

SOUTH CANTERBURY DISTRICT HEALTH BOARD

Year in Review 2011



From the Board

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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: Margery Kerslake was photographed taking part in a 'Stay on Your Feet' class at West End Hall, Timaru. 'Stay on Your Feet' is funded by SCDHB and provided by Sport South Canterbury.

PHOTOGRAPHY: GEOFF CLOAKE

SCDHB's 'Year in Review' should be read in conjunction with the 2011 Annual Report. This is available on our website - www.scdhb.health.nz

We are pleased to present the Annual Report of the South Canterbury District Health Board for 2010/11.

2010/11 has been a year of challenges, both within South Canterbury and in the broader New Zealand context. The September, February and June earthquakes in Canterbury have been devastating for the Canterbury region and have changed the dynamics of the community forever.

The board are proud of the response from health and disability service providers in supporting our neighbours through these challenging times. This support included hospital-based services receiving patients from Christchurch, primary and community health providers seeing out-of-town people who had been both temporarily and permanently relocated, residential care providers opening their doors to residents from facilities that had been destroyed, and staff and other health professionals volunteering to go to Christchurch to help out with the increased pressure Canterbury was facing. Recovery from these events will be slow and we will continue to work in a broader regional context to ensure we support the rebuilding and revitalisation of Christchurch.

The board would also like to thank staff, management and providers for the outstanding results it has achieved throughout the year. The district health board has maintained its long tradition of delivering a high level of access to services across the continuum, performing well in key performance indicators (particularly the national health targets) and delivering health services in a financially sustainable manner. By its very nature there will always be demands to increase the level of health and disability services. The board is very aware of this, and while we are proud of our performance we are determined that we can do even better. We will continue to strive for improvements in the way services are delivered and ensure that we are reinvesting gains in front-line service delivery, be it in the hospital, primary care or the community.

In October, 2010, the district health board elections were held. Nationally there were significant changes in both the elected members and the Ministerial appointments. Neil Anderson and Jan Gilbert, who both contributed their experience and guidance over many years of service, elected not to seek re-election. We thank both of them for the service they have provided and wish them well for the future. The community however, reaffirmed their support for the work of the district health board by re-electing all the existing board members, and we welcomed Paul Annear and Rene Crawford who have taken up the vacated positions. The Minister also reaffirmed his appointed members and we welcomed Peter Lyman, who filled the position Fiona Pimm

vacated when she became the general manager of Primary and Community Services.

South Canterbury has played a major part in the planning of regional health services across the South Island in the past year. We have committed to working under an alliance model across the South Island. This means we will take collective responsibility for ensuring areas of common interest are addressed in a sustainable manner. The initial priorities for the alliance are cancer, health of older people, mental health, child health, shared support services, and information technology. This is an exciting opportunity to ensure the sustainability of services across the South Island.

Within South Canterbury there have been a number of positive changes:

Clinical leadership has become stronger and more focused. The new clinical director structures have bedded down over the past year and the Clinical Council (Secondary Services) and the Clinical Governance Group (Primary and Community) have evolved and taken up greater responsibilities for clinical leadership across our district. In the coming year we will be developing this further, as sustainable health and disability services for our community require robust multi-disciplinary clinical leadership and governance.

The challenges of attracting and keeping a skilled and experienced workforce were confronted head-on with the drafting of a workforce strategy for South Canterbury. This has been challenging, but addresses priorities across the hospital and the community. We are in the process of recruiting a workforce strategy advisor to ensure we are implementing the many exciting but challenging activities identified within the plan.

Another key challenge has been around the lack of integrated clinical information. We have a long road ahead of us if we are going to achieve the vision of shared clinical information, which frankly is essential if our community is assured they are receiving world class health services.

On behalf of the board I would like to thank the staff and community for their ongoing support. We are very proud of the achievements of the district health board and remain committed to continuing to provide the community with high quality health and disability services.

For and on behalf of the
South Canterbury District Health Board



Murray Cleverley
CHAIR

Ron Luxton
DEPUTY CHAIR

2011



The first meeting of the new district health board was held on December 6, 2010, shortly after the election.

The Year in Review

New DHB Board elected

An election to decide members of the South Canterbury District Health Board was held in October, 2010. South Canterbury DHB is governed by a board usually comprised of seven publicly elected members and four minister-appointed members. The board concentrates on setting policy and direction, approving strategy and monitoring progress towards meeting goals. Board members meet about once a month and meetings are open to the public.

The community re-elected all the existing board members who were available, and the Minister also re-appointed the appointed board members. This speaks volumes for the confidence that the wider community has in the services provided by South Canterbury DHB. Recognising the need for a community voice on the board's statutory committees, three places on each committee were advertised shortly after the election. This resulted in nine new community representatives stepping forward to join these committees. They now have a role in advising board members on the health needs of the community.

Health targets

The Minister of Health set six health targets for district health boards to work towards in the 2010/11 year.

