30 June 2004. Data not finalised until 2005.

<sup>3</sup> Data is from the National Minimum Data Set, 1 January 2003 – 31 December 2003

<sup>4</sup> Data is from the National Minimum Data Set, 1 January 2003 – 31 December 2003

<sup>5</sup> Data is from the Canterbury District Health Board Crown Funding Agreement report Quarter 3 2003/04 and covers the 2003 school year.

<sup>6</sup> Data is from the Canterbury District Health Board Crown Funding Agreement report Quarter 3 2003/04

## 2.2 Primary Health

<b>Objective:</b>	<b>Brief Description:</b>
<i>Reduced barriers to primary health care. (Long term)</i>	Reducing the barriers to good primary health care helps people stay well resulting in improved health status.

<b>Objective 2003/04</b>	<b>Performance Measure</b>	<b>Performance Targets</b>	<b>Results 2003/04</b>	<b>2002/03</b>
<i>Support the establishment of 4 PHOs with the Canterbury District. (Two representing rural communities, one representing lower socioeconomic groups in urban Christchurch, and one other urban PHO.)</i>	1 low income urban PHO established	<ul style="list-style-type: none"> <li>• 1 July 2003</li> </ul>	<ul style="list-style-type: none"> <li>• Achieved 1 July 2003</li> </ul>	
	2 Rural PHOs established All rural GPs working in a PHO	<ul style="list-style-type: none"> <li>• By 1 October 2003</li> <li>• By 1 July 2004</li> </ul>	<ul style="list-style-type: none"> <li>• Achieved 1 October 2003.</li> <li>• Achieved 1 January 2004.</li> </ul>	
	1 urban PHO established	<ul style="list-style-type: none"> <li>• By 1 April</li> </ul>	<ul style="list-style-type: none"> <li>• Achieved 1 April 2003.</li> </ul>	
	Total Canterbury District Health Board population enrolled with a PHO		<ul style="list-style-type: none"> <li>• 408,743 people, or 90% of the Canterbury District Health Board population<sup>7</sup>, was enrolled with a PHO as at 1 April 2004</li> </ul>	
<i>Improved retention of Rural GPs: reduce onerous on-call rosters for rural GPs.</i>	Percentage of GPs with a rural ranking of greater than 35 points who work no more than a 1 in 4 weekend roster (unless by choice).	<ul style="list-style-type: none"> <li>• 100%</li> </ul>	<ul style="list-style-type: none"> <li>• 100%</li> </ul>	(100%)
<i>Reduce Ambulatory Sensitive Admissions: Ambulatory sensitive admissions are admissions that are potentially preventable by appropriate primary care. This measure provides an indication of access to and effectiveness of primary care.</i>	Standardised discharge rates for ambulatory sensitive admissions 0 to 4 years of age.	<ul style="list-style-type: none"> <li>• Maori 7.1%</li> <li>• Pacific 9.8%</li> <li>• Other 9.7%</li> <li>• Total 9.8%</li> </ul>	<ul style="list-style-type: none"> <li>• Maori 6.6%</li> <li>• Pacific 10.6%</li> <li>• Other 7.8%</li> <li>• Total 7.8%<sup>8</sup></li> </ul>	(6.7%) (10.6%) (9.1%) (8.8%)
	Standardised discharge rates for ambulatory sensitive admissions 5 to 14 years of age.	<ul style="list-style-type: none"> <li>• Maori 1.5%</li> <li>• Pacific 2.9%</li> <li>• Other 1.9%</li> <li>• Total 1.9%</li> </ul>	<ul style="list-style-type: none"> <li>• Maori 1.5%</li> <li>• Pacific 2.1%</li> <li>• Other 1.6%</li> <li>• Total 1.6%<sup>9</sup></li> </ul>	(1.7%) (2.5%) (1.8%) (1.8%)
	Standardised discharge rates for ambulatory sensitive admissions 15 to 25 years of age.	<ul style="list-style-type: none"> <li>• Maori 1.1%</li> <li>• Pacific 1.2%</li> <li>• Other 1.2%</li> <li>• Total 1.2%</li> </ul>	<ul style="list-style-type: none"> <li>• Maori 1.1%</li> <li>• Pacific 1.3%</li> <li>• Other 1.2%</li> <li>• Total 1.2%<sup>10</sup></li> </ul>	(1.1%) (1.4%) (1.2%) (1.2%)

<sup>7</sup> Latest Canterbury District Health Board population projection from Statistics NZ for 2003 is 454,510 people

<sup>8</sup> Data is from the National Minimum Data Set, 1 January 2003 – 31 December 2003

<sup>9</sup> Data is from the National Minimum Data Set, 1 January 2003 – 31 December 2003

<sup>10</sup> Data is from the National Minimum Data Set, 1 January 2003 – 31 December 2003

