

TO: Chair and Members
Canterbury District Health Board

SOURCE: Chief Executive

DATE: 12 February 2010

Report Status – For: Decision Noting Information

1. ORIGIN OF THE REPORT

This report is a regular report and standing agenda item, providing the latest update and overview of key organisational activities and progress from the Chief Executive to the Board of the Canterbury DHB.

2. RECOMMENDATION

That the Canterbury DHB:

- i. notes the Chief Executive's update.

3. SUMMARY

December has been an incredibly busy month right across the whole Canterbury Health System. Year to date (YTD) at the end of December 2009 there have been a total of 2,052 more discharges from the Canterbury DHB Provider Arm than for the same period the previous year. The ongoing increase in services being provided has placed considerable pressure on divisions. However despite this pressure the Canterbury DHB remains on track to live within its approved 2009/10 District Annual Plan (DAP) financial target.

Throughout December extensive work has continued with the “Better, Sooner, More Convenient” Business Case, the development of the DAP and Statement of Intent (SOI) and shaping the next stages of the facility master planning processes.

4. FINANCIAL AND OPERATIONAL PERFORMANCE OVERVIEW

The consolidated Canterbury DHB's financial result for the month of December was a deficit of \$1.244m which was \$0.289M unfavourable against plan. Year to date, the Canterbury DHB result is a deficit of \$3.228M which is \$0.015M unfavourable against budget. The year to date result includes the \$2.6m of costs relating to the H1N1 pandemic.

Higher levels of inpatient activities, including elective surgery have resulted in the unfavourable result for December. With activities ahead of plan, this presents the Canterbury DHB with the opportunity of allowing more staff to take annual leave later in the year, especially around Easter and school holidays at the end of Term 1. This will enable front line clinical staff to have a break before the peak winter period.

The breakdown of the result for the month is as follows:

	MONTH			YEAR TO DATE		
	Actual	Budget	Variance	Actual	Budget	Variance
	\$M	\$M	\$M	\$M	\$M	\$M
Governance	(0.00)	-	(0.001)	0.12	-	0.119
Funder	(0.717)	-	(0.717)	(2.466)	-	(2.466)
DHB Provider	(0.526)	(0.955)	0.429	(0.881)	(3.213)	2.332
Canterbury DHB Group Result	(1.244)	(0.955)	(0.289)	(3.228)	(3.213)	(0.015)

**Total CDHB – Elective Initiative
Population View – Services to Residents of Canterbury DHB**

Total CDHB - Elective Health Target Delivery (Discharges) - YTD December

	Year to Date						
	Actual	Budget	Variance	Var %	Last Year	Variance	Var %
Total	8,881	8,737	144	1.6%	7,466	1,415	19%

Total CDHB - Elective Initiative CWD Volumes - YTD December

	Year to Date						
	Actual	Budget	Variance	Var %	Last Year	Variance	Var %
H&SS P&F View	9,291	8,903	388	4.4%	8,754	537	6.1%
NGO	1,417	1,145	271	23.7%	1,176	240	20.4%
IDF Outflow	226	126	99	78.7%	143	83	57.8%
Total	10,933	10,175	759	7.5%	10,074	860	9%

Reconciliation

H&SS Provider View	9,873	- Reported in HAC
Less IDF Inflows	-1,187	
Add Cardiology	923	
Less Cardiology IDF In	<u>-319</u>	
H&SS P&F View	9,291	

**Hospital & Specialist Service (H&SS)
Operational and Financial Performance Overview**

The Canterbury DHB hospitals total discharge activity for the YTD has improved on last year with an increase of 2,052 (3.9%) discharges. Elective surgical discharge activity has increased by 1,314 (15.4%) above last year. This includes the alignment of how skin lesion cases are captured and recorded elsewhere in NZ.

Emergency Department (ED) activity in the month was high compared to recent months and is the second month this financial year to recorded over 7,000 attendances, the YTD result is 1,860 (4.7%) above last year.

Other indicators such as bed days, outpatient attendances, theatre visits and deliveries are tracking close to last year.

CDHB Hospital Activity (including all patients regardless of domicile)

	Month				Year to Date			
	Dec-09	Dec-08	Variance	Var %	Dec-09	Dec-08	Variance	Var %
Total Discharges	9,382	8,361	1,021	12.2%	54,023	51,971	2,052	3.9%
Elective Surgical Discharges	1,562	1,250	312	25.0%	9,831	8,517	1,314	15.4%
Occupied bed days	34,989	33,843	1,146	3.4%	217,054	215,817	1,237	0.6%
ED attendances	7,114	6,765	349	5.2%	41,787	39,927	1,860	4.7%
Outpatient attendances	55,516	58,530	(3,014)	(5.1)%	385,240	384,315	925	0.2%
Theatre Visits	2,229	2,159	70	3.2%	13,754	13,592	162	1.2%
Deliveries	586	499	87	17.4%	3,217	3,154	63	2.0%

Surgical CWDs are marginally above plan for the YTD by 86 CWDs (0.4%), consisting of an under delivery in acute surgery of 248 CWD (2.0%) offset by a 334 CWDs (3.5%) above plan result for Elective surgery, with most specialties are favourable for elective surgery.

Surgical and Medical FSAs are above plan for the YTD.

CDHB Hospitals Case Weighted Discharge (CWD) and First Specialist Assessment (FSA) performance against plan

	Month				Year to Date				YTD Last Year		
	Actual	Budget	Variance	Var %	Actual	Budget	Variance	Var %	Actual	Variance	Var %
Surgical Acute CWD	2,214	2,002	212	10.6%	11,998	12,246	(248)	(2.0)%	11,148	850	7.6%
Surgical Elective CWD	1,602	1,419	183	12.9%	9,873	9,540	334	3.5%	9,281	592	6.4%
Total Surgical CWD	3,816	3,420	395	11.5%	21,870	21,786	86	0.4%	20,429	1,442	7.1%
Medical CWD	3,655	3,394	261	7.7%	21,359	20,879	479	2.3%	20,727	632	3.0%
Surgical FSA	3,061	2,787	274	9.8%	18,914	17,619	1,295	7.4%	17,304	1,610	9.3%
Medical FSA	1,541	1,417	124	8.8%	9,722	9,517	205	2.2%	9,233	489	5.3%

Average Length of Stay (ALOS) for the YTD is in line with last year, however, the result for the month was increased due to the discharge of some long stay patients in Mental Health.

Day of Surgery Admissions (DOSAs) has improved due to improved pre-admission processes. This has included improved identification of patients appropriate for DOSAs and increased nursing input to pre-admit processes.

CDHB Hospitals Average Length of Stay (ALOS) & Day of Surgery Admissions (DOSAs)

	Month				Year to Date			
	Dec-09	Dec-08	Variance	Var %	Dec-09	Dec-08	Variance	Var %
ALOS exc. day case	6.48	5.34	1.14	21.3%	5.64	5.47	0.17	3.1%
ALOS inc. day case	4.04	3.52	0.52	14.8%	3.58	3.60	(0.02)	(0.6)%
DOSA % exc. day case	82.4%	80.8%	1.6%	2.0%	81.0%	76.5%	4.5%	5.9%
DOSA % inc. day case	93.1%	91.0%	2.1%	2.3%	92.3%	89.1%	3.2%	3.6%

The YTD financial result is \$2.080m unfavourable. Personnel costs and treatment related costs continue to have the largest impact on the adverse result.

The personnel costs unfavourable variance is mainly in the Medical and Surgical division which is overspent in SMO, RMO and nursing costs. The treatment related variance is across Women & Children's, Older Persons Health & Rehabilitation and Medical & Surgical.

