

Summary Annual Report

1 July 2002 – 30 June 2003

Canterbury

District Health Board

Te Poari Hauora o Waitaha

CONTENTS

Message from the Chairman	02
The Year in Review	04
Highlights & Achievements in 2003	06
Working Together – An Integrated Approach	08
Maori Health	10
Mental Health	12
Hospital & Specialist Services	14
Canterbury's Health Workforce	18
Facilities & Site Redevelopment	20
Summary Statement of Service Performance	21
Summary of Financial Statements	29
Glossary of Terms	34
Directory	36

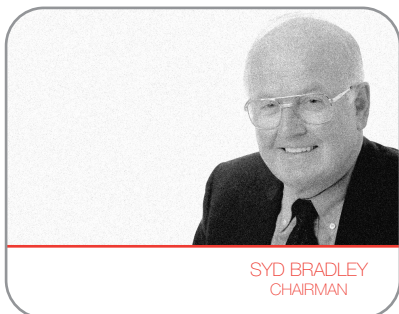


Cover picture: Irene Moore participating in the Over 60's Leisure For Life Expo held in Woolston.

The summary financial report has been extracted from the full financial report dated 24 October 2003, and cannot provide as complete an understanding as the full financial report. The full financial report can be found on our website www.cdhb.govt.nz

Our Vision – Ta Matou Matakite	Values – A matou uara	Ways of Working – Ka huari mahi
<p>To promote, enhance and facilitate the health and well-being of the people of the Canterbury district</p> <p>Ki te whakapakari, whapamaanawa me te whakahaere i te hauora Mo te orakapai o ke takata o te rohe o Waitaha</p>	<p>Care and respect for others Manaaki me te kotua i etahi</p> <p>Integrity in all we do Hapai i a matou mahi katoa i ruka i te pono</p> <p>Responsibility for outcomes Kaiwhakarite i ka hua</p>	<p>Be people and community focused Arotahi atu ki ka takata me ka iwi whanau</p> <p>Demonstrate innovation Whakaatu whakaaro hihiko</p> <p>Engage with our stakeholders Tuu atu ki ka uru</p>

MESSAGE FROM THE CHAIRMAN



SYD BRADLEY
CHAIRMAN

This year has been one that has given good performance results and given us some headroom to work with clinicians and other staff to consolidate and implement improved operational performance. The year's results have given us a stable position from which we can go forward to meet the inevitable changes which will come with the implementation of the Government's population based funding model.

I believe the Board has successfully developed and improved its governance functions. This has enabled the delivery of strategies and operational performance that benefits the health of the community in Canterbury within the funding provided by the Government. The emphasis on numeracy, measuring, and monitoring has allowed the Board and management to focus on ensuring there is a continual improvement in the organisation's performance, thereby ensuring the achievement of better value for each health dollar spent.

The Board has stepped up its performance to being one that demonstrates the right mix of cultures and competencies needed to perform its task as a governance body. We have fully supported the Chief Executive Jean O'Callaghan, as she has grappled with the reconfiguration of the senior management team. This has resulted in significant opportunities to better direct the performance of management and thereby the delivery of health services for Canterbury.

The organisation's main achievement in this financial year is the increased understanding of its dual role as a funder and a provider of health services. We have seen the development of creative funding models, the benefits of which will begin to emerge in future years. I look forward to seeing more of these implemented as they provide real opportunities to give greater value for our health dollar.

The major challenges that continue into next year are meeting the budget while continuing to deliver high quality health services, the elimination of operating deficits and the preparation for the impact of population based funding. This new funding model is a significant challenge for us as a District Health Board as, in real terms, it means there will be a major adjustment to the funding we receive from the government.

Our Core Directions document continues to be the founding strategy and direction for the Canterbury District Health Board. In developing and implementing these strategies to date, we have learnt a lot. There are clearly more opportunities to consider that will further advance the objectives of the Board.

Our greatest investment continues to be, and must be, our staff, and I acknowledge and recognise how remarkably well most of them have coped in these changing times.

Health reforms and change appear to be inevitable, and I applaud the resilience and persistence of staff throughout the Canterbury District Health Board.

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

Syd Bradley
Chairman

BOARD MEMBERS

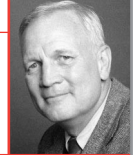
SYD BRADLEY – CHAIR

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



RANDALL ALLARDYCE

Randall Allardyce (elected) is a director of medical research at the Christchurch School of Medicine and Health Sciences.



PHILIP BAGSHAW

Philip Bagshaw (elected) is a general surgeon at Christchurch Hospital. He is also an Associate Professor of Surgery at Otago University's Christchurch School of Medicine and Health Sciences.



ERIN BAKER

Erin Baker trained as a radiographer at Christchurch Hospital and worked in the profession both in Christchurch and overseas before becoming a professional athlete.



ROBIN BOOTH

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



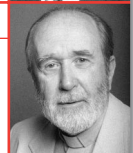
GRAHAM HEENAN

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



DAVID MORRELL

David Morrell (elected) is City Missioner in Christchurch and has had 30 years' involvement with health through hospital chaplaincy, primarily at Christchurch Hospital during the 1970s and subsequently at the City Mission.



TUARI POTIKI

Tuari Potiki (appointed) is of Kai Tahu, Kati Mamoe descent, belonging to the hapu of Kati Taoka and Kai Te Ruahikihiki. He has a background in Maori health and has worked extensively in the alcohol and drug, mental health and justice sectors.



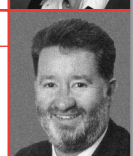
OLIVE WEBB

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

Paul White is a registered architect and a management consultant and professional director. He is a director of Housing NZ Corporation and Housing NZ Ltd and is a former chief executive of the Ngai Tahu Development Corporation and a regional director of Te Puni Kokiri in Tai Tokerau.



ALISON WILKIE

Alison Wilkie (elected) is a former nurse with post-graduate qualifications in health economics and public health. A life member of the Asthma Foundation and the Canterbury Asthma Society, Alison owns a small business.



THE YEAR IN REVIEW



This past year has seen some significant improvements in the ability of the Canterbury District Health Board to meet its core objectives and to develop new initiatives for the health and wellbeing of the people of the region. There have been many achievements particularly in the primary care community. We have seen the first Primary Health Organisation (PHO) established in Canterbury which increases access to a spectrum of primary care services for those at greatest risk. Great progress has also been made on the establishment of the second PHO, due to begin in October, which will encompass much of the rural circumference of Christchurch.

This report gives a detailed analysis of work that has been achieved during the year, based on our Core Directions - the strategy by which we have identified the key health issues for our region. These Core Directions were developed in consultation with the community two years ago and are part of our five year vision for improving health outcomes in Canterbury. Public health takes many forms. We fund most of the mental health in Canterbury, Maori, personal and family health services. We run the region's 14 public hospitals and provide disability support, alcohol and other drugs and community health services as well as mental health services. Through our Community & Public Health Division, we promote public health and encourage health promotion and information.

Our top priorities are primary health, child and youth health, mental health, Maori health, disease prevention and management, particularly heart disease, diabetes and cancer. Each of these areas will have specific management plans developed by our Planning and Funding Division and implemented throughout the organisation in consultation and liaison with the many community health providers with whom we have contracts.

This year, in an effort to build up a better picture of our staff and how our recruitment and retention programmes translate into better provision of services to the people of Canterbury, we have reviewed our internal ethnicity data.

Importantly, we have addressed several internal issues like the need for greater emphasis on information technology, how technology can help in frontline medicine, and swifter access of information particularly when there is a need to communicate with staff. The publicity given to SARS (Severe Acute Respiratory Syndrome) at the beginning of the year highlighted the need for immediacy of information particularly for GPs, and being able to set up a special website proved a bonus for everyone.

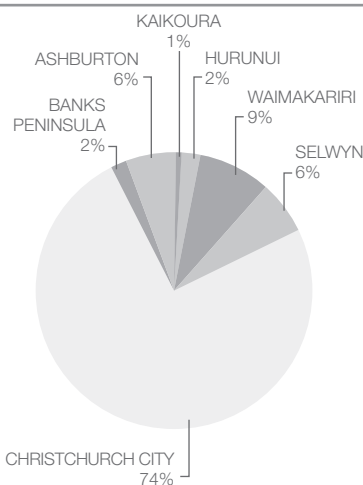
I am very proud that we have established the Quality and Patient Safety Council which is chaired by Professor Peter Davies and is designed to focus on both quality and patient safety issues across both hospital and non-hospital services. Our first major achievement this year was to develop the Canterbury District Health Board's Quality & Innovation Awards, which aim to encourage innovation in health practice and management not only for our staff but also for community health organisations that we fund.

The LinkAGE initiative for older people has provided a framework to improve services across the continuum and ensure successful transfer of disability support services. Eldercare Canterbury continues to contribute in a number of important areas such as keeping warm in winter, reducing falls and immunisation for people over 65. The Child Health project is off the ground. It involves several agencies and health workers. An exciting new initiative is the Aranui Health Project, a joint project between us and the Christchurch School of Medicine for a nurse specialist to work in a primary care centre and for the development of a nurse practitioner role.

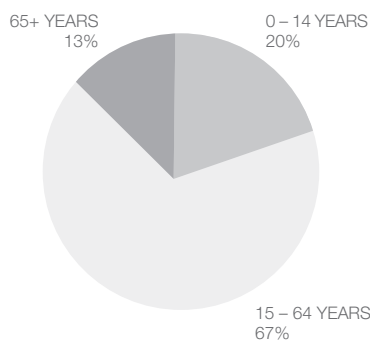
Communications have also been improved through a newsletter that is distributed to every household in Canterbury and through a new fortnightly radio programme. These are opportunities to talk about public health issues, to invite speakers who are knowledgeable about their field of expertise to talk on subjects that are relevant at the time. Examples have included the benefits of fluoridated water, issues of obesity, diabetes, and cancer, and the promotion of different health weeks when there is a connection with the Health Board. The feedback we have received is both positive and encouraging.