## 2.3 Maori Health

<b>Objective:</b>	<b>Brief Description:</b>		
<i>Whanau Ora Maori families supported to achieve their maximum health and wellbeing. (Long Term)</i>	Evidence of Maori health disparities is well known and compelling and to address these health disparities, the Canterbury District Health Board has developed a Maori Health Plan (July 2002), Whakamahere Hauora Maori Ki Waitaha		
<b>Objective 2003/04</b>	<b>Performance Measure</b>	<b>Performance Targets</b>	<b>Results 2003/04</b>
<i>Monitoring of Maori health outcomes.</i> Lack of accurate collection of ethnicity data currently is a significant barrier to achieving this objective. The District Health Board therefore plans to implement accurate ethnicity data collection throughout Canterbury District Health Board	The ethnicity data collection policy is still in development.	No target established  Development of baseline data and measures	Baseline data has been captured and an audit of ethnicity data began in June 2004.
<i>Reduced health inequalities: Maori Service Development in priority areas eg. Diabetes, Cancers, Cardiovascular disease, Child Health etc</i>	Refer to the relevant section of this document. Where data is available Maori specific targets have been provided.	See relevant Performance Indicators	Canterbury District Health Board has made progress in improving performance against targets set for Maori for the following indicators; <ul style="list-style-type: none"> <li>• Repeat admissions for rheumatic fever (section 2.5)</li> <li>• Diabetes screening and management (section 2.7)</li> </ul>
Determine performance measure for Maori Health and Disability outcomes	Development of baseline data and measures that link to the priority areas of diabetes, child health and cardiovascular disease	Completion of baseline data and measures	Baseline data for Mental Health and Disabilities has been captured and the Child Health Action Plan has been developed.

## 2.4 Mental Health

Objective:	Brief Description:		
<i>Improved Health Status for Canterbury Residents who have a serious ongoing mental illness. (Long Term)</i>	About 3% of New Zealanders have a serious ongoing mental illness, which requires specialist care and treatment by a range of health and social service providers. Canterbury District Health Board has continued towards implementing the Mental Health Strategy and Blueprint for Mental Health Services and the Youth Suicide strategies and guidelines. In June 2004 Canterbury District Health Board completed a plan for the further implementation of these strategies which will be implemented in 2004/05.		
Objective 2003/04	Performance Measure	Performance Targets	Results 2003/04 2002/03
<i>Achieve full Mental Health Volume Delivery (Provider-Arm)</i>	Provider Arm Mental Health volumes delivered against contract.	<ul style="list-style-type: none"> <li>• 100% delivery of contracted volumes</li> </ul>	<ul style="list-style-type: none"> <li>• 99.4% of contracted volumes were delivered. (100%)</li> </ul> Measurement of performance reflects the actual volume of services delivered multiplied by the relevant prices, expressed as a percentage of the total contracted funds.
<i>Mental Health Service Funding across all providers meets the level specified by the Mental Health funding "ring-fence"</i>	Contracted funding as a percentage of the Mental Health Target	<ul style="list-style-type: none"> <li>• 100% allocation of funding</li> </ul>	<ul style="list-style-type: none"> <li>• 100% allocation of the ring-fenced funding to providers (100%)</li> </ul>
<i>Improved access to Mental Health Services: The New Zealand Mental Health Strategy sets targets for access to treatment and support services for people of different age groups with severe mental illness.</i>	Percentage of people within each age group accessing mental health treatment and support services	<ul style="list-style-type: none"> <li>• 0-9 years 0.26%</li> <li>• 10-14 years 0.60%</li> <li>• 15-19 years 0.81%</li> <li>• 20-64 years 1.00%</li> <li>• 65+ years 0.16%</li> </ul>	Average annual percentages for April 2003 – March 2004 <ul style="list-style-type: none"> <li>• 0-9 0.24% (0.3%)</li> <li>• 10-14 0.73% (0.6%)</li> <li>• 15-19 1.03% (0.8%)</li> <li>• 20-64 1.03% (1.0%)</li> <li>• 65+ 0.19%<sup>11</sup> (0.2%)</li> </ul> The Canterbury District Health Board achieved the targets for all groups apart from children 0-9 years. Ways of improving access to services for children with mental illnesses are outlined in the Child Health plan as well as the Mental Health Strategic plan.

## 2.5 Disease Prevention and Management – Cardiovascular (Heart) Disease

Objective:	Brief Description:		
<i>Improved health status for Canterbury's Residents who are at risk of developing or have developed Cardiovascular disease (Long Term)</i>	Cardiovascular disease has been identified by the Canterbury District Health Board as a priority area for improving the health status of the people of Canterbury.		
Objective 2003/04	Performance Measure	Performance Targets	Results 2003/04 2002/03
<i>Reducing the Impact of Cardiovascular Disease</i>	Percentage of people with certainty who waited for no more than 6 months for coronary artery bypass graft.	<ul style="list-style-type: none"> <li>• 100%</li> </ul>	<ul style="list-style-type: none"> <li>• 58% (11 patients)</li> </ul> During the year 19 people with certainty of treatment had a coronary bypass with grafts. Of these, 11 had surgery within 6 months, and the remaining 8 treated during the year waited on average 15 months.
	Delivery of target levels of Cardiac Surgery	<ul style="list-style-type: none"> <li>• 375 cases</li> </ul>	<ul style="list-style-type: none"> <li>• 345 cases</li> </ul> The Canterbury District Health Board's intervention rates for cardiac surgery are consistent with those in other regions.
	Percentage of people with certainty who waited for no more than 6 months for an angioplasty.	<ul style="list-style-type: none"> <li>• 100%</li> </ul>	<ul style="list-style-type: none"> <li>• 98.9% (98.1%)</li> </ul> During the year, 1 patient with certainty waited for longer than 6 months for surgery. Treatment was deferred on two occasions at the request of the patient. Treatment was provided in the first half of the year.
	Repeat admissions for acute rheumatic fever in people under 30 years of age	<ul style="list-style-type: none"> <li>• Maori</li> <li>• Pacific</li> <li>• Other</li> <li>• Total 29.3%</li> </ul>	<ul style="list-style-type: none"> <li>• Maori 0.0% (11.1%)</li> <li>• Pacific 0.0% (0.0%)</li> <li>• Other 0.0% (9.2%)</li> <li>• Total 0.0%<sup>12</sup> (9.1%)</li> </ul>