CDHB Hospitals Provider Arm - Financial Result

	Month \$M				Year to Date \$M			
	Actual	Budget	Variance	Var %	Actual	Budget	Variance	Var %
Revenue	6.185	6.245	(0.060)	(1.0)%	40.926	38.793	2.133	5.5%
Personnel	41.354	40.185	(1.169)	(2.9)%	244.020	241.047	(2.973)	(1.2)%
Treatment Related	10.311	9.677	(0.634)	(6.6)%	59.979	58.174	(1.805)	(3.1)%
Non Treatment Related	3.578	3.782	0.204	5.4%	23.265	23.906	0.641	2.7%
Result Before Depreciation & Organisation Wide	(49.058)	(47.399)	(1.658)	(3.5)%	(286.338)	(284.334)	(2.004)	(0.7)%
Depreciation & Organisation Wide	47.319	47.399	(0.080)	(0.2)%	284.258	284.334	(0.076)	(0.0)%
Net Operating Performance	(1.739)	0.000	(1.739)	-	(2.080)	0.000	(2.080)	-

Elective Service Performance Indicators (ESPI)

Canterbury DHB is currently compliant overall with some non-compliance at specialty level for ESPI 2 (time to FSA), ESPI 5 (time to treatment) is fully compliant.

ESPI 2 – There were three specialties non-compliant as at the end of December – Endoscopy, Respiratory, and Vascular Surgery. Corrective action is underway.

ESPI 5 – All specialties were compliant at the end of December.

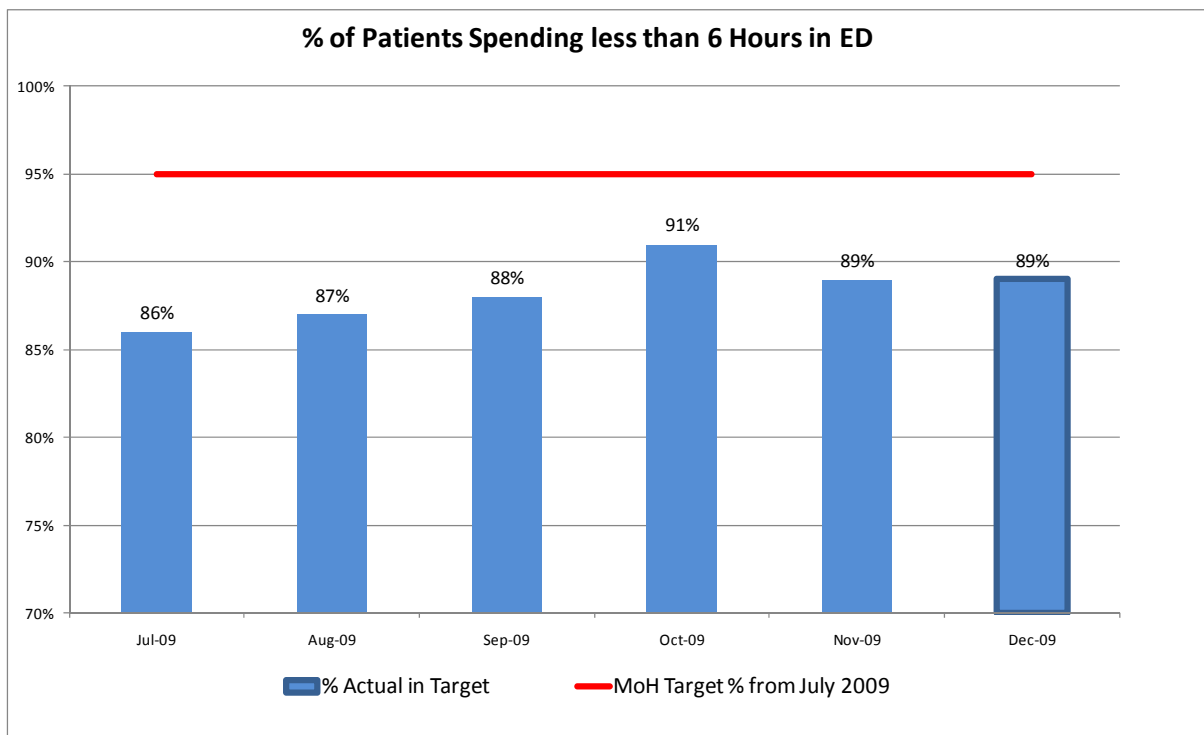
Emergency Department

Christchurch ED activity during the month was high with the number of attendances exceeding 7000 in a month for only the second time ever (the first was in August 2009). YTD attendances are 4.7% above last year.

Triage 2 and 5 over recent months have shown an improvement in the % of attendances meeting target times to be just below their respective targets (Triage 2 - 78% against 80% target, Triage 5 – 66% against 70% target). New initiatives and pathways are continuing to be implemented with staff education which will improve the triage 3 performance.

Percentage of Patients Leaving ED within 6 Hours – Health Target

Patients leaving ED within the Ministry of Health (MOH) six hour health target was 89% against the 95% health target. The Emergency department are working with the bed managers to improve flow and accurately capture the time of transfer.

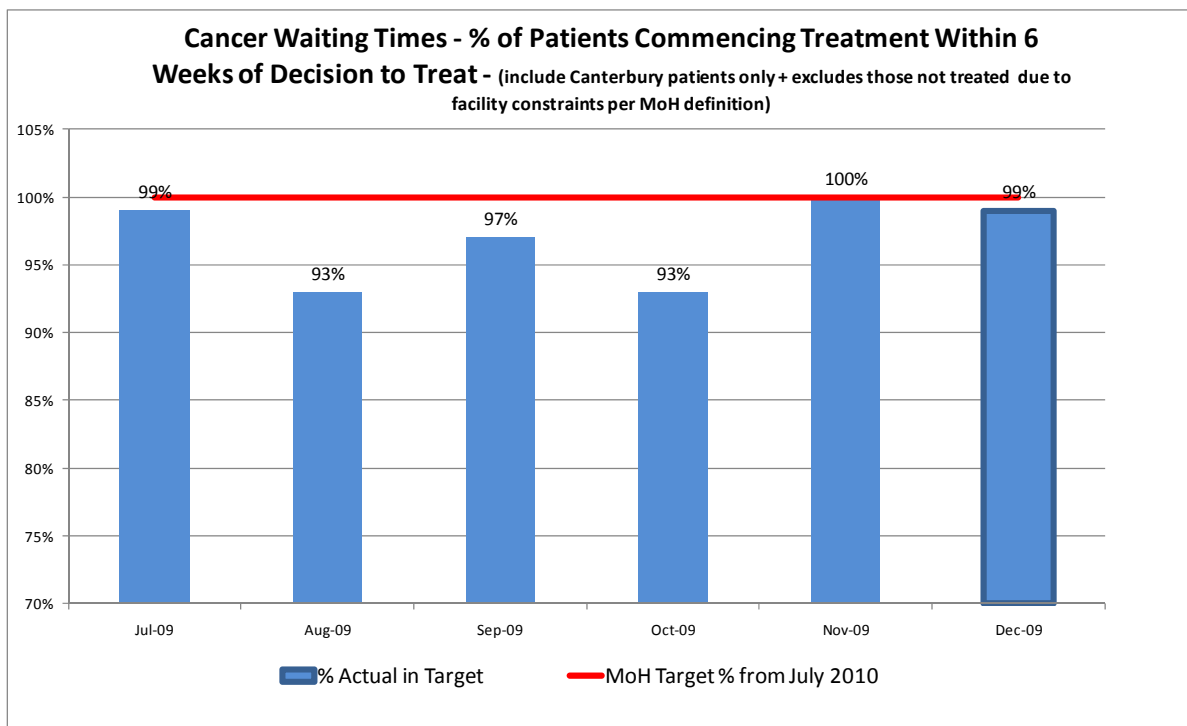


Cancer Waiting Times - Health Target

The graph below shows the percentage of patients treated within six weeks following the decision to treat, usually from the first specialist assessment (FSA). The rate for the last couple of months has improved due to an additional afternoon shift being operated, this will run through to March 2010. Other strategies underway include; value stream mapping with the Business Development Unit and capacity sharing arrangements with Otago and Capital and Coast DHBs are being investigated.