	TARGET 2010/11	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%	96%	97%	YES
Percentage of agreed elective surgery provided for patients	100%	109%	101%	YES
Percentage of cancer patients needing radiation treatment who receive this within six weeks of their first specialist assessment	100%	100%	100%	YES
Percentage of two-year-olds fully immunised	90%	93%	92%	YES
Percentage of hospitalised smokers provided with advice and help to quit smoking	90%	90%	94%	YES
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	65%	72%	YES



South Canterbury DHB performed extremely well in some health targets in 2010/11. Aoraki MP Jo Goodhew presented a certificate to practice nurse Agnes Fraser and General Manager, Primary and Community Services, Fiona Pimms, to recognise their efforts towards childhood immunisation.

SOUTH CANTERBURY HEALTH SERVICE PLAN

A long-term plan to identify how health services for our community are likely to be shaped over the next decade and beyond was developed in 2010/11. The plan replaces South Canterbury DHB's former Strategic Plan, made obsolete by recent legislative changes. It will guide service development and strategic direction locally over the next decade, while also responding to regional and national initiatives.

The new plan outlines a series of priorities for South Canterbury DHB. These are: prevention and early intervention, ensuring a resilient primary care sector, achieving seamless patient flow, becoming a centre of excellence for older persons care, and offering the best hospital services.

The plan was prepared over six months on the basis of interviews and workshops with a range of clinical and management staff from across health services in South Canterbury. Health professionals and community leaders, both within and outside services operated by SCDHB were consulted. A copy of the plan is available on the DHB website at www.scdhb.health.nz



Chris Fleming, SCDHB Chief Executive

SOUTH ISLAND REGIONAL PLAN

South Canterbury DHB played an important part in planning health services across the South Island, with Chief Executive Chris Fleming taking the lead chief executive role in the South Island regional plan process, and other staff contributing to the various work streams. The guiding document, the 'South Island Health Services Plan' was finalised and signed by all five South Island district health boards. It sets priorities for the coming years. These priorities include child health, older people, mental health, cancer, support services and information technology. Work is continuing.

The Year in Review

RECOGNITION FOR NURSES AND MIDWIVES

May 12 was International Nurses Day. It was celebrated this year with awards to recognise the contribution nurses and midwives make to the care of patients across all health services in South Canterbury. Nurses who showed outstanding leadership or who made a difference in patient's lives were congratulated.



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



Mel Turner beside a board that charts ward progress under The Productive Ward - Releasing Time to Care programme.

THE PRODUCTIVE WARD - RELEASING TIME TO CARE

The Releasing Time to Care programme focuses on improving ward processes and environments so frontline staff can spend more time on patient care and improve safety, reliability and efficiency. This improves patient satisfaction, reduces waste and increases staff satisfaction by giving people greater control over their work environment. The programme started at Timaru Hospital in 2009 and the past year has seen it spread further. It has been led by clinical staff on each ward.

As a result, the Medical Ward has increased the proportion of time spent on direct patient care from 39 to 62 percent, the Assessment, Treatment and Rehabilitation Ward has gone from 44 to 55 percent and the Surgical Ward has improved by three percent to 43 percent. In February, the programme also started in the hospital's Emergency Department and Intensive Care Unit.

A Focus on Clinical Leadership

The Clinical Governance Group started work in the primary sector in 2010/11. This group is made up of primary health professionals including GPs and nurses, and will lead primary care into the future. It is chaired by the Chief Primary Care Medical Officer.

This leadership model is unique within New Zealand. In its first year the group started by exploring the opportunity to set up a new communication tool called Health Pathways in South Canterbury. This is a website-based tool developed in Canterbury to improve communication between primary and secondary care and streamline the health pathway for patients.

The Clinical Council moved into its second year of leading secondary services and continues to strengthen. A consumer representative was appointed, and membership of the council has changed as members leave and are replaced. Credentialing activities have taken place with consumer input. The Clinical Council has done two service reviews and finished the year with two more reviews in the planning stages.

Both the Clinical Council and Clinical Governance Groups send representatives to board and committee meetings. This ensures a clinical voice is heard at all levels. Clinical input has also been provided on the South Canterbury Health Service Plan, Palliative Care Review, and the tendering of contracts for laboratory and radiology services. At a regional level, the year has seen an increase in the need for clinicians to contribute to South Island planning initiatives.

IT developments have also required significant input from clinical leaders and this has been an extensive area of work for clinical leaders in both primary and secondary care.

A new clinical directorship model was also introduced at Timaru Hospital in 2010/11. Six new clinical director roles were introduced, providing leadership with a broader representation than the model used previously. This paid dividends with a wider range of perspectives brought to the table.

Falls prevention

Falls, including slips and trips, are the single largest cause of injury for New Zealanders across all age groups. A large percentage of incident forms reported at South Canterbury DHB are related to patients falling while in hospital. This can have serious consequences for the health outcomes of patients, particularly the elderly. A new Falls Prevention and Management Project was launched at Timaru Hospital in 2010/11. This complements the 'Stay on Your Feet Programme' run in the community by Sport South Canterbury and funded by the DHB.