<sup>11</sup> Data from Crown Funding Agreement Reports – Quarters 1-4 2003/04

<sup>12</sup> Data is from the National Minimum Data Set, 1 January 2003 – 31 December 2003

## 2.6 Disease Prevention and Management – Cancer

Objective:	Brief Description:																							
<i>Improved health status for Canterbury's Residents who are at risk of developing or have developed Cancer (Long Term)</i>	Cancer has been identified by the Canterbury District Health Board as a priority area for improving the health status of the people of Canterbury. The Canterbury District Health Board is currently in the process of developing a strategy for the management of Cancer in Canterbury. As this plan is yet to be completed, it has not been possible to develop service objectives and measures, hence the relevant District Health Board accountability to the Minister of Health, as outlined the District Annual Plan, has been included as measures of our performance during the 2003/04 year.																							
Objective 2003/04	Performance Measure	Performance Targets	Results 2003/04  2002/03																					
<i>Reducing the impact of Cancer.</i>	<p>Improved Access to Radiation Therapy.</p> <p>Number of patients who:</p> <p>Started treatment on time (within 4 weeks)</p> <p>Waited 4 - 8 weeks</p> <p>Waited 8 -12 weeks</p> <p>Waited &gt;12 weeks</p> <p>Delay to radiotherapy is defined as the time elapsing between the specialist decision to commence radiotherapy and the start of treatment</p>	<p>Improved performance during the year with target performance for the month of June (year-end) of:</p> <ul style="list-style-type: none"> <li>• 95%</li> <li>• 5%</li> <li>• 0%</li> <li>• 0%</li> </ul>	<p>The Canterbury District Health Board has continued to seek to achieve the goal of 100% of patients being treated within 4 weeks. The reasons for delay are related mainly to lack of suitably qualified workforce in the sector. Delays are also due to patient preference, other illnesses and/or treatments, the need for further tests, and specific start dates for protocol reasons.</p> <table border="0"> <thead> <tr> <th>Percentage</th> <th>Number (June 2004 only)</th> <th>(Percentages 2002/03)</th> </tr> </thead> <tbody> <tr> <td>68%</td> <td>72</td> <td>(64.1%)</td> </tr> <tr> <td>27%</td> <td>29</td> <td>(20.8%)</td> </tr> <tr> <td>5%</td> <td>5</td> <td>(10.7%)</td> </tr> <tr> <td>0%</td> <td>0</td> <td>(4.4%)</td> </tr> <tr> <td>-----</td> <td>-----</td> <td></td> </tr> <tr> <td>100%</td> <td>106</td> <td></td> </tr> </tbody> </table> <p>NOTE: these figures do not include 10 category D patients as they all have specific start dates for protocol reasons. Therefore this group of patients started treatment on time but not all of them started within 4 weeks. The total number of patients seen in June 2004 was 106 + 10 = 116.</p>	Percentage	Number (June 2004 only)	(Percentages 2002/03)	68%	72	(64.1%)	27%	29	(20.8%)	5%	5	(10.7%)	0%	0	(4.4%)	-----	-----		100%	106	
Percentage	Number (June 2004 only)	(Percentages 2002/03)																						
68%	72	(64.1%)																						
27%	29	(20.8%)																						
5%	5	(10.7%)																						
0%	0	(4.4%)																						
-----	-----																							
100%	106																							