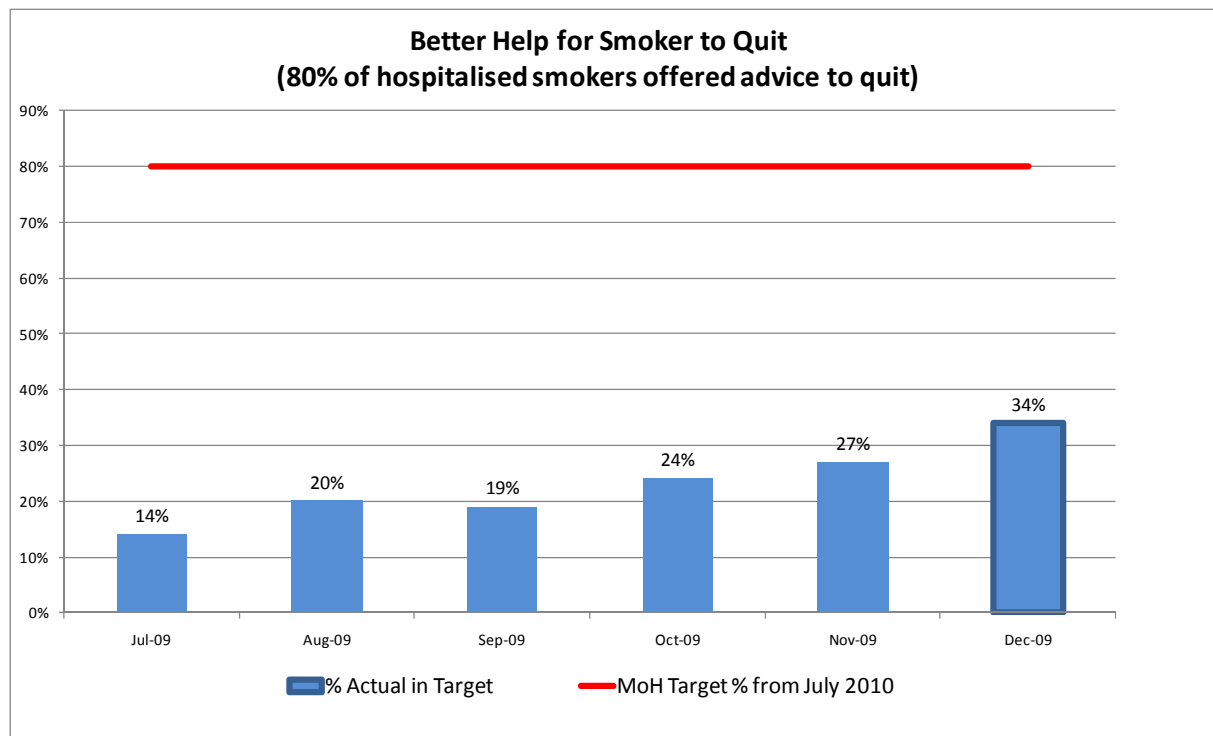
The department continues to experience a high demand for services (a 10% increase in referrals year on year over the last four months). The bulk of these referrals are for curative treatment which has resulted in a higher number of treatments/treatment course. Subsequently even with the extra shift, although the MOH target has almost been met, there hasn't been the expected decline in waiting times.

The timeframe for the replacement of the two Canterbury DHB linear accelerators is for the first one to be operational by the end of April 2010 and the second one by October 2010. St Georges is expected to open around March 2010.



Access to Quit Smoking Advice - Health Target

- The target from July 2010 is 80% of inpatient smokers to be offered advice and support. The graph below shows that steady improvement is being made towards that target.
- Decision Support has developed and fine-tuned reporting templates, and set up the coded data so that the ABC (Ask smoking status, offer Brief advice, offer Cessation options) team have direct access to it. This will enable ward level performance reports to be generated and presented to the ward to enhance performance.
- CDHB Information Services are currently investigating how to include smoking status and intention to quit in the electronic discharge letter for GPs.
- A CDHB Implementation Plan for Achieving Health Target 5 has been developed and approved and is currently being signed off by the Chief Medical Officer and the Directors of Nursing and Midwifery who will champion smokefree activity in the hospital sites where their responsibility lies.
- An audit tool has been developed for use at ward/clinic/department level in all CDHB sites.
- A group of link nurses/resource people have been identified in each hospital site – these people represent the various wards/areas and take responsibility for championing the issue, trouble-shooting, providing advice to colleagues and conducting small audits monthly to assess progress and performance at the ward level. The hospital coordinators provide support and back-up for the resource people.



Clinical Coding

- The MOH clinical coding manager seconded to Canterbury DHB as Interim Clinical Coding Manager until 30 June 2010 has commenced and a comprehensive recovery plan has been developed. The Otago/Southland Clinical Coding Manager has also visited the Canterbury DHB to assist with operational review and support.
- The plan includes:
 - An increased focus on optimising current resources and productivity.
 - Streamlining process and flow of records and clinical coding activities.
 - Developing speciality based teams with key performance deliverables aligned with the MOH requirements of month end targets.
 - Increased clinical engagement to support the clinical coding work with monthly speciality meetings commencing February/March 2010.
 - An increased focus on training including maximising learning and productivity commencing from February 2010.
 - A comprehensive backlog management plan has been developed which includes isolating the backlog from 1 February 2010 and completing 500 backlog discharges per week alongside the current months coding. This will bring the backlog down to acceptable and manageable levels by 30 June 2010.
 - Additional contract coders have been arranged to work on the backlog along with current staff who will have a daily target to achieve.
- Total uncoded discharges for the last 6 months (at month end) were –

Jul 09	Aug 09	Sep 09	Oct 09	Nov 09	Dec 09
14,982	17,013	16,805	17,085	16,650	16,440

Planning and Funding – Financial

The Canterbury DHB's expenditure against budget for services funded with external providers (including Inter-District Flows) for the month of December has an unfavourable variance to budget of \$386k and a year-to-date unfavourable variance of \$2.7M (1%).

Please note the financial table is now shown in landscape spanning the following two pages and includes an adjusted budget column representing funding received from the Ministry for specific purposes that is not yet recognised in the budget but is driving expenditure.

