

SOUTH CANTERBURY DISTRICT HEALTH BOARD

# Year in Review 2010



South Canterbury  
District Health Board

# From the Board

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## Auditor

Audit New Zealand  
on behalf of The Office of the  
Controller and Auditor-General

## Bankers

ANZ Bank  
Crown Health Financing Agency

## Solicitors

Gresson Dorman & Co  
PO Box 244, Timaru

## Our mission

*To enhance the health and  
independence of the people  
of South Canterbury.*

**FRONT COVER:** SCDHB was a major sponsor of the 2010 Hadlow to Harbour Fun Run. A student from Geraldine High School leads the way in this photo taken by Geoff Cloake.

SCDHB's 'Year in Review' should be read in conjunction with the 2010 Annual Report. This is available on our website - [www.scdhb.health.nz](http://www.scdhb.health.nz)

In the 2009/10 year we have maintained our strong financial performance, delivering the financial savings and efficiencies demanded, despite the additional pressure the world economic crisis has placed on us all. We have delivered these strong financial results without the need to reduce front-line clinical services. In fact, in elective surgery we exceeded the target set by the Ministry of Health. Overall, we have maintained the level of health and disability services our community enjoys.

In December 2009, our previous chairman, Joe Butterfield, stood down having served the maximum amount of time the legislation allows. Joe's contribution to the organisation has been significant over an extended period of time. The shape the organisation is in, and the level of services our community has received, is a testament to the contribution Joe has made. He is missed, and we all wish him well in his future endeavours.

The year has been punctuated by a number of significant changes. At a national level, the changes came about as a result of the Ministerial Review Group process and the subsequent Horne Report, which set out a blueprint with the underlying principles of 'better, sooner, more convenient'. The changes are focussed on ensuring that the health sector is working together, nationally and regionally, and optimising the way services are planned, provided and supported.

Within South Canterbury we have seen a number of changes through the year which are aligned to these principles:

- During the year we became the first, and only, district health board in New Zealand to integrate primary and secondary services into a single organisational structure.

The new structure proposed and supported by primary care places primary and community services on an equal footing with hospital-based services. This will ensure that when making decisions about service planning and prioritisation, the whole continuum of health care is considered.

- A good example of primary and secondary care collaboration was the work between primary care and the emergency department. During the year the two sectors developed protocols resulting in our people accessing primary care and emergency services in the most appropriate place. This has reduced pressure on emergency department workload, has shortened the length of time patients have to wait in the emergency department, and has removed the requirement for general practitioners in Timaru to be on-call overnight.
- We have implemented technology enhancements, including digital radiology, and have started down the pathway of enhancing

clinical information systems with Canterbury District Health Board. This will improve the level of information available to clinical staff at the coal face, and the quality of decision making and service provision for our patients. We have also supported the funding of primary care to move to a common patient management system to simplify processes across the broader community.

- We have enhanced clinical leadership with the appointment of a new Chief Medical Officer, and the creation of new roles - Chief Primary Care Medical Officer and Primary Care Nurse Advisor. At the end of the 2009/10 year we also embarked on a review of the clinical director structure across the organisation to enhance the level of clinical leadership at this level (a process which has subsequently resulted in the appointment of six clinical directors).
- Shared procurement services. We have partnered with Southern District Health Board to link our procurement activities. This has delivered operational efficiencies generated by the added leverage we now have due to the combined scale of our collective activities.

During the year we have been actively involved in South Island health service planning. This is a very challenging process as it requires all DHBs to critically look at the way services are provided locally and regionally and take account of the likely changes in the population, workforce, technology, and how health services are likely to evolve over the next 10 years.

The fundamental vision for the South Island Health Service Plan is 'a clinically and fiscally sustainable South Island health system with services provided as close to people's homes as possible'. We are still in the early stages, however we are committed to embracing this process to ensure that we optimise both services provided locally, and those services that are available for our population.

On behalf of the Board I would like to thank the staff and the community for their ongoing support. We are very proud of what we have collectively achieved and remain committed to ensuring that our community continues to benefit from the high level of quality health and disability services we all enjoy.