## 2.7 Disease Prevention and Management – Diabetes

Objective:	Brief Description:		
<i>Improved health status for Canterbury's residents who are at risk of developing or have developed Diabetes (Long Term)</i>	Diabetes has been identified by the Canterbury District Health Board as a priority area for improving the health status of the people of Canterbury.		
Objective 2003/04	Performance Measure	Performance Targets	Results 2003/04  2002/03
<i>Early diagnosis and treatment of eye problems: Increase the proportion of people with diabetes who have had their eyes screened in the last two years</i>	The percentage of people having annual diabetes reviews who have had their eyes screened in the last two years	<ul style="list-style-type: none"> <li>• Maori 40%</li> <li>• Total 49%</li> </ul>	<ul style="list-style-type: none"> <li>• 42.1%</li> <li>• 45% (41.0%)</li> </ul> <p>These results do not include the screening done in the community by optometrists and private ophthalmologists. The Canterbury District Health Board is working with the Eye Department and other community providers to find the best way to provide services and capture information.</p>
<i>Improved Diabetes Monitoring: Increasing the proportion of people with diabetes who receive annual checks and the associated primary care.</i>	<p>- The percentage of the expected number of people with diabetes who have been diagnosed with diabetes and had an annual review during the year.</p> <p>- Number of Diabetes Annual Checks</p>	<ul style="list-style-type: none"> <li>• Maori 50%</li> <li>• Total 78%</li> </ul> <p>• Total 8,827</p>	<ul style="list-style-type: none"> <li>• Maori 41.9% (37.0%)</li> <li>• Total 76.7% (69.0%)</li> </ul> <p>• 8,727 (7,430)</p>
<i>Improved Diabetes Management: Reducing the proportion of people with diabetes who have relatively poor control of their diabetes</i>	The percentage of people having annual diabetes reviews who had poor diabetes control (HBA1c>8%)	<ul style="list-style-type: none"> <li>• Maori 35%</li> <li>• Total 22%</li> </ul>	<ul style="list-style-type: none"> <li>• Maori 41.9% (49.0%)</li> <li>• Total 26% (27.0%)</li> </ul>

### 3. Other District Health Board Measures of Performance

#### 3.1 Elective Services

Objective:	Brief Description:		
<i>Improved health status for Canterbury's residents via the provision of services in a timely manner within the available resources for those with the greatest level of need. (Medium Term)</i>	<p>Access to outpatients services and elective surgery has been an ongoing issue for Canterbury District Health Board. The funding and human resources available to the District Health Board are limited and are not sufficient to meet all of the demand for health services. We must therefore prioritise services. Canterbury District Health Board intends to continue the implementation of the Governments policies in relation to elective services which include:</p> <ul style="list-style-type: none"> <li>• The provision of timely access to specialist assessment and elective surgery.</li> <li>• The 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.</li> </ul>		
Objective 2003/04	Performance Measure	Performance Targets	Results 2003/04 2002/03
<i>Improved access to first specialist assessment:</i> Reduced waiting lists for first specialist assessments so that all appropriately referred patients can be assessed within appropriate timeframes.	Percentage of patients who receive their first specialist assessment within six months of referral	• 100%	• 97.2% (87.0%) Of the new patients seen during the year, 95.8% waited less than 6 months, which was a significant improvement over the previous year.
	Delivery of a level of publicly funded First Specialist Assessment (FSA) volumes at the levels specified in the Canterbury District Health Board 2003/04 District Annual Plan	• 54,400 FSA	• 53,729 FSA The volume of FSAs delivered in 2003/04 was very close to the DAP target. When compared with 2002/03, delivery has increased by 991 FSAs or 2%. Canterbury District Health Board continues to develop innovative solutions to increase delivery. An example of this is the contract with Canterbury Orthopaedic Services for the provision of orthopaedic FSAs and surgery.
<i>Improved certainty of treatment:</i> Provide certainty to elective surgical patients as to whether they will/will not receive access to publicly funded surgery. Provide access in a timely manner.	Percentage of patients provided with certainty of treatment receiving treatment within 6 months	• 100%	• 84.0% (92.0%) Canterbury District Health Board provided 686 more elective surgical procedures in 2003/04 than in the previous year. In addition Canterbury District Health Board provided 723 more patients with certainty of treatment. Because Canterbury District Health Board promised more people surgery within 6 months performance against this measure has decreased. However, in terms of actual elective surgery provided Canterbury District Health Board's performance has improved upon performance in 2002/03.
	Percentage given certainty: The number of treated patients with certainty as a percentage of all patients receiving elective surgery during the period	• No target established- baseline data collection required	• 78.5% This figure will be used to compare and monitor performance in 2004/05.
<i>Surgical Volume Delivery:</i> Delivery of the level of surgery specified in the Canterbury District Health Board District Annual Plan.	Case weighted discharges delivered as specified in the Canterbury District Health Board District Annual Plan  (Case weighted discharges (cwd) are a relative measure of the cost of different types of surgery- eg cataract procedures have a lower cost weight than hip replacements)	• 34,245 cwd	• 34,547 cwd Canterbury District Health Board has exceeded the target surgical volume delivery.  Note: the target was incorrectly recorded in the Statement of Intent as 32,000cwd.