Planning and Funding Division Month Ended December 2009

Current Month					Year to Date					Annual Budget	Adjusted Annual Budget			
Actual	Budget	Adj Budget	Variance		SERVICES	Actual	Budget	Adjusted Budget	Variance					
\$000	\$000	\$001	\$000	%		\$000	\$000	\$000	\$000	%	\$000	\$000		
Primary Care														
5,892	5,920	35	62	1%	✓	PHO Capitated Services	35,316	35,504	207	395	1%	✓	71,972	72,387
695	695	-	-	0%	✓	Non Devolved Capitation Funding	4,123	4,123	-	-	0%	✓	7,470	7,470
944	926	54	36	4%	✓	PHO Non-Capitated Services	5,773	5,226	322	(225)	-4%	✗	11,779	12,422
603	559	-	(44)	-8%	✗	Acute Demand	3,514	3,229	-	(285)	-9%	✗	6,131	6,131
167	167	-	(0)	0%	✓	Canterbury Initiative	1,001	1,000	-	(1)	0%	✓	2,000	2,000
380	352	41	12	4%	✓	Community Oral Health	2,217	2,091	244	118	6%	✓	4,275	4,763
90	118	-	28	24%	✓	Maori & Pacific Health	655	761	-	106	14%	✓	1,472	1,472
318	269	21	(28)	-10%	✗	Other Primary Care	2,080	1,611	156	(312)	-19%	✗	3,410	3,737
9,090	9,006	149	66	1%	✓		54,678	53,544	929	(205)	0%	✓	108,509	110,381
Referred Services														
11,135	11,045	34	(56)	-1%	✗	Community Pharmacies	66,387	65,923	206	(258)	0%	✓	130,944	131,356
494	547	(75)	(23)	-4%	✗	Pharmaceutical Cancer Treatment (PCT)	3,453	3,282	(452)	(623)	-19%	✗	6,564	5,661
2,130	1,725	-	(405)	-24%	✗	Community Laboratory Services	12,369	10,950	-	(1,419)	-13%	✗	21,300	21,300
320	320	-	(0)	0%	✓	Blood Products & Services	1,872	1,920	-	49	3%	✓	3,841	3,841
239	328	-	89	27%	✓	Community Imaging	1,907	1,949	-	42	2%	✓	3,871	3,871
14,319	13,965	(41)	(395)	-3%	✗		85,988	84,025	(246)	(2,209)	-3%	✗	166,520	166,028
Secondary Care														
219	212	-	(7)	-3%	✗	NGO Maternity	1,361	1,260	-	(102)	-8%	✗	2,500	2,500
192	156	-	(35)	-23%	✗	NGO Environmental Support	953	935	-	(18)	-2%	✗	1,885	1,885
221	221	13	13	6%	✓	NGO National Travel Assistance	1,299	1,289	78	68	5%	✓	2,031	2,187
221	221	-	(0)	0%	✓	NGO Secondary Care other	1,326	1,326	-	(0)	0%	✓	2,677	2,677
2,055	2,055	-	(0)	0%	✓	IDF's	12,327	12,327	-	(0)	0%	✓	24,655	24,655
2,908	2,865	13	(29)	-1%	✗		17,268	17,137	78	(52)	0%	✓	33,747	33,904
Electives Initiatives														
219	368	-	149	41%	✓	Elective Initiatives	1,666	2,311	-	645	28%	✓	4,493	4,493
511	687	-	176	26%	✓	Orthopaedic Initiatives	3,898	4,120	-	222	5%	✓	8,267	8,267
121	127	-	6	5%	✓	Cataract Initiatives	543	654	-	111	17%	✓	1,417	1,417
98	98	-	(0)	0%	✓	Ambulatory Initiatives	587	587	-	(0)	0%	✓	1,173	1,173
949	1,280	-	331	26%	✓		6,694	7,671	-	977	13%	✓	15,349	15,349
27,264	27,117	121	(26)	0%	✓	Primary & Secondary Care Total	164,627	162,378	761	(1,488)	-1%	✗	324,125	325,662

Current Month					Year to Date					Annual Budget	Adjusted Annual Budget			
Actual	Budget	Adj Budget	Variance		SERVICES	Actual	Budget	Adjusted Budget	Variance					
\$000	\$000	\$001	\$000	%		\$000	\$000	\$000	\$000	%	\$000	\$000		
Mental Health														
1,347	1,349	-	3	0%	✓	Residential Services	7,907	8,095	-	188	2%	✓	16,234	16,234
665	673	-	8	1%	✓	AOD Services	3,611	4,027	-	417	10%	✓	8,115	8,115
574	573	10	8	1%	✓	Community Mental Health Services	3,518	3,426	164	71	2%	✓	6,860	7,364
372	379	-	7	2%	✓	Child and Youth	2,139	2,260	-	120	5%	✓	4,532	4,532
72	72	-	(0)	0%	✓	Kaupapa Maori Services	415	425	-	10	2%	✓	855	855
158	158	-	-	0%	✓	IDF's	947	947	-	-	0%	✓	1,894	1,894
3,187	3,203	10	26	1%	✓		18,538	19,180	164	806	4%	✓	38,491	38,995
Older Persons Health														
5,638	5,722	-	84	1%	✓	Residential Care - Hospital Level	33,577	34,330	-	753	2%	✓	68,660	68,660
4,741	4,531	-	(210)	-5%	✗	Residential Care - Rest Home	29,433	27,598	-	(1,835)	-7%	✗	54,206	54,206
2,224	2,301	-	77	3%	✓	Home Based Support Services	15,375	15,500	-	125	1%	✓	27,095	27,095
1,046	811	-	(235)	-29%	✗	District Nursing	6,402	5,602	-	(800)	-14%	✗	10,307	10,307
486	374	45	(68)	-18%	✗	Palliative Care	2,491	2,229	269	7	0%	✓	4,459	4,996
833	811	-	(22)	-3%	✗	Other Age Related Care	5,142	4,849	-	(293)	-6%	✗	9,730	9,730
358	358	-	(0)	0%	✓	IDF's	2,148	2,148	-	(0)	0%	✓	4,296	4,296
15,326	14,908	45	(373)	-3%	✗		94,567	92,256	269	(2,042)	-2%	✗	178,753	179,290
HEHA														
37	18	(1)	(21)	-117%	✗	Nutrition and Physical Activity	156	149	(6)	(13)	-8%	✗	255	244
17	17	9	9	52%	✓	Breastfeeding	100	100	52	52	52%	✓	200	304
25	25	-	-	0%	✓	Maori & Pacific Health	151	152	-	0	0%	✓	303	303
79	60	8	(12)	-20%	✗		407	400	47	40	10%	✓	758	851
18,592	18,170	62	(360)	-2%	✗	Mental Health, OPH & HEHA Total	113,512	111,837	479	(1,196)	-1%	✗	218,001	219,136
45,857	45,287	184	(386)	-1%	✗	Total Expenditure	278,139	274,215	1,240	(2,684)	-1%	✗	542,127	544,798

Primary Care

Primary Care is showing a favourable variation to budget for the month of \$66k and a year-to-date unfavourable variance of \$205k (1%).

Acute Demand recorded an overspend of \$44k for November, contributing to the year-to-date overspend of \$285k. Māori and Pacific Health is underspent against budget, while other lines within Primary Care are tracking closely to budget

Referred Services

Referred Services includes community pharmaceuticals, pharmaceutical cancer treatment, laboratories, blood products and services and community imaging.

Community Pharmacy

Community Pharmacy spend is \$56k (1%) unfavourable to budget for the month, \$258k year-to-date. This variation to budget is considered to be within normal limits, as it is less than 1%.

Pharmaceutical Cancer Treatment (PCT)

PCT is showing an end-of-month overspend of \$23k. The data errors identified for the November 2009 month were corrected. A further \$50k has now been identified, as charges made twice due to rejected claims have been identified. This will be corrected in January 2010. The other factors contributing to the year-to-date overspend of \$623k remain, for example, timing delays with Pharmacode price changes and an increasing volume of drugs being used (greater than the growth in patient volumes). Work to better understand the drug component growth issue continues.

Community Laboratories

Community Laboratories are overspent to budget by \$405k for the month and \$1.4M year-to-date. While the referred services education programme for General Practitioners (GPs) is now underway and the Near Patient Testing (NPT) initiative is currently being rolled-out, a decline in expenditure is expected but yet to be visible.

Community Referred Radiology

Community Referred Radiology is favourable to budget by \$89K for November, \$42k year-to-date (2%).

The national process of terminating the S51/S88 Radiologist Notices currently with the Ministry of Health has not progressed since our last report. We are continuing to pay until the national process resolves the issue of Radiologists, Specialists and Anaesthetists Notices and we have advised Radiologists that if this process is unexpectedly lengthy, the Canterbury DHB will take action to terminate all individual Radiologists Notices.

Actions to control Radiology spend, including providing the access criteria for plain film xrays on the Healthpathways website giving clear guidelines to GPs making referrals and a triage process being trialled, appear to be effective.

NGO Secondary Care

The interim audit report expected early December from the Audit and Compliance audit of our community equipment provider is yet to be made available.