DISTRICT HEALTH BOARD POPULATION BY REGION - 2001 CENSUS

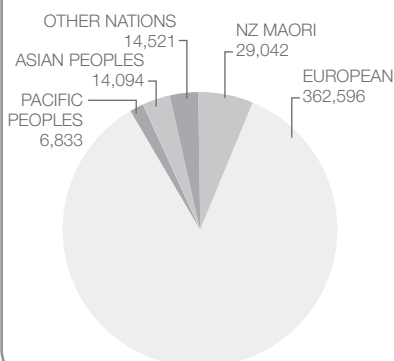
DISTRICT HEALTH BOARD USUALLY RESIDENT POPULATION THEN WAS 427,086



POPULATION BY AGE - 2001 CENSUS



POPULATION BY ETHNIC BACKGROUND - 2001 CENSUS



We have worked with Ngai Tahu to develop a Maori radio programme and are presently working with Pacific People to develop something similar. We have also developed a newsletter specifically for the community health providers who are funded by the Health Board. This newsletter is aimed at keeping these health providers in touch with what is happening in Canterbury. We have more than 700 contracts with community health organisations and this number will increase next year with the devolution of disability services to Health Boards.

Our website is presently being updated and we encourage the public who have access to computers to look on the internet to see what is happening in health in Canterbury. A greater level of information is being put on the website all the time including updates on waiting lists. By December this year we will also have patient inquiries, general inquiries and patient complaints on the website which will greatly improve public access.

Other achievements have included greater participation of staff in decision making processes, the establishment of a Clinical Board, and the appointment of a Chief Medical Officer. Across the District Health Board there has been greater emphasis on occupational health and safety, improved orientation programmes for new staff and improvements in ways staff can access information through the intranet.

We have had some notable building successes like the completion of Stage 2 of Burwood hospital's development programme, the Endocrinology Laboratory at Christchurch hospital and the start of the new Christchurch Women's hospital and Day Surgery Unit. It is very exciting to see this new building start to take shape.

Within our organisation, we employ some 7500 people. It is a substantial workforce that makes an equally substantial contribution to the wellbeing of the Canterbury region. Like other health organisations both here and overseas, there are many areas where we have had difficulty in attracting staff. This can result in problems with patients getting treatment and the lack of radiation therapists is one example of this. On the positive side, this year has seen one of the lowest turnovers of nursing staff ever recorded in our region. I am encouraged by this result and believe it is due in part to the efforts made to improve staff relations, the appointment last year of an Executive Director of Nursing, and to the ongoing assessment of nursing programmes, training and professional development.

Finally, I would like to acknowledge the people who make the health system in Canterbury work so well. This year has again seen some wonderful work done by hospital volunteers. Their efforts in organising visitor programmes, providing drivers for people who need treatment, organising events and fund-raising for special projects has not gone unnoticed. At the same time we have some generous benefactors notable amongst whom is the Rainbow Childrens Trust. The Trust has been exceedingly generous in its efforts to purchase paediatric equipment. The Canterbury West Coast Division of the Cancer Society has also made a substantial donation to oncology services at Christchurch hospital. Several local trusts are generous with their support to public health services in Canterbury and the Health Board has decided to explore better ways of partnering with these organisations so that public health will benefit.

Special thanks go to all health workers in hospitals, primary care and community organisations and agencies for their enthusiasm and commitment to working with the Canterbury District Health Board to meet our ongoing challenges.

I hope, that as the recipient of publicly funded health services in Canterbury, or as an interested reader, you will find the information in this annual report valuable.



Jean O'Callaghan
Chief Executive

HIGHLIGHTS & ACHIEVEMENTS IN 2003

Some major health plans which were signalled in the Canterbury District Health Board's Strategic Plan have been completed this year. We have also initiated a number of other key strategies to improve the health of the people in our region. In November this year, Crown Public Health was transferred to the Canterbury District Health Board under the name Community and Public Health. This has widened the capabilities of the Health Board to provide a range of health information to the community and enabled a greater focus on health promotion and education.

Diabetes

Diabetes is a major health issue in Canterbury. This year we completed the Diabetes Plan for the region which resulted in a funding increase to provide more people with retinal screening (an additional 2000 screens) and increased resources for foot care initiatives. The plan also supported the work of the local Diabetes team (made up of providers and community people), the establishment a steering group and help to put better information systems in place. Diabetes is an increasing health issue for Maori and Pacific communities and we support the Lifestyle Education Programme with both funding and the part-time secondment of a Pacific Health Promoter. This programme focuses on training community leaders to work within their own communities to promote healthier lifestyles through nutrition and physical activity to reduce obesity and therefore the risk of diabetes.

Child Health

Last year, a comprehensive review of child health services in Canterbury was completed. We have developed a Child Health Strategy and engaged a dedicated Child Health Manager. We are working with an inter-agency team of child health professionals from the community and specialist services to begin implementation. At the same time, public health nurses continue to deliver health promotion messages in school. They are supported by specialist health promoters in nutrition and physical activity, smokefree, alcohol, mental health, sexual health, injury prevention, Maori and Pacific health as well as a health protection officer. We are working collaboratively with the Heart Foundation to deliver the 'heart beat award' programme.

Primary Health Organisations (PHOs)

The Canterbury District Health Board has been actively involved with rural communities in the development of Primary Health Organisations (PHOs). In the rural areas significant monies have been allocated to rural practices prior to the formation of rural PHOs to improve workforce retention for primary care practices and there has been money allocated to ensure that reasonable rosters are worked by people in these practices. This now means that no Canterbury GP is required to work a roster of more than one in four. It has been pleasing to see the role of nurses in terms of covering on-call rosters has been increased in some areas.

The District Health Board supported the establishment of the first Access PHO in Canterbury earlier this year, working with the 14 community based groups who initiated this development. Called the Canterbury Community PHO, it services high needs groups in urban Christchurch.

LinkAGE

We have undertaken specific work in the area of Older Persons Health, in particular completion of a Needs Assessment of the population 65 and over. This provides the platform for the LinkAGE work which has received a favourable response from those involved with, and effected by, the transfer of the disability support funding to the District Health Boards. This transfer will happen in October 2003 and will add another 100 external contracts to the 700 or so currently being held by the Health Board.

A dedicated project manager for the LinkAGE project has allowed the development of an integrated continuum of care model, development of elder friendly guidelines, implementation of incident reporting between providers and a number of other items including distribution of flu vaccination and Stay Warm to Stay Well cards and the recently publicised 'yellow medication cards'.

Quality and Service Initiatives

This year, we initiated the Quality and Patient Safety Council. This is a significant achievement for the Canterbury District Health Board and highlights the emphasis we put on quality of our service delivery and the need for improved patient safety.

- We initiated a new web-based service for Canterbury GPs to access information about elective services and waiting lists. The service started through the need to provide immediate information about SARS at the beginning of the year, and having proved its success, the system was expanded to include elective services.
- Neonatal Services were recognised by Quality Health New Zealand when we were presented with the 2002 Quality Improvement Award for 'Securing Oral Endotracheal Tubes in Neonates: How audit can influence and change practice!'.
- Women's Health Division achieved notable success this year with accreditation achieved for Baby Friendly Hospital status. This is a World Health Organisation Standard and as a District Health Board committed to child health gains, encouraging breast feeding is the first step to achieving this.
- The Mental Health Division's project 'Integration between acute inpatient mental health services and community care' was a finalist in the inaugural New Zealand Health Innovation Awards. The project involved people from Mental Health Services Management, Acute Inpatient Services, Community Mental Health Services and many consumers.
- Canterbury Health Laboratories was selected as a finalist for the BearingPoint (formally KPMG) Innovation Award for its initiative to provide cost effective computing services for other District Health Boards. This was done in conjunction with software providers Sysmex Delphic Ltd and utilises the existing Health Intranet.

Co-Ordinated Services For the Elderly (COSE)

Co-ordinated Services for the Elderly (COSE), an Elder Care Canterbury initiative, has been up and running in two areas of Christchurch since October 2000. Staff, working alongside GPs, are responsible for co-ordinating packages of care for older people in the community. The most important outcome of the COSE project has been the provision of an overall link between any hospital and any provider service and the GP in Christchurch. The Ministry of Health has recently commissioned Auckland University to evaluate Ageing in Place initiatives and COSE has been included as one of three initiatives nationwide. This enables evaluation of the COSE model by the University of Auckland Research team. The main research objectives are to assess the effectiveness of the programmes to prevent or delay the time before older people (65 years plus) require permanent residential care and to determine the impact of the programme on the older persons independence, quality of life and social support system.

Graduate Nursing Programme

The success of the Graduate Nursing Programme continues to grow. This programme offers recent graduates the opportunity to work in several specialties over a twelve month period. Entry onto the programme occurs in February and September of each year.