### 3.2 Hospital Safety and Effectiveness

Objective:	Brief Description:		
<i>To be an efficient and effective provider of health services to maximise the health status of Canterbury's residents within the available resources.</i>	The District Health Board is a major provider of Health Service (as well as the funder of the majority of hospital and community Personal and Family Health Services and Mental Health services) to Canterbury residents. As a provider of health services the District Health Board must ensure that it operates in an effective and efficient manner.		
Objective 2003/04	Performance Measure	Performance Targets	Results 2003/04 2002/03
<i>Improved performance as a Good employer. Initiate systems and processes to promote a good working environment that encourages a management style that is more open, inclusive and transparent and that fosters a true partnership between staff, and between staff and management.</i>	Sick Leave Rate (As per balanced scorecard)	• 3.2% of contracted hours	• 3.3% (3.3%)
	Work Place Injuries per 1,000,000 hours (As per balanced scorecard)	• 17 per 1 million hours	• 18.1 (16.3) The Canterbury District Health Board is currently working towards entry into the ACC Partnership Programme. An independent audit has been conducted and is with ACC for their final decision. Date of entry into the programme is expected to be 1 October 2004.
	Staff Retention and Turnover (As per balanced scorecard)	• Less than 15% turnover	• 12.4% Target achieved.
<i>Patient Satisfaction</i>	Inpatient – Overall Satisfaction Percentage of good or very good responses in patient survey	• Greater than 85%	• 89% Target achieved
	Outpatient – Overall Satisfaction Percentage of good or very good responses in patient survey	• Greater than 85%	• 90% Target achieved
<i>Improved Quality. Achieve and maintain Quality Health New Zealand Accreditation for all District Health Board Hospitals. (Long term)</i>	Maintain accreditation at Ashburton, Akaroa, Waikari, Darfield, Burwood and Christchurch Women's Hospitals.  Achieve accreditation for Christchurch, Kaikoura, and Oxford Hospitals along with the Mental Health and Older Persons Health Services	100% of facilities maintain current accreditation status	The Canterbury District Health Board has achieved this target.
Maintain appropriate levels of Clinical Quality within Canterbury District Health Board Hospitals	Hospital Acquired Bacteraemia Rate per 100 inpatient days  (Burwood, Christchurch, Womens & TPMH Hospitals) (Note: excludes Ashburton Hospital due to data collection issues)	• 0.54 infections per 100 inpatient days	• 0.12 (0.50) Target achieved. The Canterbury District Health Board has showed vast improvement on performance against this indicator and has achieved a rate far lower than that recorded in recent years.

Objective 2003/04	Performance Measure	Performance Targets	Results 2003/04	2002/03
	IV Medication Error Rate per 1000 inpatient days  (Ashburton, Burwood, Christchurch, Womens and TPMH Hospitals and Mental Health Services)	• 1.5 errors per 1,000 inpatient days	• 1.98 The 2003/04 year reflects the first year that Older Person's Health and Mental Health Services have been included for this measure. This, in addition to better reporting, has meant that the reported error rate has increased. All incidents of medication errors with the Canterbury District Health Board are investigated and reviewed by divisional incident review groups.	(1.38)
	Patient Falls per 100 inpatient days  (Ashburton, Burwood, Christchurch, Womens & TPMH Hospitals, and Mental Health Services)	• 5.6 falls per 100 inpatient days	• 5.2 Target achieved	

#### 4. 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
<b>Revenue</b>					
Revenue MoH	751,884	3,267	500,876	(446,365)	809,662
Revenue Patient			24,462		24,462
Related Revenue Other		1	13,656		13,657
Total Revenue	751,884	3,268	538,994	(446,365)	847,781
<b>Expenditure</b>					
Personnel		1,994	344,916		346,910
Depreciation		2	32,652		32,654
Interest			4,035		4,035
Capital Charge			23,306		23,306
Other	748,382	1,202	139,166	(446,365)	442,385
Total Expenditure	748,382	3,198	544,075	(446,365)	849,290
<b>Net Surplus/(Deficit)</b>	3,502	70	(5,081)	-	(1,509)

2003  
2004

# SUMMARY OF FINANCIAL STATEMENTS



This summary financial report has been extracted from the full financial report dated 8 October 2004 and cannot provide as complete an understanding as the full financial report. The full report can be found on our website [www.cdhb.govt.nz](http://www.cdhb.govt.nz)

## STATEMENT OF FINANCIAL PERFORMANCE FOR THE PERIOD ENDED 30 JUNE 2004

	Group			Parent	
	Actual 30/06/04 \$'000	Budget 30/06/04 \$'000	Actual 30/6/03 \$'000	Actual 30/06/04 \$'000	Actual 30/6/03 \$'000
OPERATING REVENUE					
MoH Revenue <sup>1</sup>	811,362	741,162	671,819	805,320	665,642
Patient Related Revenue	24,462	22,715	21,951	23,862	21,366
Other Revenue	13,657	9,627	11,616	12,841	10,919
<b>TOTAL REVENUE</b>	<b>849,481</b>	<b>773,504</b>	<b>705,386</b>	<b>842,023</b>	<b>697,927</b>
OPERATING EXPENSES					
Employee Costs	346,910	326,656	321,932	340,029	315,514
Treatment Related Costs	90,207	89,113	90,435	93,248	93,487
External Service Providers <sup>1</sup>	299,921	240,864	206,452	299,921	206,452
Depreciation	32,652	33,831	21,295	31,663	20,189
Interest Expense	4,035	8,700	6,623	3,987	6,618
Other Expenses	53,689	50,536	54,682	51,436	51,823
<b>TOTAL OPERATING EXPENSES</b>	<b>827,414</b>	<b>749,700</b>	<b>701,419</b>	<b>820,284</b>	<b>694,083</b>
OPERATING SURPLUS BEFORE CAPITAL CHARGE	22,067	23,804	3,967	21,739	3,844
Capital Charge Expense	(23,306)	(23,804)	(14,395)	(23,306)	(14,395)
<b>SURPLUS/(DEFICIT) BEFORE TAXATION</b>	<b>(1,239)</b>	<b>-</b>	<b>(10,428)</b>	<b>(1,567)</b>	<b>(10,551)</b>
Tax (Expense)/ Benefit	(2)	-	23	-	-
<b>NET SURPLUS / (DEFICIT) FOR THE YEAR</b>	<b>(1,241)</b>	<b>-</b>	<b>(10,405)</b>	<b>(1,567)</b>	<b>(10,551)</b>