NGO Maternity (St George's Hospital) is showing an unfavourable variation to budget for the month of \$7k (3%), \$102k (8%) year-to-date of. Although still over budget, the high birth rates of the first quarter appear to be reducing in this second quarter. Strategies to mitigate this unfavourable variation to budget are continuing.

Mental Health

Mental Health expenditure continues to be within Ringfence.

Older Persons Health

Older Persons Health was \$373k (3%) unfavourable to budget in December and 2.7M (2%) year-to-date. Demand within residential care continues, as can be expected with an ageing population, but appears to have ceased to increase at an excellent rate.

District Nursing continues to be overspent to budget. The bulk funding agreement, negotiated to cap expenditure at the level of last year's spend at a time when District Nursing was experiencing accelerated growth, has mitigated our risk of further growth. The rate of overspend is now relatively consistent.

The Home Based Support spend is now tracking slightly below budget due to the measures in place to target services to those most in need.

Service Development

Older Persons Health (OPH) Transformation

In December the local Ethics Committee approved a research project relating to Check at Home, a service provided to older people assessed as needing home visitation from a nurse on discharge from Christchurch Hospital. The research is being conducted by telephone in order to understand the population who are referred for the Check at Home service, as well as comparing the responses of 100 older people who have received this service with 100 older people who have not. The researcher, an Auckland Medical student, reports that the process is going well and is on track to be completed in March/April 2010. The outcomes of the research will inform service development in the area of Supported Discharge for older persons.

Discussions continued to identify alternative options to help frail elderly people have access to falls prevention support after ACC's cessation of funding for the Otago Exercise Programme.

Engagement with General Practice regarding the Older Persons Transformation continued and is ongoing as part of the reassessment process being managed by the Canterbury Care Coordination Centre (CCCC), through the Canterbury Clinical Network (CCN) and Primary Care practices. The CCN will meet on 2 February 2010 to discuss service developments relating to the Better Sooner More Convenient business planning.

The peer review and operational meetings for Restorative Home Support were held in December 2010 and will resume in February. They continue to be positive forums for discussions about service quality improvements and mutual learning to help providers move in the desired direction of travel.

Mental Health Services

Alcohol and Drug (AOD) and Rehabilitation Service Framework Development

The implementation plan for Alcohol and Drug (AOD) is being developed based on the framework presented to the Board in December. The Rehabilitation Service Framework developed with stakeholders will be presented to the accountability committees for endorsement in the coming months. If supported, both the AOD and Rehabilitation Frameworks will result in significant reconfiguration of resources and/or services.

Work Assessment and Rehabilitation Services (WA&RS) Proposal for Change

Feedback on the Proposal for Change is currently being collated, and a final proposal is due for circulation. If the proposal is accepted by staff, consumers and their families, the Planning and Funding team will issue a Request for Proposal (RFP) for a Non Government Organisation (NGO) to provide work assessment and rehabilitation services. The existing programmes will continue to be offered until the new services are up and running.

Secondary Care

Orthopaedic Initiative

	2009/10 Target	Year to Date December Target	Year to Date December Actual	YTD Variance	
Hospital and Specialist Service	440	233	229	(4)	(1.7%)
Canterbury Orthopaedic Services	480	245	292	47	19.2 %
Total	920	478	521	43	9.0 %

Hospital and Specialist Service, after a good month in December, are now only behind their year-to-date target by four cases, while Canterbury Orthopaedic Services (COS) is now ahead of its target by 47 cases. COS will only deliver its contracted volumes.

Cataract Initiative

	2009/10 Target	Year to Date December Target	Year to Date December Actual	YTD Variance	
Hospital and Specialist Service	990	510	537*	27	5.3%
Southern Cross	461	195	202	7	3.6%
Total	1,451	705	739	34	4.8%

**Manual count for latest month due to coding delays*

For the year-to-date December, Hospital and Specialist Service is ahead of target by 27 cases and Southern Cross is ahead of its target by seven cases, leaving a net position of 34 cases ahead of schedule. We are continuing negotiations with the Ministry to adjust our plan to secure revenue elsewhere following the funding loss experienced due to the ESPI non-compliance in August and September 2009.

Cardiac Surgery Initiative

For the year-to-date December 2009, 136 index cases have been delivered – 104 by Hospital and Specialist Service and 28 by the Heart Centre at St George's, 20 as part of the Additional Bed Agreement and eight as part of their actual contract. There have also been four cases delivered by other DHBs for Canterbury patients. Based on the current production plan, we are 32 cases behind the target of 342, which includes 27 cases for South Canterbury DHB residents and 22 cases for West Coast DHB residents.

The Ministry of Health has requested from Canterbury DHB a revised production plan to recover the variance of thirty six cases (IDF cases not included). The majority of these cases (33) were lost during the H1N1 pandemic during July and August. Canterbury DHB acted to mitigate the impact of the constraint with the establishment of the Additional Bed Agreement with the St George's Hospital. During this time 20 cardiac surgery cases were completed under this short term agreement but still left us 26 cases short of planned delivery.

The Canterbury DHB has asked the Ministry of Health to consider the Canterbury DHB position and accept our proposal that the cardiac surgery clinical service will complete the delivery of at least 310 cardiac index cases by 30 June 2010. The Canterbury DHB is yet to receive a response from the Ministry of Health.

The Canterbury DHB proposal to the Ministry of Health is based on the fact that significant progress has been made to establish a sustainable long-term cardiac surgery service for the residents of the Canterbury, South Canterbury and West Coast DHBs. Actions taken to achieve this include:

- Approval and funding committed to enable the appointment of a third cardiac surgeon.
- Approvals and funding committed for an additional three ICU/HDU beds which will be fully resourced in February 2010. These beds will be used to reduce the incidence of cancellation of cardiac surgery as a result of lack of resourced ICU capacity. This is a critical component in ensuring that elective surgery can be performed as planned and scheduled.
- Commitment from the two existing cardiac surgeons to complete eight elective cases per week until 30 June 2010.
- The cardiac surgeons have indicated that with the agreed commitment of eight cases per week, the waiting list for index cases will be less than two months which is within the acknowledged guidelines for cardiac surgery.

The Canterbury DHB has worked closely with the clinicians to achieve this sustainable position and has full support from the surgeons for the plan.

There is confidence that with this investment and actions that we will achieve a projected 316 cases for this financial year which is 26 cases less than the Ministry of health target of 342 cases.

There is a commitment to the provision of a sustainable long term cardiac surgery service for our population which is capable of meeting the Ministry of Health's targets from this point forward.

Elective Initiative

The focus of the Elective Initiative is to seek to maximise the additional elective volumes for ESPI compliant services to allow the DHB to access the maximum elective initiative revenue.

Cases (includes Additional)	Year-to-Date Target (December 09)	Year-to-Date Actual (December 09)	YTD Variance	
Total	8,737	8,881	144	1.6%
CWD (includes Additional)	Year-to-Date Target (December 09)	Year-to-Date Actual (December 09)	YTD Variance	
Hospital and Specialist Service	8,903	9,291	388	4.4%
Other Providers	1,145	1,417	271	23.7%
Other DHBs	126	226	99	78.7%
Total	10,175	10,933	759	7.5%

Case weight delivery is currently 759 CWD or 7.5% above the year-to-date target and is likely to improve once the coding is up-to-date. This is due to the increased production by the Canterbury Orthopaedic Service in relation to the Orthopaedic Initiative and increased delivery by Hospital and Specialist Service.

Maternity

The Ministry of Health draft Maternity Action Plan was released for consultation in June 2009 and submissions closed on 31 July 2009. The Canterbury DHB made a submission and the Ministry of Health report that 111 submissions were received from individuals, health professionals, consumer groups, health professional groups and health service providers.

There was strong support across all the submissions for several key actions to improve the quality and safety of maternity services. This is consistent with the Government's view that the mission of maternity services is the health and safety of mothers and their babies.