Strategic Investment Pool

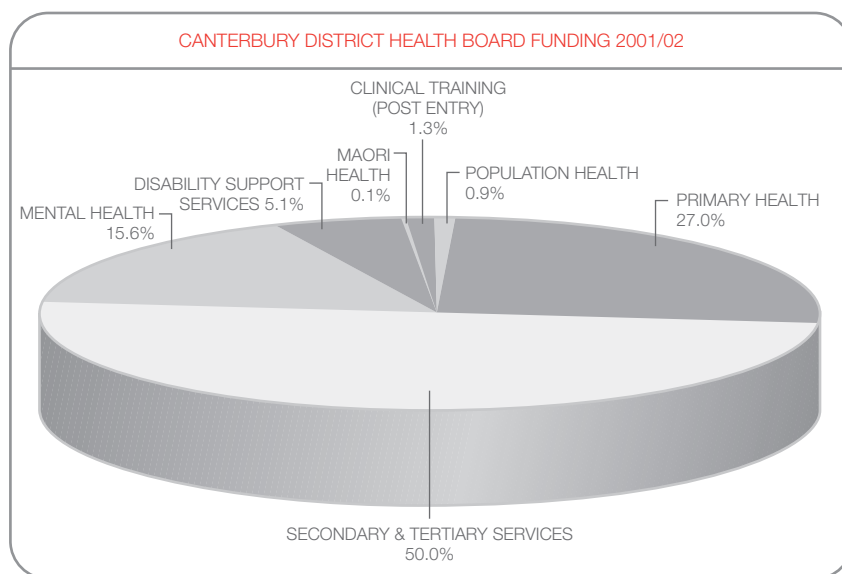
A sum of \$2 million has been held aside in a strategic investment pool for assisting service development and innovations in the priority areas to try new ways of working and to help improve the health and wellbeing of people in our care. Monies allocated in 2002/2003 include:

- Diabetes including retinal screening, podiatry and workforce development
- Education programme on nutrition in pre-schools (Heart Foundation/Community & Public Health)
- Public Health input into service planning to facilitate the Health Board's plan on cardiovascular disease
- Maori workforce proposal within Christchurch hospital
- Co-ordination of services for the elderly (COSE)
- Pacific Child & Family Support Services
- General Practice Model for Advanced Nursing

Community Contracts

The Canterbury District Health Board has in excess of 700 health contracts with community health providers across a range of primary care, mental health, age and respite care, palliative care, Maori health, personal health and referred services. With a unique contract, there are opportunities for both Pegasus Health and the different divisions of the Health Board to work together in the development and implementation of projects to improve the health and wellbeing of our population.

This year, we have undertaken a detailed stock-take of the contracts devolved by the Ministry of Health in 2001/02 and matched these against the key Government and proposed Canterbury District Health Board health priorities. The following diagram indicates how current funding is allocated in the Canterbury District Health Board.



Patient Flow Project and Integrated Care

In June 2002, a Patient Flow Project report was commissioned at Christchurch hospital. The objective of the project work was 'to optimise available resources in order to provide an effective and efficient care process for patients'. The work encompassed analysis of key components of effective bed utilisation, identification of best practice and utilisation of benchmarking data to identify and quantify problems.

Work has begun on implementing the recommendations, which has included a focus on early discharge, pilot of an Acute Medical Admitting Unit, development of a policy for gridlock bed management and review of allied health and medical staffing to facilitate greater emphasis on home wards as part of a multi-disciplinary approach.

The ongoing efficiency improvements in patient flow and elective services are highly dependent on the relationship between Christchurch hospital and primary and secondary care providers in other publicly funded community facilities and other Health Board hospitals. To enhance this relationship, two key working groups made up of primary and secondary care representatives were established this year:

- 'Acute Growth' working group facilitated by Pegasus Health focuses on strategies to contain pressure on acute services and improve opportunities for appropriate admission and facilitated discharge
- 'Elective Services' working group is facilitated for all the Health Board's hospitals by Christchurch hospital and continues to develop and implement strategies for improving access to elective services and for managing waiting lists appropriately.

A further opportunity to enhance patient flow and co-ordination is through the General Practitioner liaison with Pegasus Health. This has expanded to five GPs integrated within Christchurch Hospital, primarily in the Emergency Department. The liaison GPs also join project groups, where there are opportunities to improve the patient care links between the community and the hospital.

Facilitated Early Discharge

The Facilitated Early Discharge service which was initiated as a pilot project at The Princess Margaret hospital extended to Christchurch Hospital for a three month trial. This service is aimed at facilitating patient's discharge when a patient feels ready for discharge and there are concerns expressed by the family, patient and/or staff about their ability to manage at home. The Facilitated Early Discharge nurse works closely with patients and their family on the ward prior to discharge and once they are at home the nurse provides a valuable link between hospital and home.

Falls Prevention for Over 65s

The Stay on Your Feet Canterbury project is delivered jointly with a number of other key organisations such as the Christchurch City Council, Pegasus Health, Age Concern and the Arthritis Society and is modelled on an Australian programme of the same name. It involves a number of strategies to prevent older people from falling, the major reason for hospital admissions in this age group. These strategies include staying active and utilises peer volunteers.

Pacific Peoples Health Promotion

The Pacific communities are serviced through two full-time health promoters who focus on their specific health issues and needs. This includes a secondment to Diabetes Life Education for input into the Lifestyle Advisors project, a weekly radio show on Plains FM called 'The Voice of Pacific Women' which focuses on health messages and information. Regular health workshops are held in the community and within the various Pacific Churches and these focus mainly on preventable diseases such as Diabetes, Cancers and Cardio-Vascular Disease through lifestyle changes, nutrition, physical activity, regular screening and wellness checks. A key project over the last three years has been the Hibiscus Group of Pacific consumers of Mental Health Services within the national Like Minds Like Mine project. This group has developed into a strong, well organised team who are working together within their community. As a result of their development this contract has now been transferred to the Pacific Trust Canterbury.

Smokefree

We are actively working on our regional smoke/free policy and encourage all communities of interest to support this policy. The Smokefree team were nominated by the Ministry of Health for the World Health Organisation's World 'No Tobacco' Day Awards in 2002.

Four netball centres within the Canterbury District Health Board's region (Kaikoura, North Canterbury, Selwyn and Christchurch) have adopted policies on smoking and are actively promoting their courts as Smokefree.

Hauora Mātauraka, (part of Community & Public Health Division), sponsored two significant regional and national Maori events with Smokefree/ Auahi Kore themes in the last fiscal year. Christchurch was the venue for the National Secondary Schools Manu Kōrero (speech competitions) and the National Secondary Schools Kapahaka competitions.

SARS

Severe Acute Respiratory Syndrome (SARS) created several months of intensive work for the Health Board's Pandemic Committee which was approved by the Chief Executive in March. The committee, which included members of the GP liaison team, other community agencies who would be affected by a SARS outbreak as well as hospital and emergency services staff met weekly for several months. A nursing presence was established at Christchurch International Airport for screening incoming passengers. Critically important was liaison with the Ministry of Health and other areas to ensure a consistent approach to the problem and the provision of immediate and accurate information and education for general practitioners and other groups to ensure proper handling of cases. Ongoing liaison with Christchurch hospital and community health agencies to plan and prepare for the handling of patients and a possible large number of contacts proved valuable.

In June 2002, the Canterbury District Health Board Board approved *Whakamahere Hauora Maori ki Waitaha*, the Maori Health Plan that will guide the District Health Board's responsiveness to Maori over the next five years. The Plan's implementation has been a high priority and progress can be reported against each of the directions.

Each of the action plans developed in 2002-03 has included Maori as having priority needs to be addressed, with targets where these can be developed at this stage of information verification. The Diabetes Interim Plan, the Retinal Screening, Oral Health, Cardiovascular, Child Health Plan and South Island Mental Health Plans currently under development, all have a strong focus on Maori Health gain.

Community Maori providers are very interested in developing identifiable Canterbury models of Maori service delivery. This is exemplified by work being undertaken by the Maori Mental Health Providers Network that was established in 2003.

Our focus has been on quality and sustainability of Maori service provision. In 2002, all Maori community providers participated in quality reviews. From these, quality improvement plans were agreed which have all been completed or substantially completed, in accordance with the timetables established. There are issues about provider size, infrastructure and capacity building and service development opportunities. All Maori providers are passionately committed to Maori health and to developing the most effective service possible.

We regularly meet at an operational level with Manawhenua ki Waitaha (who represent the seven Ngai Tahu runaka in Canterbury). Focused discussions will occur during 2003-04 regarding a Treaty-based Memorandum of Understanding between the two parties. We also meet with Te Runanga o Nga Maata Waka on a quarterly basis, and hold community consultation hui at which work activities are presented for feedback, and community issues are recorded.

In December 2002, Te Whare Mahana, a whanau accommodation facility, opened at Christchurch Hospital. Demand for this service has continued to grow and we receive many positive reports about the whare, and the Kaiawhina Tautoko who supports whanau who have a family member in hospital. Christchurch Women's hospital appointed a full time Maori health worker (Kaiawhina Whaea me nga Peppi) this year and The Princess Margaret hospital appointed a Maori NAASC worker and Maori Service Development coordinator.

MENTAL HEALTH

Mental Health Services are provided across a range of providers in the region. The Canterbury District Health Board has contracts with community mental health service providers for both residential and outpatient care. Services are provided from our two main sites – Hillmorton hospital and The Princess Margaret hospital – and from numerous community sites throughout the geographical region. Out of a total of 14,000 individuals treated in 2002/2003, 12,000 were seen in the community.

Canterbury District Health Board's Specialist Mental Health Service is the major provider of specialist mental health services in the South Island region, covering a population of approximately 400,000 people.

This year, a review of the Residential accommodation and Respite Services was undertaken to look at responsibilities for the provision of residential accommodation. The major recommendation will see the reprovision of services for 40 clients to an alternative provider. The Mental Health Service will continue to provide specialist services to this group, whilst the alternative provider will focus on the support and accommodation needs.

The relationship with primary care continues to be strengthened via the 'Access Canterbury' programme where primary care and Mental Health Services look to establish projects that enhance integration. Three projects are ready for implementation in the 2003/04 year. They include Discharge Planning, Shared Care and GP Liaison. Integration with Primary Care will also be supported by a more integrated approach with the non- government sector (NGOs). Approximately 30 percent of the funding in the system is outside the Canterbury District Health Board's Hospital & Specialist Services so real cognisance needs to be given to managing relationships.

There has been significant progress achieved in community projects in mental health. The national 'Like Minds Like Mine' campaign to reduce stigma and discrimination for people with a mental illness has involved working with consumer groups to meet the national objectives and provide local information to health staff and the wider community.