For and on behalf of the  
South Canterbury District Health Board



Murray Cleverley  
CHAIRMAN

Ron Luxton  
DEPUTY CHAIRMAN

# 2010



Upgraded resuscitation trolleys were delivered to the wards at Timaru Hospital at the end of 2009, thanks to six months of hard work by the SCDHB Resuscitation Committee. The new trolleys standardise the equipment used to resuscitate patients across the hospital.

## The Year in Review

### Integration of primary and community services within the DHB

In 2010 South Canterbury was the first district in the country to see the integration of primary and community health services within a district health board.

The journey began on June 6, 2009, when a number of general practitioners wrote to SCDHB expressing a loss of confidence in Aoraki Primary Health Organisation. They called for the chairs of Aoraki PHO to wind up the PHO and transfer the assets to South Link Health.

In August, SCDHB board members approved the creation of a temporary Establishment Board to develop an organisation or structure that would ensure the best primary health environment for South Canterbury. This group met fortnightly, consulted with stakeholders and designed a new primary health environment that was widely supported by general practitioners and others. The members of the Establishment Board were Chairman Tony Shaw, from Timpany Walton Lawyers in Timaru; Professor Murray Tilyard, Professor of General Practice; Dr Bruce Small, Timaru GP; Paul Townend, Waimate Pharmacist; and Sam Powell, Director of Nursing, Midwifery and Allied Health at SCDHB .

Aoraki Primary Health Organisation was disestablished on April 30, 2010, and its services came under the new Primary and Community Services division of the DHB, based at Woollcombe House in central Timaru. Primary and Community Services is now an equal partner to Secondary Services, with both coming under the watchful eye of DHB board and committee members.

New appointments, general manager Fiona Pimm, and chief primary care medical officer, Dr Bruce Small, joined Primary and Community Services at the end of the 2009/10 year.

### South Island health services planning

South Island DHBS continue to work together to plan long-term viable health services. Lead chief executive for the project is South Canterbury's Chris Fleming. The South Island Health Services Plan aims to keep health services close to where people live, while also making sure they are viable in the long term from a clinical, workforce and financial perspective. In 2010 there was strong debate over the configuration of neurosurgery services in the South Island, and other work carried on behind the scenes including planning for child and youth health services and elective services. A draft South Island Health Services Plan was drawn up. This will be finalised in the 2010/11 year.

### CHANGES AT THE TOP

In December, 2009, South Canterbury DHB chairman Joe Butterfield stepped aside after nine years in the chair. Before 2000 he chaired the South Canterbury Crown Health enterprise (CHE), and saw the organisation transition to a district health board at that time. Health Minister Tony Ryall thanked Mr Butterfield for his service and announced his replacement, Murray Cleverley, who took the chair from January, 2010. Mr Cleverley was elected to the Board in 2007.



Joe Butterfield

### THE PRODUCTIVE WARD

'Releasing Time to Care - The Productive Ward' is a new way to improve hospital wards. It has doubled direct patient care time in Timaru Hospital's Medical Ward, and prompted improvements in the Surgical and AT&R wards. The Productive Ward puts patients at the centre of care and empowers front line staff to make changes. This results in more transparency and open communication for patients, staff and families.



The Surgical Ward introduced 'Releasing Time to Care - The Productive Ward'.

# The Year in Review

## A focus on clinical leadership

One year on, the Clinical Council has established strong foundations to provide effective clinical leadership within South Canterbury District Health Board services. A work plan based on the council's key objectives has guided the direction of the council during 2010, and has focused largely on both profiling its role to clinical staff and establishing robust processes allowing clinical staff to bring issues to the council for debate and direction. The council now offers valuable support to front-line clinical staff on all clinical quality and risk management issues.