The Ministry of Health will focus on the following key actions over the next 18 months in order to improve outcomes for mothers and babies:

- Developing a quality and safety programme for maternity services
- Reviewing and updating the Guidelines for Consultation with Obstetric and Related Specialist Medical Services so that they include protocols for transfer of care and emergency transfers and criteria for conditions that can be appropriately managed by other members of the primary care team
- Developing a national standardised set of maternity notes that can be transferred electronically
- Improving maternity and newborn information to better monitor the quality and safety of maternity services.

The Ministry of Health indicate consultation workshops will be organised with maternity health professionals and consumer groups to progress these specific actions. Once these actions have been completed, further priorities for improving maternity services will be considered.

Now that the Ministry of Health has given a response and clear direction for the Maternity Action Plan this will allow the Canterbury DHB to further plan and move forward with the Canterbury DHB's Maternity Strategy.

Primary Care

"Better, Sooner, More Convenient" Business Case

The Canterbury Clinical Network's Expression of Interest is one of nine accepted by the Ministry of Health to progress the Government's health targets to deliver "better, sooner, more convenient" health care in the community. It proposes a series of transformations to the health system that will benefit the people of Canterbury, brought about through clinical leadership, sound management and sector-wide collaboration.

Our next step, as directed by the Ministry, is to develop a more detailed plan and describe how we intend to implement it. Work is underway; our response is due on 1st March and the Board will receive the first draft along with the Draft DAP for the forum on 17 February 2010.

Developing the plan is a co-ordinated and collaborative process, seeking input and feedback from clinical and community representatives. Leading the process is the Steering Group, which is made up of representatives from the Canterbury Clinical Network in partnership with the DHB, including a representative from Planning and Funding. A Project Co-ordination Group,

tasked with developing the framework of the plan, reports to the Steering Group. Patients will always be at the centre of the plan and the models of care it proposes.

Alongside this development we have been driving the development of a new contracting model which is currently forming the basis for the BSMC Agreement Approach policy advice to the Minister and is planned to be the basis for all business case agreements. The approach developed here based on combining a decision making framework first identified through Vision 2020 with a contracting model based on alliance contracting (more commonly used in the construction industry for major projects) has potential to significantly change how the entire sector engages. The Board will receive a separate update on this proposed approach.

More information is available at www.ccnweb.org.nz.

PHO Performance

The second report on PHO Performance, aggregated at DHB-level, has been released. This shows that Canterbury PHOs have generally continued to improve their performance, particularly in relation to two-year-old immunisation coverage, however they are slipping behind national average performance in moderating laboratory and pharmaceutical referral expenditure, and have much work to do to reach national targets for cardiovascular disease and diabetes detection and assessments.

Urgent Care, Acute Demand Management (ADMS) and After Hours Services

Timely Supported Discharge

Referral volumes for the Timely Supported Discharge (TSD) service (which provides clinical discharge support to inpatient areas) are increasing as hospital staff become aware of, and gain confidence in, the service. TSD devotes much time and resources to providing hospital staff with advice on community discharge options, with the aim of increasing the number and accuracy of referrals and reducing length of hospital stay. A key component is the Acute Community Liaison (ACL) service, which received 156 referrals in its first two months. The ACL team has worked with Planning and Funding to establish a reporting framework that will provide all stakeholders with valuable information on patient origin, destination, condition, readmission patterns and (at the end of the first year) data on the frequency with which they connect with general practice. This will help us to understand the efficacy of the range of ADMS services and whether we are reaching the right targets. Agreement to report by NHI has been key to setting this framework in place.

Nurse-Led Telephone Triage

The Request for Proposal process for an urban telephone triage service after hours is close to completion with the service planned to be rolled out in early February 2010. This service will direct patients who require urgent care to either the appropriate urgent care services or to General Practice. Timely access to urgent appointments at General Practice is an issue which has been raised within the Canterbury Clinical Network Urgent Care workstream and the telephone triage service has the potential to enable 'high needs' patients improved access to appointments by working closely with individual General Practices following triage.

Ambulance Referral Pathway

An ambulance referral pathway which will enable ambulance staff to access acute community care options provided by existing services commences on 1 February 2010. The pathway will provide alternatives to hospital transfer for those patients assessed as clinically unwell but able to be safely managed in the community. To be successful, the pathway is reliant not only on collaboration between all stakeholder organisations but also the capacity of General Practice to accommodate acute presentations when requested.

Locum Services

We are considering the options suggested in the Locum Service and After Hours Proposal developed by Rural Canterbury PHO on behalf of all Canterbury PHOs. Our aim is to achieve the most effective and sustainable solution to locum cover, perhaps by establishing an effective, community-based, coordination function with a Canterbury-wide overview. Discussions continue on this matter.

Child and Youth

Following the presentation of Dr Sue Bagshaw to the Board meeting in December 2009, we are working with representatives of the Youth Health Trust. By late February we expect to have a better understanding of the Trust's financial position and how the Canterbury DHB might help the Trust adapt its primary health services to capitation funding.

Work is continuing on the development of a plan to improve Canterbury's childhood immunisation rates. A paper has recently been approved by the Planning and Funding leadership team and the Executive Management Team (EMT) and the next step is to consider the proposal in the context of the BSMC Business Case.

An RFP requesting submissions for a School Based Health Service closed on 12 January. Funding has been made available from the Ministry of Health for a period to 30 June 2012, and is then to be reviewed. The service will be delivered by Registered Nurses. It is aimed at providing personal health services to students within identified decile 1 and 2 schools, teen parent units and alternative education facilities within Canterbury. The contract is expected to be in place by 1 February 2010.

Community Laboratories

A letter of offer has been presented to the community referred laboratories to resolve historical contractual issues, as well as a future direction for the contract. It is expected that discussions will take place shortly with the laboratories to discuss demand management initiatives and how their involvement can be incorporated into the Canterbury Clinical Network's workstreams on referred services.

Community Pharmacy

In December the Consumer Council indicated to the Canterbury Community Pharmacy Group that it could not support charging all patients for pharmacist interventions required by some (ie. blanket charges).

A new Pharmacy Agreement to commence 1 March 2010 for 18 months has been offered to community pharmacies. This maintains the dispensing fee at \$5.30, but offers support for pharmacies to move to online claiming four times per month. It also clearly prohibits blanket charging. The Pharmacy Guild and the Canterbury Community Pharmacy Group indicate they will encourage their members to sign the new agreement.

Healthy Eating Healthy Action (HEHA)

The request for proposal (RFP) process for HEHA Māori and Pacific Community Action Projects has concluded. Ten applications supporting breastfeeding, improving nutrition and increasing physical activity were received for Māori and Pacific projects, and seven providers have been successful in receiving offers of funding for projects to be implemented from February 2010 until January 2011.

Two Food Industry projects, the KiwiRail Interislander catering guidelines and Milk and Coffee projects, have made considerable progress. Ongoing work with the KiwiRail catering teams has resulted in various changes to their catering menus and ingredients purchased to provide healthier alternatives. Education resources have also been provided to the crew. A pilot test of

the functionality of lower fat milks in coffee and blind taste tests with consumers has been completed.

The Intersectoral Nutrition Group has finalised the content of the ten key nutrition messages for utilisation in primary care. These messages are ready for focus group testing in early 2010.

Family Violence Intervention Programme

The project is on track, with the focus specifically on training of Canterbury DHB clinical staff to ask patients/clients questions relating to family violence in order to capture partner/expartner abuse information using a brief intervention framework.

Opportunities have arisen to align the three abuse programmes (child, partner and elder), beginning with the amalgamation of the Child Protection Steering Group and the Partner Abuse Steering Group. Further opportunities for consideration include planned joint training and a shared database.

An overarching Family Violence Policy drawing the three areas together is in draft form and will be available for Board approval in March 2010, along with the Partner Abuse Policy and Procedures.