<sup>1</sup> The budget included some national/regional contract expenditure which has subsequently been transferred back to other District Health Boards. In addition DSS contracts were devolved during the year and are not reflected in the above budget.

## STATEMENT OF MOVEMENTS IN EQUITY FOR THE PERIOD ENDED 30 JUNE 2004

	Group			Parent	
	Actual 30/06/04 \$'000	Budget 30/06/04 \$'000	Actual 30/06/03 \$'000	Actual 30/06/04 \$'000	Actual 30/06/03 \$'000
TOTAL EQUITY AT BEGINNING OF THE PERIOD:					
Equity excluding Minority Interest	211,585	180,671	134,923	211,308	134,577
Minority Interest	-	56	56	-	-
	211,585	180,727	134,979	211,308	134,577
Revenue reserves from subsidiaries which were amalgamated during the year	-	-	-	-	215
	211,585	180,727	134,979	211,308	134,792
TOTAL RECOGNISED REVENUES AND EXPENSES:					
Net surplus / (deficit) for the period	(1,241)	-	(10,405)	(1,567)	(10,551)
Revaluation of Fixed Assets	-	-	77,717	-	77,717
	(1,241)	-	67,312	(1,567)	67,166
OTHER MOVEMENTS					
Contribution from/(back to) Crown Minority Interest amalgamated	(11,000)	19,650	9,350	(11,000)	9,350
	-	-	(56)	-	-
	(11,000)	19,650	9,294	(11,000)	9,350
TOTAL EQUITY AT END OF THE PERIOD:					
Equity excluding Minority Interest	199,344	200,321	211,585	198,741	211,308
Minority Interest	-	56	-	-	-
<b>TOTAL EQUITY</b>	<b>199,344</b>	<b>200,377</b>	<b>211,585</b>	<b>198,741</b>	<b>211,308</b>

## STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2004

	Group			Parent	
	Actual as at 30/06/04 \$'000	Budget as at 30/06/04 \$'000	Actual as at 30/06/03 \$'000	Actual as at 30/06/04 \$'000	Actual as at 30/06/03 \$'000
<b>CROWN EQUITY</b>					
General Funds	148,174	200,321	159,174	148,312	159,312
Revaluation Reserve	77,717	-	77,717	77,717	77,717
Retained Earnings	(34,326)	-	(32,700)	(34,740)	(32,800)
Trust Reserve	7,779	-	7,394	7,452	7,079
Minority Interest	-	56	-	-	-
<b>TOTAL EQUITY</b>	<b>199,344</b>	<b>200,377</b>	<b>211,585</b>	<b>198,741</b>	<b>211,308</b>
<b>REPRESENTED BY:</b>					
<b>CURRENT ASSETS</b>					
Receivables and Prepayments	27,476	50,017	57,149	27,074	55,502
Stocks	6,806	7,400	6,920	6,751	6,861
<b>TOTAL CURRENT ASSETS</b>	<b>34,282</b>	<b>57,417</b>	<b>64,069</b>	<b>33,825</b>	<b>62,363</b>
<b>CURRENT LIABILITIES</b>					
Cash & Bank	835	2,859	4,295	1,446	4,637
Creditors and Accruals	68,281	43,398	73,009	68,080	72,849
Owing to Crown	5,810	5,951	3,670	5,810	3,670
Staff Entitlements due within 1 year	38,035	39,000	32,848	37,404	32,328
Provisions due within 1 year	14,722	-	8,648	14,623	8,566
Loans due within 1 year	42,600	1,000	99,380	42,600	99,380
<b>TOTAL CURRENT LIABILITIES</b>	<b>170,283</b>	<b>92,208</b>	<b>221,850</b>	<b>169,963</b>	<b>221,430</b>
<b>NET WORKING CAPITAL</b>	<b>(136,001)</b>	<b>(34,791)</b>	<b>(157,781)</b>	<b>(136,138)</b>	<b>(159,067)</b>
<b>NON CURRENT ASSETS</b>					
Investments	292	466	378	2,196	3,783
Fixed Assets	375,137	347,927	355,863	372,758	353,484
Surplus Property	9,300	9,300	10,300	9,300	10,300
Restricted Assets	7,779	7,180	7,394	7,452	7,079
<b>TOTAL NON CURRENT ASSETS</b>	<b>392,508</b>	<b>364,873</b>	<b>373,935</b>	<b>391,706</b>	<b>374,646</b>
<b>NON CURRENT LIABILITIES</b>					
Provisions	5,113	3,636	4,491	4,827	4,271
Deferred Tax	50	69	78	-	-
Loans repayable after 1 year	52,000	126,000	-	52,000	-
<b>TOTAL NON CURRENT LIABILITIES</b>	<b>57,163</b>	<b>129,705</b>	<b>4,569</b>	<b>56,827</b>	<b>4,271</b>
<b>NET ASSETS</b>	<b>199,344</b>	<b>200,377</b>	<b>211,585</b>	<b>198,741</b>	<b>211,308</b>