Youth Mental Health has a particular focus on preventing suicides and attempted suicides in young people. Staff are actively involved in the running of the Youth Mental Health Forum and provide support to organisations working in this area, such as Youthline and Yellow Ribbon.

We work collaboratively with the Mental Health Foundation and have this year engaged in joint planning, meeting regularly to share information and to ensure best service delivery. We are also involved in the Mentally Healthy Workplaces programme.

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.

The hospitals and specialist services have achieved some notable successes during the year and at the same time they have faced many challenges in the delivery of high quality services within constrained resources. It is a credit to our staff that in the face of these challenges, they have continued to provide excellent delivery of quality care to their patients.

It was disappointing that the District Health Board did not meet its targets for elective services to the public. However, a number of initiatives have been put in place to ensure full achievement in the coming year. Overall, we met our financial targets but we required the implementation of stronger monitoring systems at all levels of the organisation. Budgets are always challenging, and we must learn to manage our budgets better. The financial statements in this annual report give a detailed account of where the money was spent.

One of our biggest issues this year was the introduction of a new booking system for people on hospital waiting lists. While this change was long overdue and brought us into line with other District Health Boards around New Zealand, it also created some confusion but there is no less surgery being performed in Canterbury, just greater clarity for people about whether they will or will not get surgery. To better inform our primary care providers, we established a special website access for them which enabled GPs particularly to get the most up-to-date data on elective services. We have also expanded our public website with detailed information about the types of operations, waiting times and most frequently asked questions.

Accreditation

Accreditation is a key accountability issue for our hospital and specialist services. Work is well underway for formal accreditation of Christchurch hospital and The Princess Margaret hospital including Mental Health Services, in June 2004.

Ashburton hospital was awarded its fourth consecutive accreditation from Quality Health New Zealand. In recognition of its ongoing commitment to quality accreditation, Ashburton hospital was also awarded an Outstanding Achievement Certificate for continuous accreditation since 1993.

The accreditation process for the six rural hospitals was a major area of focus during the year with the main survey scheduled for December 2003. For Akaroa, Darfield, Ellesmere and Waikari this will be a re-survey, whilst for Kaikoura and Oxford Hospitals this will be the first survey for accreditation.

Canterbury Health Laboratories IANZ accreditation was confirmed with considerable favourable comment about our systems and high quality performance.

Radiology – Picture Archive and Communication Systems (PACS)

This project is well underway with the roll out to clinical areas expected to be completed by November 2003. Consideration will then be given to provision of the electronic images to areas external to Christchurch Hospital. Unfortunately, due to the age of some of the radiology equipment, there will still be a requirement for a limited number of procedures to still rely on x-ray film.

Ashburton & Community Health Services

Against an environment of clinical staff shortages earlier in the year, elective volumes for both Ashburton and non-Ashburton residents in general surgery were attained. In medicine, referrals to the service continued to increase with medical admissions being five percent higher than the previous year. Rural hospitals were busy with patients being transferred from Christchurch hospitals for convalescence and rehabilitation and an increase of admissions from local GP referrals.

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. Highlights for the year have included completion of the Stage One development project (further details refer section on Facilities) which

included the Mataamu sculpture expressing commitment to Maori, the Maori Quality Plan, a review of orthopaedic services with detailed planning due in 2003/04, the development of more research through the Allan Bean Centre and participation in an international drug research project by the Spinal Unit.

Christchurch Hospital

Christchurch hospital is the largest tertiary, teaching and research hospital in the South Island. It provides services to over 35,000 inpatients each year, approximately two thirds of whom are admitted acutely, and a further 15,000 patients are day patients. There are approximately 206,000 outpatient attendances at the hospital for both assessment and treatment excluding radiology and laboratory services.

During the last financial year, the number of theatre operations at Christchurch hospital totalled 14,281 of which 9266 were elective operations, an increase of 8% (700 by number) on the previous year. The number of outpatients seen totalled 206,470, an increase of 2% (3700 by number) on the previous year. There was an increase in both medical and surgery day patient discharges – up by 2% to 15,163.

This year, the hospital has further advanced its clinical governance model of management enabling a high level of co-operation and involvement between the clinical and management teams which has had a positive impact on decision making processes.

The ongoing efficiency improvements in patient flow and elective services are highly dependent on the relationship between Christchurch hospital and other Health Board facilities as well as other publicly funded primary care community providers. To enhance this relationship, two working groups with representatives from primary and secondary services have been set up to look at how to improve 'acute growth' and 'elective services'. The newly established GP liaison group which links with Pegasus Health is proving a useful mechanism for improving patient care links between the community and the hospital.

Several service reviews were undertaken in the 12 month period including orthopaedic, oncology and respiratory services to allow more effective planning in the immediate and medium term.

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 needs of 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 services 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 and their families.

Women's Health Division

This year, the Women's Health Division experienced a busy year with 4,527 births, an increase of 87 on the previous year. The Division comprises Christchurch Women's hospital, Lincoln, Rangiora and Lyndhurst and the Burwood Birthing Unit. The Division achieved World Health Organisation Baby Friendly status across all its facilities this year. As a District Health Board committed to child health gains, encouraging breast feeding is the first step towards achieving this.

In February, the Christchurch Women's hospital Team Care Midwives Service was started. Team Care offers a midwife lead maternity carer with consultant backup for women who need multiple assistance and are considered secondary or tertiary level rather than primary as per community lead maternity carer services.

Specialist gynaecologists from Christchurch Women's hospital continued to travel to Ashburton and Dunedin to provide secondary/tertiary gynaecology services. Gynae/oncology diagnosis and treatment at Christchurch Women's continues to attract referrals from other South Island District Health Boards which do not have expertise in this sub-specialty.

Like Christchurch hospital, Women's Health Division has a GP liaison facility which is attached to the gynaecological services at Christchurch Women's hospital.

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.

Older Persons Health staff are key members of the Canterbury District Health Board's LinkAGE programme. It is an exciting development for the service and is well supported. The Psychiatric Service for the Elderly team have developed a proposal to provide services to the Kaikoura area and this will be implemented from July 2003. The Facilitated Early Discharge service was extended to Christchurch hospital for a three month trial following its success as a pilot project within The Princess Margaret hospital. Staff from within the service are heavily involved in the Elder Care Canterbury projects. Four new initiatives were established this year – discharge planning, medication, outpatient issues and Elder Friendly – all of which have had positive flow-on effects for older people accessing health services at Princess Margaret. Elder Friendly guidelines set up for use in the Emergency Department at Christchurch hospital will be adapted for use within Older Person's Health and issues identified as a result of direct liaison with consumers will be progressed, including improved signage and lighting.

The first stage of a new patient management system, Healthlinks (SAP) was rolled out in June 2002. Clinical records and correspondence of all patients accessing Older persons Health and Mental Health services are now recorded on this system, creating a reliable electronic record for clinicians to access more easily.

School and 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. Enrolments into the service for the year reached 71,966. In comparison to the 2001/02 year, this represents an increase of 2,618 children, primarily from the ages 1 to 4.

Dental therapists continue to focus on preventive care despite the increasing demands high disease levels are placing on the service. What is required is more effective public health programmes and we are currently working on a campaign that will target adolescents.

Canterbury Health Laboratories

Canterbury Health Laboratories 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. As a major tertiary laboratory Canterbury Health Laboratories is utilised by 23 public and private pathology laboratories from 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. In this year this generated over \$6 million dollars of external revenue and was a major factor that contributed to our ability to provide services to Canterbury patients.

There has been a small but steady increase in the number of tests requested for patients within the Canterbury District Health Board's hospitals. There has also been a tendency towards increased requests for the more complex and expensive tests, and for more urgent and out-of-hours testing. Joint projects are under way in many clinical areas to examine testing request patterns and ensure that all testing requested is appropriate and impacts on patient care. At the same time the number of referrals from laboratories outside of Canterbury has increased significantly.

The Laboratories now provide a reference testing service to laboratories as far north as Auckland right through to Invercargill. The growth in referred testing has been possible through the establishment of excellent computer links and courier service. Through an advanced laboratory computer system, services have been extended beyond the Canterbury region to provide computing for hospital laboratories in Blenheim, Nelson, New Plymouth, Hawera, Wairoa and Hastings. Over 200 GPs now receive results electronically directly to their desktop.

CANTERBURY'S HEALTH WORKFORCE

The Canterbury District Health Board has adopted the priorities of the national Health Workforce Advisory Committee (HWAC) which was established in 2001 with the long term goal to recruit, train, employ, deploy and retain a health and disability workforce appropriate to meet the diverse needs of all New Zealanders in the short, medium and long term. As part of this commitment we are working towards achieving the requirements of the HWAC to:

- include the primary health care workforce in our workforce development plans by 2005
- actively promote the population health approach in primary health care service delivery
- actively promote the use of public health, allied health and community health workers to deliver early intervention strategies in PHOs
- explicitly invest in components of workforce development, including ongoing training, support, teamwork, mentoring and leadership development
- strengthen working links with local and regional education and training providers to ensure health workforce education is aligned with health service delivery¹

Canterbury's health workforce covers the entire field of public and private health care in the region. There are about 400 General Practitioners in the Canterbury area who represent full-time, part-time and locum GPs. Two are Maori, and four are Pacific people. 61 are in rural areas. There are about 4200 registered nurses actively working in Canterbury and a further 560 active enrolled nurses. There are 99 registered midwives and nurses who work as midwives in Canterbury.

In 2000, there were 198 dentists in Canterbury some of whom provide an adolescent service. There are 110 private physiotherapy clinics and 44 private podiatry clinics. Pharmaceuticals are prescribed by GPs, specialists, midwives and dentists, and dispensed by the 118 community pharmacies or the four hospital pharmacies in Canterbury.

With over 700 contracted health providers in the community, the Canterbury District Health Board aims to make Canterbury a preferred district for health workers in New Zealand. This year we held a workshop with education and health providers in preparation to assess the size of the health workforce outside the District Health Board.