4. OTHER ISSUES

Leadership Development

Planning has commenced for the assessment work for EMT and General Managers. This work will be carried out in late February/March 2010. Promulgation of the Capability Framework across Canterbury DHB is continuing.

Shared HR and Payroll services Canterbury DHB and West Coast DHB

The transition to a shared HR service between the Canterbury DHB and West Coast DHB continues to progress. Work is progressing on the SLA between the two organisations. The Payroll implementation between Canterbury DHB and West Coast DHB is on track to the project plan and is within budget.

Canterbury DHB/West Coast DHB Staff Engagement and Safety Climate Survey

Planning is underway for the staff engagement and safety climate survey implementation. This is scheduled to roll out across the Canterbury DHB and West Coast DHB in the last week of February. It is envisaged that there will be two weeks in which our staff can respond.

Recruitment

The West Coast DHB is now advertising in the Canterbury DHB Careers Weekly and work to align advertising agencies across the two DHB's is in progress.

Industrial Relations

HRSA discussions are occurring at a national level and it has been agreed that all bargaining with PSA, SFWU and NZNO will pause effective immediately until early to mid February 2010. The unions have agreed that there will no industrial action taken between now and then.

Negotiations with APEX for the renewal of the MRT MECA are continuing. The Employer parties wish to wait to the outcome of the HRSA discussions. APEX has threatened to take legal action for an alleged breach of good faith by the DHBs for their failure to make any offer other than 0% for year one.

Canterbury DHB and NZ Medical Laboratory Workers Union bargaining continues and the parties are meeting again during January 2010.

The RDA has initiated bargaining for a MECA covering 18 non-Auckland DHBs to replace the existing national MECA. The union has sought to extend the coverage to “Fellows”. No dates are set at this stage.

APEX has initiated bargaining for the renewal of the Medical Physicists MECA, with the addition of Auckland DHB.

Bargaining is currently at a standstill for the NUPE Support Services Collective and the NUPE Clerical Collective. These documents expired on 30 June 2009 and the union is waiting until the conclusion of the HRSA discussions.

Bargaining is also at a standstill for the EPMU/BTU Support Services Collective. This document expired on 31 March 2009.

Preliminary work is underway for the NZNO & MERAS Nurses and Midwives MECA’s with a number of preliminary meetings having taken place or scheduled in the near future and strategy development is advanced.

Community & Public Health

Warm Families Programme 2009

The Warm Families programme is an intersectoral partnership which targets households where at least one household member has a chronic illness. During 2009 nearly 900 homes were checked and had their insulation upgraded where necessary to help improve the health of families. Funding for the Warm Families programme was provided by the Energy Efficiency Conservation Authority, Orion, Mainpower, and the Canterbury District Health Board. Preliminary results from the Warm Families programme show that:

- Families reported improvements in a range of conditions including child respiratory conditions, joint pain, mental health, ear infections, colds, and influenza.
- During the winter prior to the Warm Families intervention, family members in 40% of households had days absent from work or school. This declined to 27% during the winter after the Warm Families intervention ($p < 0.05$). The mean number of days absent from work or school per household dropped from 18.3 days to 7.4 days per household.
- Seventy-nine percent of participants felt that their homes were warmer as a result of the Warm Families intervention.
- Twenty-two percent of households experienced less difficulty paying their power bills.
- There was a 33% drop in the number of households experiencing difficulty in keeping the house warm most of the time.
- There was a 47% decrease in the number of households concerned about condensation.
- 84% of participants felt that the programme had met their expectations.

The full report on the Warm Families programme will be available in late February 2010.

Smokefree Playgrounds, Parks, Sports Grounds and Events

Community and Public Health, in partnership with the Christchurch City Council, the Cancer Society and Partnership Health PHO, have been working on a joint project on the adoption of the Smokefree Public Places Policy. This policy was successfully introduced by the Christchurch City Council on 25 June 2009.

Since the introduction of the policy the partners (CCC, C&PH, the Cancer Society and Partnership Health) have developed and implemented a Communications and Marketing Plan. The Plan is based on positive messages and is strongly focused on behavioural and attitudinal

change; focussing on 'choice' and providing smokefree role models for children and young people.

In addition to this, efforts have focused on briefing those Christchurch City Council staff who act as key advocates for the policy, particularly 'front line' staff such as parks area managers, park rangers and events production staff who work in the public places where the Council wants to discourage smoking.

There has also been a focused public advertising campaign to raise awareness of the policy via press, radio and outdoor advertising. The campaign was held during October and November, based on the assumption that more people would be likely to be outdoors. It was hoped that this would make it more likely people would remember key messages from the advertising while using outdoor public places.

In addition, over the summer, approximately 700 signs were erected in playgrounds and parks. Signs were also erected at the Halswell, Waltham, Lyttelton and Jellie Park pools (these pools attract over 60,000 visitors a season). Radio and television interviews were held, and radio advertisements ("Kids copy what they see") were broadcast, to raise awareness about the policy.

C&PH staff worked with Cancer Society and CCC staff to develop and implement an Evaluation Plan for this policy. A telephone survey was completed as part of this evaluation. The main finding of the survey was that most respondents (81.7%) agreed the new policy will be an effective tool in encouraging people not to smoke around children in public places. Two thirds of the respondents (66.6%) said they would mention the policy as a supporting reason if they wanted to ask people to stop smoking in public places.

Interest in the project and the policy has been shown by Blenheim, Ashburton and Waimakariri Councils with C&PH and the Cancer Society being asked to present on the project in these regions in 2010.

Health Expos

A health expo "Your Body Needs You" was held at Hillmorton Hospital, and staff from C&PH contributed exhibits to this expo. Exhibits focusing on Smokefree, the Canterbury DHB's Healthy Eating Active Living (HEAL) programme, and Active Communities were provided. A letter of thanks from the organiser of the health expo noted the "fantastic contribution" C&PH staff made to the health expo, and also commented that as a result of the day "some on-site physical activities for staff will take place at Hillmorton in 2010, along with some staff also registering their interest in other opportunities to improve their health".

A Fruit in Schools (FIS) Expo was held at Aranui Primary school in October to showcase successes in promoting nutrition and physical activity. The Expo was also the official opening of the Aranui Community Garden, with whanau and members of the community joining in the day. Students displayed their schools' achievements in nutrition and physical activity, with 22 of the 26 FIS schools participating. The Ministry of Health ceased funding FIS Advisor support and teacher release time from 31 December 2009. The 65 schools currently being supported by C&PH Health Promoting schools advisors and FIS advisors will be continue to be supported at a reduced level.

Communications

The Christmas period brought a flood of good news stories again this year, which was topped off at the start of December by coverage of several positive events for Canterbury DHB including the installation of the new linear accelerator, Mary Gordon's appointment to the National Health Board and the new sleep unit at Christchurch Hospital. The Communications Team worked with reporters from a number of media to provide them with stories for

Christmas and the quiet news days in late December/early Jan. Among those to come to fruition were a story on TV1 News about the annual collaboration between Canterbury DHB and other agencies to provide Meals on Wheels on Christmas Day and stories in The Press about the Radiology Department's new imaging equipment, Jan Millar training to be New Zealand's first nurse practitioner in paediatrics, the first Canterbury baby of the year being born at Christchurch Women's Hospital and new artworks installed in the children's resuscitation area in the Emergency Department area. There was also a very positive story on TV1 about a new clinic at Burwood Hospital for treating skin cancers.

Other issues to attract attention in the last couple of months have included the new Christchurch Hospital boilers; the proposed land swap between Canterbury DHB and the Christchurch City Council, and changes to the Work Assessment and Rehabilitation Services.