## The challenge of Influenza A H1N1

The start of the 2009/10 year saw the peak of the winter flu season, with Influenza A H1N1 (Swine Flu) a newcomer to South Canterbury. South Canterbury DHB planned for the possible opening of Community Based Assessment Centres across the district, but they were not needed as most patients were able to manage the illness at home with the support of their GP. It is not known exactly how many South Canterbury people contracted swine flu in the winter of 2009 because testing stopped once the virus became established in the community. At the time testing stopped, there were 73 confirmed cases. During the 2009 flu season, 16 people were admitted to Timaru Hospital with influenza-like illness. One of those patients was admitted to the intensive care unit and later died. As the 2010 flu season came near, South Canterbury people rushed to get a flu shot that included vaccination against the H1N1 strain. By April 30, 2010, 12,940 (24 percent) of people had received a flu shot.

## Mobile dental clinics arrive in South Canterbury

The start of 2010 saw two mobile dental clinics arrive in South Canterbury and start treating children in primary and pre-schools. The mobile clinics were part of a new youth oral health plan that also included the development of a permanent youth dental clinic at Woollcombe House. The new clinics provide a comprehensive service for young people at schools in South Canterbury.



Dental therapists examine a student in a new mobile dental clinic. PHOTO COURTESY OF TIMARU HERALD

## FILM X-RAYS REPLACED WITH DIGITAL IMAGES

A new system that replaces film x-rays with digital images went live at Timaru Hospital in 2009. The Picture Archive Communication System (PACS) allows hospital staff to view images and results from x-ray, CT, ultrasound, MRI, nuclear medicine, fluoroscopy and angiography instantly on their computer screen.



Radiology staff now use digital images instead of old-fashioned x-ray films.



Staff involved in the Sea-to-Sea Challenge pose for a photo.

## WALKING THE TALK

SCDHB staff were encouraged to walk the talk on healthy lifestyles last year. 109 staff were sponsored to take part in the Hadlow to Harbour Fun Run. The Pedometer Challenge in May saw 257 staff aim to increase their daily steps to the ideal 10,000 a day. Staff also formed teams to participate in the Sea-to-Sea Challenge, the Relay for Life, and the South Island Charly Bike Ride.

# 2010



Displays at community events help remind parents to organise a B4 School Check for their four-year-old.

## B4 School Checks become routine for all four-year-olds

SCDHB Public Health Nurses started offering B4 School Checks to all four-year-olds in September, 2008. In the 2009/10 year this service continued to improve, with nurses carrying out a total of 726 B4School Checks for the year, reaching 95 percent of eligible children. The success of the B4School Check programme is a credit to the public health nursing team and the support they receive from early childhood agencies in the community.

## Fun Together First

Fun Together First is a new health and fitness programme offered by He Oranga Pounamu and South Canterbury DHB. It is an innovative way for Maori families to improve their lifestyles by including healthy food and physical activity. The programme is specially aimed at whanau with overweight or obese children.

## Recycling takes off at Timaru Hospital

In 2009/10 Timaru Hospital halved the amount of rubbish it sent to landfill, saving both the environment and about \$10,000 a year in rubbish dumping fees. You might expect most hospital waste to be biomedical, but research shows only about 15 percent of hospital waste is biomedical or hazardous. A significant proportion of hospital waste is paper, plastic and food.

The Timaru Hospital kitchen now diverts all food waste, including left-over patient meals, to green recycling bins collected by the council. Each week sees about 10 wheelie bins, or half a tonne of nutrients, turned into compost. More than half the hospital has converted to the Timaru District Council's zero waste management strategy. Most office areas are separating all rubbish into three bins for either compost, recycling or waste.

## Elective services

In 2009/10 SCDHB maintained a high level of performance with ESPI (Elective Service Performance Indicator) targets. 54 percent of all surgery performed was elective, compared with 47 percent nationwide. Timaru Hospital recorded 2611 elective surgical discharges, and 30,297 attendances at consultant-led outpatient clinics. As at 30 May, 2010, five percent of patients were waiting longer than six months for their treatment (ESPI 5), and one percent of patients were waiting longer than six months for their first specialist assessment (ESPI 2).