As the largest employer in the South Island, development of our workforce features significantly in our Strategic Plan. In mid-2003 we completed a Workforce profile report for the Hospital & Specialist Service. Results included:

- 39% of employees work in nursing.
- All workforces except Resident Medical Officers (junior doctors) showed an average age of between 42 and 47 years.
- All workforces except Resident Medical Officers showed an average tenure of over six years.
- The ratio of female to male employees is 80:20.
- An Ethnicity Survey of our staff was carried out during the year to assist in determining the diversity of our workforce. We now possess demographic information for 75% of our workforce and of note was an increase in staff identifying as Pacific Island or Maori.
- An organisational culture survey of 2,500 employees was conducted during 2002 to ascertain staff feelings about their work environment, and to provide a benchmark to measure future activity. The key topic areas measured were Organisational Values, Organisational Communication, Organisational Leadership & Direction, Recognition, Teamwork & Management, Job Satisfaction, Training & Personal Development, and Balance Between Work & Home. It is planned to repeat this survey over the next two years.

Staff turnover for the 2002/03 year was 10.8%. This compares very favourably with other District Health Boards, with Canterbury featuring in the lower quartile of national surveys conducted during the last financial year. National and international shortages in some occupational groups continue to influence our workforce. We have applied some creative approaches to counter the effect of this and successes have been achieved. Examples of this include the increased retention rate within our nursing workforce, and the improved target marketing of specific roles.

The negotiation and settlement of Collective Agreements remains a significant focus for us. As in previous years, the challenge is always to settle agreements within the limited financial resources we have available, whilst ensuring agreements support an efficient and effective health service delivery and provide for appropriate rates of pay and conditions for our employees.

Clinical Leadership

A key strategy in developing our workforce has been developing clinical leadership at all levels of the Canterbury District Health Board and seeking to encourage community health providers to participate in health education programmes that we organise or coordinate.

A Management Leadership Programme for Clinical Directors and senior managers has been developed, and a Management Development Programme for line managers.

- The District Health Board has committed to a national Leadership & Management Programme, co-ordinated by DHBNZ, and designed to enhance leadership within the country's District Health Boards. This programme has four streams – Management Action Programme, Health Systems & Management for Clinicians, Top Management Programme (for potential CEOs), and Transitions (for clinicians seeking to transition into management).
- A comprehensive staff development programme has been developed to supplement the ongoing clinical skills training available to staff. People management and skills-based training and development for first level managers, supervisors and line staff is provided generically or as required by specialty areas.
- The Canterbury District Health Board continues to offer places on inhouse training programmes to participants from non-Government organisations and other community providers, and a growth in participation has been recorded.
- A Tikanga Maori pilot training programme was facilitated across four divisions. The aim of the programme was not only to increase staff confidence and enhance the Health Board's responsiveness in delivering healthcare to Maori, but also to raise staff awareness of other cultures.
- Two pilot Disability Training Workshops were run in 2002. The course was developed in conjunction with the Foundation for the Blind and a cross section of staff participated.

¹ New Zealand Health Workforce – Future Directions 2003.

The largest building project undertaken by the Canterbury District Health Board is the construction of the new Christchurch Women's Hospital building on the Christchurch hospital campus. The hospital is due for completion in 2005. Within the new hospital is a new day surgery unit which will also provide services to Christchurch Hospital. The new unit will streamline the process for patients who require day surgery only, maximise throughput and increase day surgery rates.

At Burwood hospital, completion of Stage One of the redevelopment programme was achieved mid-year. This \$6million project included a new state of the art 29 bed inpatient unit, refurbishment of the Spinal Unit, a new ambulance bay and a new main entrance and offices. The redevelopment has greatly improved patient accommodation and facilities.

The Paediatrics Department at Christchurch hospital has received approval to upgrade its facilities. This will be an interim measure that will improve the current accommodation for all paediatric services, particularly for paediatric oncology.

Gastroenterology will have a new endoscope suite completed during the next financial year. The new suite will also integrate the bronchoscopes for respiratory. To accommodate the new endoscope suite, the respiratory laboratory will move, thereby allowing for their facilities to be redesigned and upgraded. Both developments will provide improved quality of service and patient care provision.

The Oncology project is a joint venture with the Canterbury and West Coast Division of the Cancer Society that will provide an improved information and learning centre for Health Board and Cancer Society staff and patients. At the same time, Oncology is improving the radiation treatment planning area, installing new equipment, software and hardware.

Work on other facilities during the year included Tuarangi Home Dementia Wing in Ashburton where improved bedroom and bathroom facilities were provided, AAU/Ward One at Ashburton Hospital by upgrading of bathroom and associated facilities to improve privacy of patients. At Darfield Hospital, the Friends of the Hospital added an extension to the lounge. Upgrading of some facilities at Waikari is currently underway, with the funding substantially being provided by the Friends of Waikari Hospital. Long outstanding maintenance work at Kaikoura Hospital commenced in the latter part of the year and continues into 2003/04 with a view to rectifying deficiencies in time for the accreditation and certification survey later in 2003.

Summary Statement of Service Performance

2002/2003

STATEMENT OF OBJECTIVES AND SERVICE PERFORMANCE 2002/03

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 Statements of Intent and reported in subsequent Statements of Service Performance.

The aim of the Statement of Intent is to demonstrate how the District Health Board's activities impact on the District Health Board's primary objective of 'improving the health and wellbeing of people living in Canterbury'. The measures included in the 2002-2005 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

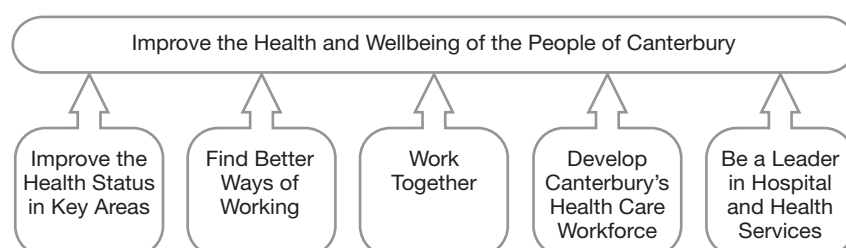
To achieve Canterbury District Health Board's primary objective 'To improve the health and wellbeing of people living in Canterbury', the Canterbury District Health Board is focusing on achieving improved outcomes in the following priority areas:

- 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.



2. Service Objectives and Measures

Strategic Plan Priorities

The following indicators reflect the performance measures specified in the 2002/03 Statement of Intent.

2.1 Child and Youth Health

Objective:	Brief Description:
<i>Improved health status for Canterbury's children and youth. (Long term)</i>	Keeping children and youth healthy gives them a better chance of becoming healthy adults.

Objective 2002/03	Performance Measure	Performance Targets	Results
<i>Reduced number of low birth weight babies</i>	Percentage of babies born in public hospital with low birth weight	<ul style="list-style-type: none"> • Maori 7.2% • Pacific 4.9% • Other 6.1% • Total 6.2% 	<ul style="list-style-type: none"> • Maori 6.8% • Pacific 8.5% • Other 5.7% • Total 5.8%¹
<i>Improved immunisation of Canterbury children</i>	Percentage of children fully vaccinated by their second birthday	<ul style="list-style-type: none"> • Maori 75.0% • Pacific 75.0% • Other 75.0% • Total 75.0% 	This was an indicator required by the Ministry of Health targets which were agreed in our District Annual Plan. However, it is difficult to gather robust information on this indicator and hence we are unable to report on it.
<i>Minimised impact on hearing loss in children</i>	Percentage of children passing school entry hearing tests	<ul style="list-style-type: none"> • Maori 90.0% • Pacific 86.0% • Other 95.0% • Total 94.0% 	<ul style="list-style-type: none"> • Maori 93.3% • Pacific 83.3% • Other 95.3% • Total 94.8%²
<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"> • Maori 5.9% • Pacific 5.5% • Other 5.3% • Total 5.8% 	<ul style="list-style-type: none"> • Maori 6.9% • Pacific 11.1% • Other 4.7% • Total 5.7%³
	Repeat admission for asthma in children between the ages of 5 and 15	<ul style="list-style-type: none"> • Maori 5.6% • Pacific 6.4% • Other 6.0% • Total 5.8% 	<ul style="list-style-type: none"> • Maori 0.0% • Pacific 0.0% • Other 3.5% • Total 3.0%⁴ <p>The Canterbury District Health Board achieved this target for all ethnicities</p>

¹ Data is from the National Minimum Data Set, 1 July 2002 - 28 February 2003

² Provisional data from the National Audiology Centre, 1 July 2002 - 30 June 2003

³ Data is from the National Minimum Data Set, 1 July 2002 - 28 February 2003

⁴ Data is from the National Minimum Data Set, 1 July 2002 - 28 February 2003

Objective 2002/03	Performance Measure	Performance Targets	Results
<i>Improved child oral health</i>	Mean MF score at Year 8 (Form 2). Total permanent teeth filled or missing due to caries divided by the number seen by the school dental service in the period	<ul style="list-style-type: none"> Total 1.6 	<ul style="list-style-type: none"> 1.74 <p>There were 9,181 permanent teeth filled for 5,281 young people giving a mean MF score of 1.74.⁵ It is preferable that there are fewer permanent teeth filled or missing due to caries, hence for this indicator, lower is better.</p> <p>The major factor leading to the Canterbury District Health Board's unfavourable performance on this measure is the low proportion of Canterbury's population receiving optimally fluoridated water supplies.</p> <p>Another factor that may have led to an increase in filled teeth in this group is the increasing use of radiography for diagnosis of dental caries by the School and Community Dental Service. Radiography allows for earlier diagnosis of cavities and this will (at any age) lead to higher numbers of filled teeth while, paradoxically, improving health - early diagnosis leads to smaller fillings which last longer and cause fewer problems in the future.</p>
	Percentage of children caries free at age 5	<ul style="list-style-type: none"> Total 53.6% 	<ul style="list-style-type: none"> 50% <p>The major factor leading to the Canterbury District Health Board's unfavourable performance on this measure is the low proportion of Canterbury's population receiving optimally fluoridated water supplies.</p>

2.2 Primary Health

Objective:	Brief Description:
<i>Reduced barriers to primary health care. (Long term)</i>	<p>During the 2002/03 year Canterbury District Health Board focused its primary care activities on the following:</p> <ul style="list-style-type: none"> Implementation of the Government's primary health care strategy via the formation of Primary Healthcare Organisations (PHOs) within Canterbury for those populations with the greatest barriers to primary health care. Implementation of Canterbury District Health Board's Rural Health Action Plan (May 2002).