A quiet beginning to the New Year allowed the Communications Team to make a head start on communication plans for some of the major issues of the year including this year's influenza vaccination campaign, a possible second wave of swine flu and the facilities development project. The Communications Team has also been up skilling in a variety of social media to be able to make greater use of social networking sites and our own websites in communicating with the public. As well as being an increasingly important way to reach some audiences, social media can provide highly cost effective ways for organisations such as Canterbury DHB to get their messages out to the public.

Please see the table in Appendix 1 for a full list of stories and columns relating to the Canterbury DHB in the past month.

5. APPENDICES

Appendix 1: Media Monitoring

Report prepared by: David Meates, Chief Executive

Appendix 1: MEDIA MONITORING

Positive	Negative	Neutral	Headline	Date	Publication
x			Christchurch Hospital's Oncology Department has a new Linear Accelerator	1.12.09	New Zealand Health & Hospital
x			Christchurch Hospital's new purpose-built Sleep Unit is expected to result in shorter waiting times and fewer ward admissions for people with sleep disorders	1.12.09	New Zealand Health & Hospital
x			Seven of the 10 new National Health Board (NHB) members are doctors and nurses. One of the members is Mary Gordon, CDHB Executive Director of Nursing	1.12.09 1.1.10	New Zealand Health & Hospital New Zealand Nursing Review
		x	A proposal by the CDHB to swap parcels of land sited between Hagley Park and the Christchurch Hospital with the CCC is to be further considered	9.12.09 16.12.09	Nor'West News The Star
x			Cervical cancer vaccination advised when girls turn 12	9.12.09 16.12.09	Southern View Bay Harbour News
x			Ashburton Hospital has recently made a number of staffing appointments and added more services	14.12.09	Ashburton Guardian
	x		Christchurch Hospital has closed one of its surgical wards after five patients tested positive for MRSA	16.12.09	Daily Post (Rotorua / Bay of Plenty) The Press Otago Daily Times
x			Tony Ryall has appointed CDHB member Peter Ballantyne to the WCDHB. This will help with the collaboration between the two boards	18.12.09 19.12.09	The News-Westport The Press
		x	New Christchurch Hospital boilers have been given air-discharge consents from ECAN	18.12.09	The Press
x			Wards 18 and 19 at Christchurch Hospital have had a Christmas makeover	19.12.09	The Press
		x	Staff at Christchurch's Work Assessment and Rehabilitation Services got a nasty surprise when told their jobs will be gone in the new year. However, the CDHB said all staff would be offered redeployment	21.12.09	The Press NZ Herald
	x		We are supposed to be trying to reduce our carbon emissions but Christchurch Hospital has obtained consent to construct new boilers to burn coal	22.12.09	The Press
x			British man on holiday admitted to Ashburton Hospital. They were really impressed with the hospital and NZ's healthcare service	23.12.09	Ashburton Guardian
	x		Carers of elderly family members are struggling to get a Christmas break because of a lack of respite	23.12.09	The Press

			care		
x			University Hall Students donate \$5000 to Christchurch Hospital children's wards	26.12.09	The Star
x			Dr John Gillies will make his last trip to Ashburton as a visiting respiratory specialist in January when he retires	29.12.09	Ashburton Guardian
		x	Over 700 CDHB workers are paid more than \$100,000. A 30 per cent increase in those getting six-figure salaries	31.12.09 1.1.10 4.1.10	The Press New Zealand Herald Otago Daily Times
x			Encouraging exercise and healthy eating among people with mental illness won Comcare a supreme award at the CDHB's quality improvement and innovation awards	1.1.10	New Zealand Herald
x			CDHB nurse, Jan Millar will be the country's first nurse practitioner in paediatric oncology	1.1.10	The Press
	x		Christchurch mother says agencies are "passing the buck" rather than dealing with her self-harming seven-year-old daughter	2.1.10	The Press
x			Cooking course adds spice for elderly – pilot project designed by CDHB dietitian, Heidee Hantz to teach older people how to cook healthy food	4.1.10	The Press Southland Times
	x		A study conducted by CDHB's healthy Eating, Healthy Ageing (Heha) project, has found 31 per cent of 152 elderly surveyed are at "high risk" of poor nutrition	4.1.10 13.1.10	The Press Southland Times Ashburton Guardian
x			Baby Sophie was born in CWH at 12.39am on New Year's Day, making her the first baby born in the South Island and only the second in the country	4.1.10	Ashburton Guardian
		x	Christchurch people will be able to have their say in March on a planned land swap between the CDHB and CCC	6.1.10	The Press
x			Troy Hardy was given two umbilical cords of blood to replenish his body with healthy white blood cells in the Bone Marrow Transplant Unit at Chch Hospital	8.1.10	Timaru Herald
x			A new \$900,000 three dimensional imaging machine at Christchurch Hospital means doctors can perform complex brain surgery without touching a patient's head	8.1.10	The Press
x			Christchurch triplets, born at Burwood Hospital celebrate their 60th birthday	11.1.10	The Press
Broadcasts					
		x	An audit of Windermere Rest Home in Christchurch has found issues with workforce culture and clinical	30.11.09	NewstalkZB

			care are being addressed		
x			Clown Doctors NZ Charitable Trust CEO Dr Thomas Petschner speaks of his service at Christchurch and Princess Margaret Hospitals	30.11.09	NewstalkZB
	x		Waikato and Canterbury DHBs posted the highest number of serious mistakes	30.11.09	3News
	x		Christchurch Hospital has closed a surgical ward, following an outbreak of MRSA	16.12.09	NewstalkZB
x			MRSA at Christchurch Hospital has been contained	15.12.09 18.12.09 21.12.09	RadioNZ Radiolive Voxy.co.nz NewstalkZB
x			Tony Ryall has announced changes to strengthen links between Canterbury and West Coast DHBs. Peter Ballantyne, CDHB board member, will also sit on the WCDHB board	18.12.09	RadioNZ
x			Surgeons at Burwood Hospital have set up a 'one stop shop' service for patients with suspicious skin melanomas	20.12.09	TVNZ
		x	CDHB is defending a decision to privatise care for mental health patients	21.12.09	Radiolive
x			CDHB, Medirest and Red Cross have banded together to provide Christmas dinners to Meals on Wheels customers	25.12.09	TVNZ
	x		The privatisation of the Work Assessment and Rehabilitation services at the CDHB is out of step with Government promises	10.1.10	voxy.co.nz
Community News Columns			Christchurch Hospital volunteers fundraise one million dollars for the hospital and its patients.		
			New Year resolutions to be fit and healthy.		
			2010 International Year of the Nurse – the profession of nursing is being celebrated this year with 2010 the centenary of Florence Nightingale's death designated as the International Year of the Nurse. The initiative aims to recognise the contribution the estimated 15 million nurses worldwide make to health.		
			CDHB community dietitian Janne Pasco talking about eating a nutritious lunch at work.		
Good Living supplement in The Press			Foodborne illness due to mishandling of food in the home. Summer is a time when many of these illnesses surface as temperatures soar and food preparation shifts from the kitchen to backyard barbecues and picnic areas.		
			Exercise your way into wellbeing. New Year's resolution to start exercising.		
Family Times			Healthy food tips for teeth. Ten foods for a healthy, good looking smile from CDHB.		
CTV segment			Interview with Dr Alistair Humphrey regarding road safety during the Christmas period and active transport.		
CDHB Media Releases			CDHB Intern Pharmacist No 1 in NZ		
			CDHB Response to NUPE Release		
			Surgical ward reopens at Christchurch Hospital		
			<u>Measles Case on Air New Zealand Flight</u>		
			<u>Precautions Taken Against MRSA at Christchurch Hospital</u>		
			<u>Legionnaires' Disease cases prompt warning about potting mix and</u>		

	<u>compost</u>
	<u>New Linear Accelerator arrives at Christchurch Hospital from the UK</u>
	<u>Canterbury Coastline Closed For Shellfishing</u>