## SMOKERS IN HOSPITAL GET HELP TO QUIT

The number of Timaru Hospital patients who were offered help to quit smoking shot up in the 2009/10 year. Hospital staff offered smokers the chance to quit and improve their health. At the same time the DHB worked towards meeting the government's 'Better Help for Smokers to Quit' health target. End of year results showed that 75 percent of patients were offered help to quit smoking between April and June. This was a big improvement on the 10 percent recorded at the start of the year.



The South Canterbury DHB Smokefree Team.

# The Year in Review

## DISCHARGING PATIENTS BY 11AM

A new project aims to see 75 percent of Timaru Hospital patients discharged by 11am. Planned discharge provides certainty for patients and helps wards run more smoothly. Patients can plan transport, arrange prescriptions and organise support at home when they are discharged early in the day. It also relieves pressure on beds and frees up staff to concentrate on other patients. This project will continue into the 2010/11 year.



Nurses were recognised for their dedication and hard work on International Nurses Day.

## RECOGNITION FOR NURSES AND MIDWIVES

The annual Nursing and Midwifery Awards was expanded in 2010 to include all nurses and midwives working in South Canterbury. In the past it was limited to those working for the DHB. The new award categories of primary care and aged care received high quality nominations, with awards given to nurses working in GP practices, rest homes and hospice. The awards ceremony was held on International Nurses Day on May 12.

## Antenatal HIV Screening and Universal Newborn Hearing Screening

Pregnant mothers and their babies benefitted from two new screening services that started in Maternity Services in 2010. The Antenatal HIV Screening Programme offers all pregnant women the opportunity to test for HIV (human immunodeficiency virus) and receive treatment that will reduce the risk of mother-to-baby transmission to less than one percent. The Universal Newborn Hearing Screening Programme will pick up hearing loss in newborn babies and offer support for hearing impaired children as they grow.

## Reducing preventable deaths in young people

Experts from throughout the community worked together on preventing the deaths of young people for the first time this year. The local Child and Youth Mortality Review Group included representatives from police, fire, hospital, general practice, and the education sector. The group reviews all deaths of young people aged between 28 days and 24 years in South Canterbury and identifies any processes in existing systems that, if changed, may prevent similar deaths from occurring.

## Health targets

At the start of 2009/10 the Minister of Health set six health targets for district health boards. South Canterbury DHB worked hard towards meeting those targets throughout the year. Final results showed improvements in most areas.

PROCEDURE	TARGET 2009/10	RESULT START OF YEAR	RESULT END OF YEAR	DID WE MEET TARGET?
Percentage of patients admitted, discharged or transferred from the Emergency Department within six hours	95%	95%	97%	Yes
Percentage of agreed elective surgery provided for patients	100%	95%	101%	Yes
Percentage of cancer patients needing radiation treatment who receive this within six weeks of their first specialist assessment	100%	100%	89%	No
Percentage of two-year-olds fully immunised	85%	94%	91%	Yes
Percentage of hospitalised smokers provided with advice and help to quit smoking	80%	10%	75%	No
Percentage of diabetes patients with good management of their disease, combined with the percentage of eligible adults who have had their cardiovascular disease risk assessed	An increased percentage	67%	69%	Yes

# 2010



District Nurses were among those who relocated to Woollcombe House at the end of 2009.

## Staff relocate to new Community Health Centre

2009/10 saw a number of staff relocate from the Timaru Hospital site to the new community health centre at Woollcombe House. These included district nurses, public health nurses, clinical nurse specialists, and the vision/hearing technician. They were later joined by the new Primary and Community Services division of the DHB, Community and Public Health, and a new dental treatment clinic for children and young people. The new facility allows health providers to work more closely together to ensure the best health outcomes for South Canterbury people. It has also released extra space on the hospital site for the use of other services.

## Treating patients in the right place at the right time

Up to last year, South Canterbury people were more likely to use the Emergency Department for minor health problems than people anywhere else in New Zealand. This caused delays for patients needing urgent emergency care. In November, 2009, Emergency Department staff started redirecting patients with non-urgent health problems to their GP. This followed a lot of hard work from both hospital staff and general practitioners to make changes that would see patients cared for in the right place at the right time.