Objective 2002/03	Performance Measure	Performance Targets	Results
<i>Support the establishment of 2 PHOs with the Canterbury District. (One representing rural communities and one representing lower socioeconomic groups in urban Christchurch.)</i>	Low income urban PHO <ul style="list-style-type: none"> PHO Establishment Funding application PHO established 	December 2002 1 July 2003	The first Canterbury District Health Board PHO, the Canterbury Community Primary Health Organisation, started up on 1 July 2003.
	Rural PHO <ul style="list-style-type: none"> PHO Establishment Funding application 	July 2003	Two establishment funding applications from rural PHOs were received by July 2003. These rural PHOs are presently working towards starting up on 1 October 2003 or 1 January 2004
<i>Improved retention of Rural GPs: reduce onerous on-call rosters for rural GPs. Every GP with a rural ranking of 35 points or more to work no more than 1 in 4 weekends.</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"> 100% 	<ul style="list-style-type: none"> 100% <p>Canterbury has 32 GPs with a Rural Ranking of 35 points or more. 100% of these work no more than 1 weekend in 4, mainly due to Reasonable Roster Funding and a locum placement scheme funded jointly by Canterbury District Health Board and the rural general practices.</p>
<i>Ambulatory Sensitive Admissions: Ambulatory sensitive admissions are admissions that are potentially preventable by appropriate primary care</i>	Standardised discharge rates for ambulatory sensitive admissions 0 to 4 years of age.	<ul style="list-style-type: none"> Maori 7.1% Pacific 9.8% Other 9.7% Total 9.8% 	<ul style="list-style-type: none"> Maori 6.7% Pacific 10.6% Other 9.1% Total 8.8%⁶
	Standardised discharge rates for ambulatory sensitive admissions 5 to 14 years of age.	<ul style="list-style-type: none"> Maori 1.5% Pacific 2.8% Other 1.9% Total 1.9% 	<ul style="list-style-type: none"> Maori 1.7% Pacific 2.5% Other 1.8% Total 1.8%⁷
	Standardised discharge rates for ambulatory sensitive admissions 15 to 25 years of age.	<ul style="list-style-type: none"> Maori 1.1% Pacific 1.2% Other 1.2% Total 1.2% 	<ul style="list-style-type: none"> Maori 1.1% Pacific 1.4% Other 1.2% Total 1.2%⁸

⁵ Data is from the Canterbury District Health Board Crown Funding Agreement report Quarter 3 2002/03

⁶ Data from Crown Funding Agreement Report - Quarter 4 2002/03

⁷ Data from Crown Funding Agreement Report - Quarter 4 2002/03

⁸ Data from Crown Funding Agreement Report - Quarter 4 2002/03

2.3 Maori Health

Objective:	Brief Description:
<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.

Objective 2002/03	Performance Measure	Performance Targets	Results
<i>Monitoring of Maori health outcomes. 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</i>	Completion of 'baseline' ethnicity data collection accuracy. Ethnicity data collection policy completed	Review completed by 30 June 2003 Policy completed 30 June 2003	The baseline Ethnicity Data Collection review has been completed across 6 provider arm divisions and 16 service areas. The policy was signed off by the Canterbury District Health Board Executive Management Team in June 2003. A review was undertaken in the provider arm to determine the baseline situation. An action plan has been developed to implement the recommendations made in the review; implementation will begin mid-September 2003.
<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	Maori Health Indicators Project underway

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 plans to continue towards implementing the Mental Health Strategy and Blueprint for Mental Health Services and the Youth Suicide strategies and guidelines. Canterbury District Health Board intends to develop a plan for the further implementation of these strategies.

Objective 2002/03	Performance Measure	Performance Targets	Results
<i>Mental Health Volume Delivery: Delivery of a level of publicly funded services in line with the Mental Health funding 'ring-fence'</i>	Funding weighted volumes delivered as a percentage of the value of Mental Health funding in the Canterbury District Health Board District Annual Plan.	<ul style="list-style-type: none"> • 100% 	<ul style="list-style-type: none"> • 100% allocation of the ringfenced funding to providers <p>There were a number of transfers of Mental Health funding between District Health Boards as a result of the devolution of national and regional contracts, as requested by the 'receiving' District Health Boards. This had an impact on the level of the 'ring-fence' but not on our ability to meet funding levels.</p>
<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"> • 0-9 0.2% • 10-14 0.6% • 15-19 0.8% • 20-64 1.0% • 65+ 0.1% • Total 0.7% 	<p>Average annual percentages for April 2002 - March 2003</p> <ul style="list-style-type: none"> • 0-9 0.3% • 10-14 0.6% • 15-19 0.8% • 20-64 1.0% • 65+ 0.2% • Total 0.8%⁹
<i>Regional Services Development: Work with South Island Mental Health Network to continue to develop Mental Health Services in the South Island</i>	Progress agreed mental health projects: - Alcohol & Drug - Forensic - Workforce	<ul style="list-style-type: none"> • Actions agreed 	<ul style="list-style-type: none"> • South Island Alcohol and Other Drug (AOD) Service Review <ul style="list-style-type: none"> • Consultation completed. • Final face to face meeting of the Project Reference group to consider amendments in response to consultation. • Amended report and service development objectives was completed for distribution to the South Island Mental Health Network on 7 July 2003. • Forensic Regional Services Development Project <ul style="list-style-type: none"> • Governance group now teleconferencing on a fortnightly basis. • Workplan implementation underway • South Island Workforce Working Group

⁹ Data from Crown Funding Agreement Report - Quarter 4 2002/03

Objective 2002/03	Performance Measure	Performance Targets	Results
<i>Canterbury District Health Board Strategic Development:</i> Complete Canterbury District Health Board Mental Health Strategy	Develop a Canterbury District Health Board Mental Health Strategy which reflects Non Governmental Organisations (NGOs), Primary Care and Provider Arm integration	<ul style="list-style-type: none"> Plan completed 	Plan is under development. The expected completion date is December 2003
<i>Service Review:</i> Review of Residential Accommodation and Respite Care	Complete Review	<ul style="list-style-type: none"> Review completed and Implementation Plan written 	<ul style="list-style-type: none"> Implementation Plan completed. Implementation is underway across 6 areas.

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. The Canterbury District Health Board is currently in the process of developing a strategy for the management of Cardiovascular disease in Canterbury.

Objective 2002/03	Performance Measure	Performance Targets	Results
<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"> 100% 	<ul style="list-style-type: none"> 100% Patients were not sent letters informing them of their status until after 30 June 03
	Percentage of people with certainty who waited for no more than 6 months for an angioplasty.	<ul style="list-style-type: none"> 100% 	<ul style="list-style-type: none"> 98.1% As at 30 June 2003, only 2 patients had waited for more than 6 months. However, both patients are "on hold" due to either personal or clinical reasons.
	Repeat admissions for acute rheumatic fever in people under 30 years of age	<ul style="list-style-type: none"> Maori Pacific Other Total 29.3% 	<ul style="list-style-type: none"> Maori 11.1% Pacific 0.0% Other 9.2% Total 9.1%¹⁰

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.

Objective 2002/03	Performance Measure	Performance Targets	Results
<i>Reducing the impact of Cancer.</i>	Improved Access to Radiation Therapy.		Patients who need radiotherapy are categorised into 4 groups: <ul style="list-style-type: none"> Group A These patients are emergencies who need urgent treatment and they are treated within 24 hours Group B Treatment for these patients is potentially curative. They are fit for radical radiation treatment and should be treated within 2 weeks Group C All other patients, including those being treated for breast and prostate cancer and for palliative treatment should be treated within 4 weeks Group D These patients have planned radiation treatment because they are taking part in a trial or because there are given protocols. These patients have to wait until a given time to start treatment which is not usually within 4 weeks

¹⁰ Data is from National Minimum Data Set 1 July 2002 - 28 February 2003

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. To achieve this objective a number of areas for action exist, namely: <ul style="list-style-type: none"> • Health promotion, • Early detection, • Effective treatment, • Patient knowledge/information 		
Objective 2002/03	Performance Measure	Performance Targets	Results
<i>Early diagnosis and treatment of eye problems:</i> Increase the proportion of people with diabetes who have had their eyes screened in the last two years	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"> • Total 65% 	The Local Diabetes Team report on this target in their annual reports. For the period 1 January 2002 to 31 December 2002 they reported 41%. The target was not achieved.
<i>Improved Diabetes Detection:</i> Increasing the proportion of people with diabetes who receive annual checks and the associated primary care.	The percentage of the expected number of people with diabetes in the Canterbury region who have been diagnosed with diabetes and had an annual review during the year.	<ul style="list-style-type: none"> • Maori 50% • Pacific 55% • Others 55% • Total 54% 	<ul style="list-style-type: none"> • Maori 37% • Pacific 76% • Other 72% • Total 69%
<i>Improved Diabetes Management:</i> Reducing the proportion of people with diabetes who have relatively poor control of their diabetes	The percentage of people having annual diabetes reviews who had poor diabetes control (HBA1c>8%)	<ul style="list-style-type: none"> • Maori 35% • Pacific 40% • Others 22% • Total 24% 	<ul style="list-style-type: none"> • Maori 49% • Pacific 58% • Others 26% • Total 27%

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>	<ul style="list-style-type: none"> • 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. 		
Objective 2002/03	Performance Measure	Performance Targets	Results
Improved access to first specialist assessment: 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	<ul style="list-style-type: none"> • 100% 	<ul style="list-style-type: none"> • Of the new patients seen during the year, 87% waited less than 6 months. <p>Canterbury District Health Board has continued to seek to achieve the target level of performance though to date this has not been achieved. At the end of the year there were 3,813 whom we had not seen who had waited longer than 6 months. This reflects approximately 1.25 months work at current activity levels.</p>
Improved certainty of treatment: Provide patients requiring elective inpatient surgery with certainty that they will/will not receive access to publicly funded inpatient surgery. Provide timely access for those offered surgery.			Canterbury District Health Board provides patients with two levels of certainty for publicly funded treatment: 'definite' cases, who are offered certainty of treatment within 6 months and 'probable' cases who are considered likely to receive publicly funded treatment within 12 months. There are 943 'probable' patients and 321 'definite' patients who are overdue for surgery as at 30 June 2003.
			There are no patients as at 30 June 2003 who have 'Expired' letters. All waiting list patients received a letter as at 28 May 2003. The inpatient waitlist numbers have remained relatively unchanged over the period 1999/00 to 2002/03.