## STATEMENT OF CASH FLOWS FOR THE PERIOD ENDED 30 JUNE 2004

	Group			Parent	
	Actual 30/06/04 \$'000	Budget 30/06/04 \$'000	Actual 30/06/03 \$'000	Actual 30/06/04 \$'000	Actual 30/06/03 \$'000
<b>CASH FLOW FROM OPERATING ACTIVITIES</b>					
Cash was provided from:					
Receipts from MoH	845,726	741,662	660,112	838,385	655,488
Other Receipts	32,062	31,987	39,402	30,608	37,540
Interest Received	595	355	682	682	909
	878,383	774,004	700,196	869,675	693,937
Cash was applied to:					
Payments to Employees	335,069	327,456	319,589	328,338	313,321
Payments to Suppliers	450,281	380,513	324,365	451,126	324,822
Interest Paid	4,345	8,700	6,416	4,297	6,411
Taxes Paid / (Refunded)	3	-	27	-	53
Capital Charge	21,166	21,853	18,559	21,166	18,559
GST (net)	(1,959)	-	1,293	(1,917)	1,312
	808,905	738,522	670,249	803,010	664,478
<b>NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES</b>	<b>69,478</b>	<b>35,482</b>	<b>29,947</b>	<b>66,665</b>	<b>29,459</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>					
Cash was provided from:					
Sale of Assets	2,132	1,700	24	2,132	23
Decrease in Investments	-	-	81	1,214	789
	2,132	1,700	105	3,346	812
Cash was applied to:					
Increase in Investments & Restricted Assets	299	-	207	-	611
Purchase of Assets	52,071	63,650	32,787	51,040	32,048
	52,370	63,650	32,994	51,040	32,659
<b>NET CASH INFLOW/(OUTFLOW) FROM INVESTING ACTIVITIES</b>	<b>(50,238)</b>	<b>(61,950)</b>	<b>(32,889)</b>	<b>(47,694)</b>	<b>(31,847)</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>					
Cash was provided from:					
Loans Raised	52,000	127,000	-	52,000	-
Equity contribution from the Crown	-	19,650	9,350	-	9,350
	52,000	146,650	9,350	52,000	9,350
Cash was applied to:					
Loans Repaid	56,780	120,000	7,068	56,780	7,068
Equity repaid to Crown	11,000	-	-	11,000	-
	67,780	120,000	7,068	67,780	7,068
<b>NET CASH INFLOW/(OUTFLOW) FROM FINANCING ACTIVITIES</b>	<b>(15,780)</b>	<b>26,650</b>	<b>2,282</b>	<b>(15,780)</b>	<b>2,282</b>
Overall Increase/(Decrease) in Cash Held	3,460	182	(660)	3,191	(106)
Opening Cash Balance	(4,295)	(3,041)	(3,635)	(4,637)	(4,531)
<b>CLOSING CASH BALANCE</b>	<b>(835)</b>	<b>(2,859)</b>	<b>(4,295)</b>	<b>(1,446)</b>	<b>(4,637)</b>

Detailed Financial Statements and Notes are available on our website: [www.cdhb.govt.nz](http://www.cdhb.govt.nz)