By the end of June, 2010, the number of patients with minor health problems presenting to the Emergency Department had dropped from an average of 1030 per month to 828 per month. Overall, 11 percent fewer patients were treated in the Timaru Hospital Emergency Department in the 2009/10 year. Of those not treated, 717 were re-directed to their GP.

YEAR	ED PATIENTS - TREATED
2008/09	18,374
2009/10	16,289

### TIMARU HOSPITAL BIRTHS BY YEAR

YEAR	TRIPLETS (SETS)	TWINS (SETS)	TOTAL BIRTHS
03/04	1	7	557
04/05	0	2	571
05/06	0	6	542
06/07	0	10	620
07/08	0	5	597
08/09	0	4	626
09/10	0	12	633

### NEW CHIEF MEDICAL OFFICER

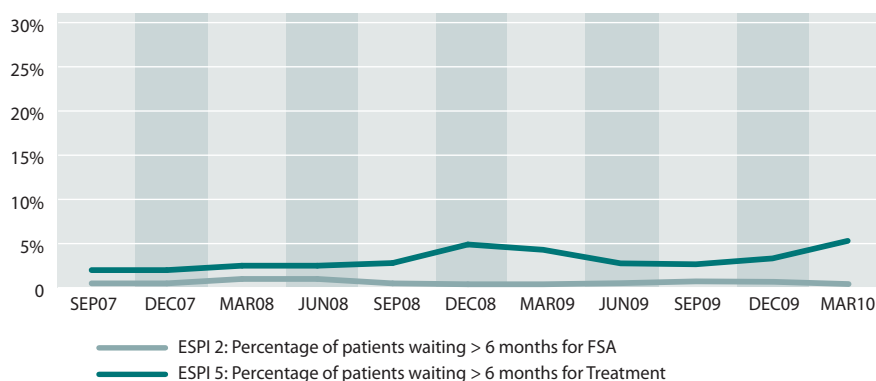
Orthopaedic surgeon Bill Taine became the SCDHB Chief Medical Officer in May, 2010. He took over from Ian O'Loughlin, who held the position for 10 years. Mr Taine paid tribute to Mr O'Loughlin for his leadership through various storms and crises over the years he was in the role. Mr O'Loughlin continues to work in his oral health role at Timaru Hospital.



Chief Medical Officer Bill Taine hands out prizes at the Hadlow to Harbour event.

# Statistics

## ESPIs 2 and 5: 3 year trend 2007-2010



## Standardised discharge ratios for common Surgical Procedures

PROCEDURE	06/07	07/08	08/09	09/10*
Carpal Tunnel	2.48	2.17	1.97	1.80
Cataracts	1.54	1.28	1.26	1.08
Gall Bladder	1.92	1.74	1.41	1.28
Grommets	1.44	1.90	1.61	1.49
Hernia Repair	1.46	1.55	1.23	1.23
Hip Replacement	1.50	1.76	1.56	1.31
Hysterectomy	1.87	1.67	1.80	1.59
Knee Replacement	1.41	1.58	1.66	1.05
Prostatectomy	1.26	1.51	1.32	1.59
Tonsils and Adenoids	1.73	1.66	1.72	1.61
Tubal Ligation	2.60	3.66	2.39	1.88

\*July 2009 to March 2010. SOURCE: NZ Health Information Service. NZHIS standardised data takes into account the varying demographic and socioeconomic factors among DHBs. Thus, if all DHBs provided the same level of services, they would all receive a ratio of 1. SCDHB has omitted data for three cardiac surgical procedures, as they are tertiary level services we do not provide.

## Surgical case-weights delivered as Elective Surgery

YEAR	SCDHB	NZ AVERAGE
2009/10	54%	47%
2008/09	53%	47%
2007/08	54%	45%
2006/07	54%	44%
2005/06	50%	42%

## Surgical electives as a percentage of national case-weight delivery\*

05/06	06/07	07/08	08/09*	09/10
2.1%	2.0%	1.9%	1.8%	1.6%

\*SCDHB has 1.28% of the national population.