Objective 2002/03	Performance Measure	Performance Targets	Results
<i>Surgical Volume Delivery:</i> Delivery of a level of publicly funded inpatient surgical volumes at the levels specified in the Canterbury District Health Board District Annual Plan.	Case weighted discharges delivered as a percentage of the volumes specified in the Canterbury District Health Board District Annual Plan.	<ul style="list-style-type: none"> 100% 	<ul style="list-style-type: none"> 95% Surgical case-weighted volumes (discharges) delivered during the 2002/2003 year were 5% below the target level of delivery.

3.2 Hospital Efficiency 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 2002/03	Performance Measure	Performance Targets	Results
<i>Improved performance as a Good employer.</i>	<ul style="list-style-type: none"> Sick Leave Rate (As per balanced scorecard) 	3.3%	The Canterbury District Health Board achieved this target as the sick leave rate for 2002/03 was 3.3%.
	<ul style="list-style-type: none"> Work Place Injuries per 1,000,000 hours (As per balanced scorecard) 	15	The Canterbury District Health Board has continued to seek to achieve this level of performance but narrowly missed achieving it this year: the number of Work Place Injuries was 16.3 per 1,000,000 hours in 2002/03.
<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.	100% of facilities maintain current accreditation status	The Canterbury District Health Board has achieved this target.
	Achieve accreditation for Christchurch, Kaikoura, and Oxford Hospitals along with the Mental Health and Older Persons Health Services	On target for accreditation	The Canterbury District Health Board is on target to achieve accreditation for these hospitals and services.
<i>Maintain Accreditation of Support Services with International Accreditation New Zealand.</i>	Maintain accreditation for Canterbury District Health Board's Laboratories, Technical Services, Physiotherapy (Christchurch Hospital) and Medical Physics and Bio-engineering.	<ul style="list-style-type: none"> 100% of services maintain current accreditation status 	The Canterbury District Health Board has achieved this target.
<i>Maintain appropriate levels of Clinical Quality within Canterbury District Health Board Hospitals</i>	Hospital Acquired Bacteraemia Rate per 100 inpatient days (Christchurch, Burwood, Womens & Ashburton Hospitals only)	<ul style="list-style-type: none"> 0.50 	Initiatives developed in 2002/03 have stopped the rise of this rate.

Objective 2002/03	Performance Measure	Performance Targets	Results										
	<i>IV Medication Error Rate per 1000 inpatient days (Christchurch, Burwood, Womens & Ashburton Hospitals only)</i>	• 1.38	<p style="text-align: center;">MEDICATION ERROR RATE</p> <table border="1"> <caption>MEDICATION ERROR RATE</caption> <thead> <tr> <th>YEAR</th> <th>RATE PER 1000 INPATIENT DAYS</th> </tr> </thead> <tbody> <tr> <td>1999/00</td> <td>1.12</td> </tr> <tr> <td>2000/01</td> <td>1.38</td> </tr> <tr> <td>2001/02</td> <td>1.17</td> </tr> <tr> <td>2002/03</td> <td>1.38</td> </tr> </tbody> </table> <p>The IV medication error rates have remained relatively unchanged over this period.</p>	YEAR	RATE PER 1000 INPATIENT DAYS	1999/00	1.12	2000/01	1.38	2001/02	1.17	2002/03	1.38
YEAR	RATE PER 1000 INPATIENT DAYS												
1999/00	1.12												
2000/01	1.38												
2001/02	1.17												
2002/03	1.38												

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
Revenue					
MoH Revenue	639,584	3,024	458,370	(429,159)	671,819
Patient Related Revenue			21,951		21,951
Other			11,616		11,616
Total Revenue	639,584	3,024	491,937	(429,159)	705,386
Expenditure					
Personnel		1,708	320,224		321,932
Depreciation		16	21,279		21,295
Interest			6,623		6,623
Capital Charge			14,395		14,395
Other	635,611	1,253	143,841	(429,159)	351,546
Total Revenue	635,611	2,977	506,362	(429,159)	715,791
Net Surplus/(Deficit)	3,973	47	(14,425)	0	(10,405)

Note – The Surplus for the Funding arm mainly relates to the volumes short delivered by the Provider arm.

Summary of Financial Statements

2002/2003

STATEMENT OF FINANCIAL PERFORMANCE FOR THE PERIOD ENDED 30 JUNE 2003

	Group			Parent	
	Actual 30/06/03 \$'000	Budget 30/06/03 \$'000	Actual 30/6/02 \$'000	Actual 30/06/03 \$'000	Actual 30/6/02 \$'000
OPERATING REVENUE					
MoH Revenue	671,819	670,944	623,078	665,642	609,975
Patient Related Revenue	21,951	20,563	22,611	21,366	22,609
Other Revenue	11,616	8,808	9,708	10,919	9,190
TOTAL REVENUE	705,386	700,315	655,397	697,927	641,774
OPERATING EXPENSES					
Employee Costs	321,932	315,066	299,748	315,514	289,231
Treatment Related Costs	90,435	82,155	83,402	93,487	85,562
External Service Providers ¹	206,452	213,939	195,119	206,452	195,119
Depreciation	21,295	23,487	20,892	20,189	19,761
Interest Expense	6,623	7,896	7,443	6,618	7,310
Other Expenses	54,682	52,872	54,244	51,823	50,477
TOTAL OPERATING EXPENSES	701,419	695,415	660,848	694,083	647,460
OPERATING SURPLUS / (DEFICIT) BEFORE CAPITAL CHARGE	3,967	4,900	(5,451)	3,844	(5,686)
Capital Charge Expense	(14,395)	(16,400)	(16,192)	(14,395)	(16,192)
OPERATING SURPLUS/(DEFICIT) BEFORE TAXATION	(10,428)	(11,500)	(21,643)	(10,551)	(21,878)
Tax (Expense)/ Benefit	23	-	50	-	-
OPERATING SURPLUS (DEFICIT) AFTER TAXATION	(10,405)	(11,500)	(21,593)	(10,551)	(21,878)
Minority Interest Share of Surplus in Subsidiary	-	-	(30)	-	-
NET SURPLUS / (DEFICIT) FOR THE YEAR	(10,405)	(11,500)	(21,623)	(10,551)	(21,878)

¹ The budget included some national/regional contract expenditure which has subsequently been transferred back to other District Health Boards.

STATEMENT OF MOVEMENTS IN EQUITY FOR THE PERIOD ENDED 30 JUNE 2003

	Group			Parent	
	Actual 30/06/03 \$'000	Budget 30/06/03 \$'000	Actual 30/06/02 \$'000	Actual 30/06/03 \$'000	Actual 30/06/02 \$'000
TOTAL EQUITY AT BEGINNING OF THE PERIOD:					
Equity excluding Minority Interest	134,923	134,923	156,546	134,577	156,455
Minority Interest	56	56	26	-	-
Revenue reserves from subsidiaries which were amalgamated during the year	134,979	134,979	156,572	134,577	156,455
	-	-	-	215	-
TOTAL RECOGNISED REVENUES AND EXPENSES:	134,979	134,979	156,752	134,792	156,455
Net surplus / (deficit) for the period	(10,405)	(11,500)	(21,623)	(10,551)	(21,878)
Attributable to Minority Interest	-	-	30	-	-
Revaluation of Fixed Assets	77,717	-	-	77,717	-
OTHER MOVEMENTS	67,312	(11,500)	(21,593)	67,166	(21,878)
Contribution from Crown	9,350	25,000	-	9,350	-
Minority Interest amalgamated	(56)	-	-	-	-
TOTAL EQUITY AT END OF THE PERIOD:	9,294	25,000	-	9,350	-
Equity excluding Minority Interest	211,585	148,423	134,923	211,308	134,577
Minority Interest	-	56	56	-	-
TOTAL EQUITY	211,585	148,479	134,979	211,308	134,577