## GLOSSARY OF TERMS

<b>Accreditation</b>	Achievement against a national system of standards.
<b>ALOS</b>	Average Length of Stay.
<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>Brackenridge Estate Limited</b>	A wholly owned subsidiary of Canterbury District Health Board, providing residential care services to people with intellectual disability and high dependency needs, including day programmes.
<b>CAPEX</b>	Capital expenditure budget.
<b>Cardiothoracic</b>	Relating to the heart or chest.
<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>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>Consultation</b>	The process of seeking the views of individuals or groups. These include both providers and health service users.
<b>COSE</b>	Coordinator of Services for the Elderly.
<b>CPH</b>	Community and Public Health.
<b>CPI</b>	Consumer Price Index.
<b>CPHAC</b>	Community and Public Health Advisory Community.
<b>Credentialling</b>	Credentialling in the New Zealand context is defined as 'a process used to assign specific clinical responsibilities to health professionals on the basis of their training, qualifications, experience and current practice, within an organisational context. Credentialling is part of a wider organisational quality and risk management system designed primarily to protect the patient.
<b>CSPIN</b>	Christchurch Social Policy Interagency Network.
<b>CTA</b>	Clinical Training Agency.
<b>CWD - Cost Weighted Discharges</b>	Measure of patient's relative utilisation of resources.
<b>DAA</b>	Designated Audit Agency.
<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>DOSA</b>	Day of Surgery Admission.
<b>DSAC</b>	Disability Support and Advisory Committee.
<b>DSD</b>	Disability Services Directorate.
<b>DSP</b>	District Strategic Plan.
<b>DSS</b>	Disability Support Services.
<b>DVT</b>	Deep Vein Thrombosis.
<b>EEO</b>	Equal Employment Opportunities.
<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>HbA1c</b>	Haemoglobin A1c; also known as glycated haemoglobin. The level of HbA1c reflects the average blood glucose level over the past 3 months.
<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>HOPS</b>	Health of Older People Strategy.
<b>HPCA</b>	Health Practitioners Competency Assurance.
<b>HWAC</b>	Health Workforce Advisory Committee.
<b>IDF</b>	Inter District Flow.
<b>IPAs</b>	Independent Practitioners Association.
<b>Iwi</b>	Tribe.
<b>KPIs</b>	Key Performance Indicators.
<b>LOS</b>	Length of Stay.
<b>LTCCP</b>	Long Term Council Community Plan.
<b>Medical Credentialling</b>	Medical credentialling refers to the process of permitting an individual physician to practise in a particular hospital, clinic or other medical practice setting.
<b>MoU</b>	Memorandum of Understanding.
<b>MPIA</b>	Ministry of Pacific Island Affairs.
<b>NASC</b>	Needs Assessment & Service Coordination.
<b>Neurosurgery</b>	Surgery of the nervous system.
<b>NIR</b>	National Immunisation Register.
<b>Objective</b>	Objectives state what is to be achieved and cover the range of desired outcomes to achieve a goal.
<b>OPF</b>	Operational Performance Framework.
<b>OPH</b>	Older Persons Health.
<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>PACs</b>	Picture Archiving and Communications System .
<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>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 (PBF)</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>PCO</b>	Primary Care Organisation.
<b>Primary Care</b>	Primary health care means essential health care based on practical, scientifically sound, culturally appropriate and socially acceptable methods. It is universally accessible to people in their communities, involves community participation, is integral to, and a central function of, the country's health system, and is the first level of contact with the health system.
<b>PHO</b>	Primary Health Organisation.
<b>Public Health</b>	The science and art of preventing disease, prolonging life and promoting health and efficiency through organised community effort. Winslow, 1920 (Institute of Medicine, 1988). A collective effort identify and address the unacceptable realities that result in preventable and avoidable health outcomes, and it is the composite of efforts and activities that are carried out by people committed to these ends. Turnock, 1997.
<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>SIMHN</b>	South Island Mental Health Network.
<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>TOR</b>	Terms of Reference.
<b>Tikanga</b>	Customary practice, rule.
<b>TLA</b>	Territorial Local Agencies.
<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>WAP</b>	Work Action Plan.
<b>Well-child/Tamariki ora services</b>	Term used to describe all activities that promote health and prevent disease that are undertaken in the primary care setting for children and their families and whanau.
<b>Wellness</b>	A dimension of health beyond the absence of disease or infirmity, including social, emotional and spiritual aspects of health.
<b>Whanau</b>	Family.
<b>WHD</b>	Womens Health Division.
<b>WMRS</b>	Workforce Management and Reporting System.

# DIRECTORY

## BOARD MEMBERS

Syd Bradley (Chair)  
Olive Webb (Deputy Chair)  
Randall Allardyce  
Philip Bagshaw  
Robin Booth  
Norman Dewes (appointed 19 February 2004)  
Karen Guilliland (appointed 20 November 2003)  
Graham Heenan  
David Morrell  
Tuari Potiki (resigned 31 August 2003)  
Paul White (resigned 30 September 2003)  
Alison Wilkie

## HOSPITAL ADVISORY COMMITTEE

David Morrell (Chair)  
Randall Allardyce  
Mike Beard (resigned 31 May 2004)  
Syd Bradley  
Norman Dewes  
Karen Guilliland  
David Kerr  
Allison Lomax (resigned 30 September 2003)  
Suzanne Pitama  
Tim Stonhill  
Susanne Trim  
Paul White (resigned 30 September 2003)  
Olive Webb (Ex officio)

## COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE

Alison Wilkie (Chair)  
Philip Bagshaw  
Julie Barlass  
Ray Kirk  
Fiona Pimm  
Tuari Potiki (resigned 31 August 2003)  
Rodney Routledge  
Api Taelmaitoga (resigned 30 September 2003)  
Syd Bradley (Ex officio)  
Olive Webb (Ex officio)

## DISABILITY SUPPORT SERVICES COMMITTEE

Olive Webb (Chair)  
Randall Allardyce  
Philip Bagshaw  
Robin Booth  
Ruth Jones  
Pauline O'Connor  
Tuari Potiki (resigned 31 August 2003)  
Jeanette Tarbotton  
Stephanie Waterfield  
Syd Bradley (Ex officio)

## CHIEF EXECUTIVE

Jean O'Callaghan

## REGISTERED OFFICE

Charles Luney House  
250 Oxford Terrace  
P O Box 1600  
Christchurch

## AUDITOR

Audit New Zealand on behalf of the  
Auditor General

## BANKERS

Westpac  
Bank of New Zealand