# 2010

# Boards and Committees

South Canterbury District Health Board is usually governed by an 11-member board, seven members publically elected and four appointed by the Minister of Health. The Board concentrates on setting policy, approving strategy and monitoring progress towards meeting objectives. Management implements the Board's policy and strategies.

The Board's responsibilities include:

- Communicating with the Minister of Health and other stakeholders to ensure their views are reflected in SCDHB's planning.
- Defining specific objectives and delegating responsibility for their achievement to the Chief Executive.
- Monitoring organisational performance toward achieving stated objectives.
- Reporting to stakeholders on plans and progress towards achieving set objectives.
- Maintaining effective systems of internal control.

The board maintains an interest register and ensures members are aware of their obligations to declare potential conflicts of interest.

Board meetings are held monthly at the Timaru Hospital Education Centre in Timaru. Members of the public are encouraged to attend.

## BOARD MEMBERS

Joe Butterfield, Chairman

until December 2009 (*appointed*)

Murray Cleverley, member for full year and Chairman from January 2010 (*elected*)

Ron Luxton, Deputy Chairman (*elected*)

Neil Anderson (*elected*)

Peter Binns (*elected*)

Jan Gilbert (*elected*)

Quentin Hix, member until December 2009 (*appointed*)

Nicola Hornsey (*appointed*)

Terry Kennedy (*elected*)

Fiona Pimm, member until June 2010 (*appointed*)

Ngaire Whytock (*elected*)

Warwick Isaacs, member from April 2010 (*appointed*)

Richie Smith, member from April 2010 (*appointed*)



Murray Cleverley, Board Chairman



Ron Luxton, Deputy Board Chairman



Neil Anderson, Board member



Peter Binns, Board member

## Board Committees

South Canterbury DHB has three statutory advisory committees and three other non-statutory committees. Committees do not involve themselves in operational matters, rather, their role is to advise the Board on policies and to monitor progress towards meeting SCDHB objectives.

## Community and Public Health Advisory Committee (CPHAC)

CPHAC advises the board on the health needs and issues facing South Canterbury residents, and on the priorities for the use of health funding.

### MEMBERS

Neil Anderson, Chairman

Fiona Pimm, Deputy Chairman  
(*resigned June 2010*)

Jan Gilbert

Ngaire Whytock

Graeme Nind

Peter Bell

Bill Kora (*resigned April, 2010*)

Rene Templeton

Sue Eddington

Sharyn Nolan

Daniel Williams (*Medical Officer of Health, ex officio*)

Russell Wallace (*resigned April 2010*)

# Boards and Committees



Warwick Isaacs, Board member

## Disability Support Services Advisory Committee (DSSAC)

DSSAC advises on the disability support services (DSS) needs of the people of South Canterbury and on the priorities for use of DSS funding. DSS includes assessment, treatment and rehabilitation, community-based services aimed at helping the disabled retain independence, and residential care.

### MEMBERS

Ngairé Whytock, Chairman  
Terry Kennedy, Deputy Chairman  
Peter Binns  
Karen Smith  
Kathy Wright (*granted leave of absence from April, 2010*)  
John Wilson  
Trevor Linyard  
Chris Miller

## Hospital Advisory Committee (HAC)

HAC monitors the financial and operational performance of Timaru Hospital and assesses strategic issues relating to the provision of hospital services.

### MEMBERS

Ron Luxton, Chairman  
Jan Gilbert, Deputy Chairman  
Neil Anderson  
Peter Binns  
Terry Kennedy



Jan Gilbert, Board member

## Audit and Assurance Committee (AAC) - non-statutory

AAC ensures the Board appropriately discharges its responsibilities relative to financial reporting, regulatory compliance and risk management.

### MEMBERS

Stephen Thompson, Chairman  
Nicola Hornsey, Deputy Chairman  
Murray Cleverley  
Neil Anderson  
Ron Luxton  
Warwick Isaacs (*from May 2010*)



Quentin Hix, Board member

## CEO Remuneration Committee - non-statutory

This committee advises the Board on the performance and level of remuneration of the DHB's Chief Executive.