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2003

	Group			Parent	
	Actual as at 30/06/03 \$'000	Budget as at 30/06/03 \$'000	Actual as at 30/06/02 \$'000	Actual as at 30/06/03 \$'000	Actual as at 30/06/02 \$'000
CROWN EQUITY					
General Funds	159,174	174,824	149,824	159,312	149,962
Revaluation Reserve	77,717	453	453	77,717	-
Retained Earnings	(32,700)	(34,034)	(22,534)	(32,800)	(22,268)
Trust Reserve	7,394	7,180	7,180	7,079	6,883
Minority Interest	-	56	56	-	-
TOTAL EQUITY	211,585	148,479	134,979	211,308	134,577
REPRESENTED BY:					
CURRENT ASSETS					
Cash & Bank	(4,295)	155	(3,635)	(4,637)	(4,531)
Receivables and Prepayments	57,149	52,017	52,596	55,502	51,364
Stocks	6,920	7,331	7,331	6,861	7,276
TOTAL CURRENT ASSETS	59,774	59,503	56,292	57,726	54,109
CURRENT LIABILITIES					
Creditors and Accruals	85,998	49,335	59,192	85,591	58,468
Owing to Crown	3,670	4,234	7,834	3,670	7,834
Staff Entitlements due within 1 year	28,507	35,000	28,661	28,152	27,996
Loans due within 1 year	99,380	120,000	27,568	99,380	27,468
TOTAL CURRENT LIABILITIES	217,555	208,569	123,255	216,793	121,766
NET WORKING CAPITAL	(157,781)	(149,066)	(66,963)	(159,067)	(67,657)
NON CURRENT ASSETS					
Investments	378	466	466	3,783	4,032
Fixed Assets	355,863	288,154	269,641	353,484	264,905
Surplus Property	10,300	7,450	7,450	10,300	7,350
Restricted Assets	7,394	7,180	7,180	7,079	6,883
TOTAL NON CURRENT ASSETS	373,935	303,250	284,737	374,646	283,170
NON CURRENT LIABILITIES					
Staff Entitlements due after 1 year	4,271	3,636	3,636	4,271	3,636
Provision for maintenance	220	-	210	-	-
Deferred Tax	78	69	69	-	-
Loans repayable after 1 year	-	2,000	78,880	-	77,300
TOTAL NON CURRENT LIABILITIES	4,569	5,705	82,795	4,271	80,936
NET ASSETS	211,585	148,479	134,979	211,308	134,577

STATEMENT OF CASH FLOWS FOR THE PERIOD ENDED 30 JUNE 2003

	Group			Parent	
	Actual 30/06/03 \$'000	Budget 30/06/03 \$'000	Actual 30/06/02 \$'000	Actual 30/06/03 \$'000	Actual 30/06/02 \$'000
CASH FLOW FROM OPERATING ACTIVITIES					
Cash was provided from:					
Receipts from MoH	660,112	671,744	621,518	655,488	608,550
Other Receipts	39,402	29,150	30,191	37,540	29,519
Interest Received	682	483	565	909	717
	700,196	701,377	652,274	693,937	638,786
Cash was applied to:					
Payments to Employees	319,589	308,727	293,724	313,321	283,235
Payments to Suppliers	324,365	359,033	311,060	324,822	309,438
Interest Paid	6,416	8,379	7,322	6,411	7,187
Taxes Paid / (Refunded)	27	-	(1,094)	53	(1,200)
Capital Charge	18,559	20,000	16,356	18,559	16,356
GST (net)	1,293	-	(1,322)	1,312	(1,304)
	670,249	696,139	626,046	664,478	613,712
NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES	29,947	5,238	26,228	29,459	25,074
CASH FLOWS FROM INVESTING ACTIVITIES					
Cash was provided from:					
Sale of Assets	24	-	579	23	579
Decrease in Investments	81	-	-	789	-
	105	-	579	812	579
Cash was applied to:					
Increase in Investments & Restricted Assets	207	-	454	611	202
Purchase of Assets	32,787	42,000	19,319	32,048	18,369
	32,994	42,000	19,773	32,659	18,571
NET CASH INFLOW/(OUTFLOW) FROM INVESTING ACTIVITIES	(32,889)	(42,000)	(19,194)	(31,847)	(17,992)
CASH FLOWS FROM FINANCING ACTIVITIES					
Cash was provided from:					
Loans Raised	-	42,968	-	-	-
Equity contribution from the Crown	9,350	25,000	-	9,350	-
	9,350	67,968	-	9,350	-
Cash was applied to:					
Loans Repaid	7,068	27,416	2,420	7,068	2,420
	7,068	27,416	2,420	7,068	2,420
NET CASH INFLOW/(OUTFLOW) FROM FINANCING ACTIVITIES	2,282	40,552	(2,420)	2,282	(2,420)
Overall Increase/(Decrease) in Cash Held	(660)	3,790	4,614	(106)	4,662
Opening Cash Balance	(3,635)	(3,635)	(8,249)	(4,531)	(9,193)
CLOSING CASH BALANCE	(4,295)	155	(3,635)	(4,637)	(4,531)

GLOSSARY OF TERMS

Accreditation	Achievement against a national system of standards.
Audit	The verification of performance against predetermined standards or contracts by a process of inspections, interviews and appraisal of documentation.
Brachytherapy	Type of radiation therapy in which radioactive materials are placed in direct contact with the tissue being treated.
Brackenridge Estate Limited	Brackenridge Estate Limited a wholly owned subsidiary of Canterbury District Health Board, provides residential care services to people with intellectual disability and high dependency needs including day programmes.
CAPEX	Capital expenditure budget
Cardiothoracic	Relating to the heart or chest
Community	A collective of people identified by their common values and mutual concern for the development and wellbeing of their group or geographical area.
CNS	Clinical Nurse Specialist
Cohort	Generational group as defined in demographics, statistics, or market research: 'The cohort of people aged 30 to 39... were more conservative' (American Demographics).
Consultation	The process of seeking the views of individuals or groups. These include both providers and health service users.
COSE	Co-ordinator of Services for the Elderly
CPH	Community and Public Health
CPHAC	Community and Public Health Advisory Community
Credentiailling	Credentiailling 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. Credentiailling is part of a wider organisational quality and risk management system designed primarily to protect the patient.
CWD	Cost Weighted Discharges - Measure of relative patient's utilisation of resources.
DAA	Designated Audit Agency
Disability	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.
Disparity (or deprivation)	Socio-economic or health inequality or difference relative to the local community or wider society to which an individual, family or group belongs.
District Health Boards	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.
DSAC	Disability Support and Advisory Committee
DSD	Disability Services Directorate
DSP	District Strategic Plan
DSS	Disability Support Services
EEO	Equal Employment Opportunities
EMT	Executive Management Team
Equity	Fairness
Evaluation	Assessment against a standard. Evaluations can assess both the process (of establishing a programme to deliver an outcome) and outcomes (ultimate objectives).
FTE	Full time equivalent
Funding Agreement	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.
General Surgery	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.
Goal	A high level strategic statement.
Gynaecology	Disease and hygiene of women
HbA1c	Haemoglobin A1c; also known as glycated haemoglobin . The level of HbA1c reflects the average blood glucose level over the past 3 months.
Health Needs	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.
Health Needs Assessment	A process designed to establish the health requirements of a particular population.
Health Outcomes	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.

Health Policy	A formal statement or procedure within institutions (notably government) that defines priorities and the parameters for action.
Health Status	A description and/or measurement of the health of an individual or population.
HOPS	Health of Older People Strategy
HPCA	Health Practitioners Competency Assurance
HWAC	Health Workforce Advisory Committee
Iwi	Tribe
KPIs	Key Performance Indicators
LOS	Length of Stay
Medical Credentialling	Medical credentialling refers to the process of permitting an individual physician to practice in a particular hospital, clinic or other medical practice setting.
MoU	Memorandum of Understanding
MPIA	Ministry of Pacific Island Affairs
Neurosurgery	Surgery of the nervous system
NIR	National Immunisation Register
Objective	Objectives state what is to be achieved and cover the range of desired outcomes to achieve a goal.
OPH	Older Persons Health
Ophthalmology	Eye surgery
Orthopaedic	Prevention or correction of injuries or disease of the skeletal system and associated muscles, joints and ligaments.
Otolaryngology	Ear, nose, throat surgery
PACs	Picture Archiving and Communications System
Pacific Peoples	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.
Partnership	The relationship of good faith, mutual respect and understanding and shared decision making between the Crown and Maori.
Performance Indicator	A measure that shows the degree to which a strategy has been achieved.
Population Based Funding (PBF)	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.
Population Health	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.
Population Health Outcomes	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.
Population Health Status	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.
Primary Care	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.
Quality Assurance	Formal process of implementing quality assessment and quality improvement in programmes to assure people that professional activities have been performed adequately.
RMO	Resident Medical Officer
Secondary Care	Specialist care that is typically provided in a hospital setting.
SIMHN	South Island Mental Health Network
Strategy	A course of action to achieve targets.
Target	A specific and measurable aim relating to an objective.
Tertiary Care	Very specialised care often only provided in a smaller number of locations.
Tikanga	Customary practice, rule
TLA	Territorial Local Agencies
Treaty of Waitangi	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.
Urology	Diagnosis and treatment of diseases of the urinary tract and urogenital system.
Well-child/Tamariki ora services	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
Wellness	A dimension of health beyond the absence of disease or infirmity, including social, emotional and spiritual aspects of health.
Whanau	Family
WHD	Womens Health Division

Board Members

Syd Bradley (Chair)
Olive Webb (Deputy Chair)
Randall Allardyce
Philip Bagshaw
Erin Baker (resigned May 2003)
Robin Booth
Graham Heenan
David Morrell
Tuari Potiki
Paul White
Alison Wilkie

Hospital Advisory Committee

Board Members
Syd Bradley (Chair)
Randall Allardyce
David Morrell
Paul White
Olive Webb (ex-officio)

Other Members

Mike Beard
David Kerr
Alison Lomax
Suzanne Pitama
Tim Stonhill
Susanne Trim

Community & Public Health Advisory Committee

Board Members

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

Other Members

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

Disability Support Advisory Committee

Board Members

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

Other Members

Ruth Jones
Pauline O'Connor
Jeanette Tarbotton
Stephanie Waterfield
Gloria Weeks

Chief Executive Officer

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

Banker

Westpac Trust
Bank of New Zealand