### MEMBERS

Murray Cleverley, Chairman  
Neil Anderson  
Ron Luxton

## Maori Health Advisory Group - non-statutory

The Maori Health Advisory Group advises the Board on issues related to Maori health.

### MEMBERS

Fiona Pimm (*resigned June 2010*)  
Quentin Hix  
Koriana Waller (*Arowhenua*)  
Mandy Homes (*Arowhenua*)  
Suzanne Eddington (*Waihao*)  
Wendy Heath (*Waihao*)  
Christine Akurangi (*Te Aitarakihi*)  
Raeleen De Joux (*Te Aitarakihi*)  
Angelia Ria (*Acting CEO He Oranga Pounamu*)  
Bruce Wikitoa and Ernest Johnston  
(*Cultural Liaison Officers*)



Nicola Hornsey, Board member

## Board Member interests register as at June 25, 2010

**Neil Anderson MNZM**  
*Elected member*

Sheep and beef farmer

**Peter Binns**  
*Elected member*

MB, BChir, FRCS; retired medical practitioner

**Committee member:** Timaru Grey Power

**Grey Power representative:** Safer

Communities Committee of Timaru

District Council

**Murray Cleverley**

*Appointed Board Chairman January 5, 2010*

*Elected member*

MBA, FecD, AFNZIM

**Principle Officer:** Trust Aoraki

**Chairman:** All Risk Insurance Ltd, Opihi

Vineyard Ltd, Warbirds over Wanaka

**Managing Director:** Business Class Ltd

**Director:** Canterbury Economic Development

Co Ltd, Alpine Energy, NZ Petfoods Ltd, Shoe

Shield Ltd, Animal Care Solutions, Sky Solar

Holdings Ltd, NetCon Ltd, New Zealand

Chambers of Commerce

**Partner:** Cleverley Holdings Partnership

**Jan Gilbert**

*Elected member*

Registered nurse

Employed as a part-time audiometrician for husband's ENT practice at Aorangi Surgical Group. Her husband is an ENT Surgeon who occasionally undertakes locum work at Timaru Hospital and is in private practice in Timaru. Mr Gilbert is currently a committee member of Bidwill Hospital Board.

**Nicola Hornsey**  
*Appointed member*

BA LLB; Resource management and employment law consultant

**Chairman:** Mid and South Canterbury Community Trust

**Board member:** Presbyterian Support South Canterbury Inc.

Her sister is a registered nurse and casual

employee of South Canterbury DHB

**Warwick Isaacs**

*Appointed member*

**Chief Executive:** Timaru District Council

**Executive Officer:** Timaru District Holdings Ltd

**Chairman:** Canterbury Economic Development Company Ltd, Canterbury Civil Defence Coordinating Executive Committee

**Trustee:** Isaacs Family Trust

**Treasurer:** Mount Dobson Ski and Snowboard Club

**Terry Kennedy**

*Elected member*

**Councillor:** Timaru District Council

**Ron Luxton**

*Board Deputy Chairman, elected member*

MPS, ANZCP, JP; Locum Pharmacist

**Fiona Pimm**

*Appointed member*

MBA, DPH

**Board member:** Public Trust

**Member:** Health & Disability Commissioner's Maori Advisory Group

**Board member:** Careerforce Maori Advisory Group; Enterprising Waitaha Trust; Christchurch Methodist Mission

**Project Facilitator:** Canterbury District Health Board

**Richie Smith**

*Appointed member*

**Director/Chairman/Shareholder:** Hilton Haulage Transport Ltd

**Director/Chairman:** Bay City Communications Ltd (Farmside)

**Director/Shareholder:** Klondyke Fresh Ltd, SouthFuels Ltd

**Ngairie Whytlock**

*Elected member*

Registered nurse

**Member:** Alzheimers SC Inc.



Terry Kennedy, Board member



Richie Smith, Board member



Fiona Pimm, Board member



Ngairie Whytlock, Board member



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