In early September, hospital ward staff began training on an updated assessment tool to identify on admission those patients at risk of falling. Key components of the Falls Prevention and Management Project include targeting activities to reduce the risk, and a process for managing people after a fall.



Teaching older people how not to fall in the community 'Stay on Your Feet' programme.

2011



About 230 South Canterbury DHB staff took advantage of a free check-up from a registered nurse. The result: overall, DHB staff are healthier than average but need help in the areas of stress, weight, nutrition, blood pressure and cholesterol.

A Focus on Staff

Planning a future workforce

The 2010/11 year saw the development of a strategy to create a sustainable health workforce in the district. Called the 'South Canterbury Workforce Strategy and Action Plan' it recognised that a high percentage of the SCDHB workforce that is older than 50 years of age, with an average age of 45.98 years. The challenge will be to support this aging workforce, keeping essential experience within the DHB, while also attracting local young people to health careers. SCDHB hopes to decrease its reliance on the international workforce to help fill vacancies and increase the number of full time employees.

Rugby World Cup visit

Timaru Hospital hosted a visit from the Webb Ellis Cup on January 21, 2011. The Webb Ellis Cup is the official trophy of the Rugby World Cup and has been presented to the winning country every year since the World Cup competition began in 1987. It was in Timaru on a promotional visit. During the visit the trophy was shown to sick children and their families in the Children's Ward and was also taken to the hospital cafe for staff viewing.



Surgeons admire the Webb Ellis Cup in the hospital café.

Staff culture survey

A staff culture survey was carried out in 2010 to identify the areas of concern to staff. Almost 400 members of staff took part in the survey and identified several areas for improvement. These included having more opportunity to contribute to important decisions, feeling more appreciated for the contribution they made, and identifying and resolving staff performance issues quickly. Several working groups were set up to target some of the key findings of the survey and these groups will continue to make improvements in the coming year. The staff culture survey will be repeated in the coming years to chart progress.

TEKAPO HUTS

The summer of 2010 saw the opening of two new staff accommodation units at Tekapo, and also saw the end of an era with the decommissioning of the old 'Tekapo Huts'. The council bought the waterfront land occupied by the old huts and donated replacement land in the Tekapo township. Two new, stand alone units were built using money from donations earmarked for staff benefit.



One of the new 'Tekapo Huts' that was built with money donated for staff benefit and is now used for staff holiday accommodation.

BREASTFEEDING ROOM

South Canterbury DHB supported working mothers by setting up a new breastfeeding room for staff who work on the Timaru Hospital site. The staff breastfeeding room is on Level 5 of the clinical services block in the Surgical Ward.

HEALTH 4 YOU

Health 4 You is a new healthy workplace programme at South Canterbury DHB. In 2010/11 the DHB decided to invest in staff health by offering a range of healthy workplace initiatives. These included a free health check for staff, subsidised gym memberships, free council pool admission and support to enter events in the community.

The Year in Review

A Focus on Primary Care

WORKING IN PARTNERSHIP

In the past year the Timaru Hospital Emergency Department and general practitioners have continued to build on the success of the ED/Primary Care Project that was initiated in November, 2009. This included an agreement to re-direct non-urgent ED patients to their GP for the right care in the right place. In 2010/11 there were 17,546 presentations to the Emergency Department. 755 of these, or 4.5%, were re-directed to a GP. General practices continue to work with the hospital Emergency Department to manage non-urgent patients, allowing ED staff to focus on saving lives.



The Healthy Living South Canterbury group with world champion skater Nicole Begg.

Health promotion

A variety of health promotion initiatives were carried out by Primary and Community Services staff in 2010/11. One of these involved working with the Healthy Living South Canterbury group to secure the backing of world champion inline skater Nicole Begg. The Healthy Living South Canterbury group promotes regular exercise and activity. It includes representatives from the council, non-government organisations, Sport South Canterbury and Community and Public Health.

New practice management system

The roll-out of the Medtech practice management system in South Canterbury happened over six months. It allows GPs and practice nurses to manage appointments, consultations, patient recalls and other daily tasks. It replaces the previous MEDCEN system used by practices, and brings general practices under a common patient management system. This should help with future developments, including allowing practices to communicate with the hospital information system.

Medtech has also been installed at the Youth Health Clinic at Aoraki Polytechnic, He Oranga Pai Health Clinic at Arowhenua Marae, and at Primary and Community Services, which is the base for Public Health Nursing, District Nursing and other community health services.

Flu vaccination

Each winter GPs and practice nurses immunise thousands of South Canterbury people against the flu. Flu shots are free for people at high risk of complications from influenza: those aged 65 years and over, and anyone under 65 with long-term health conditions such as heart disease, stroke, diabetes, respiratory disease (including asthma), kidney disease, most cancers, and conditions which suppress the immune system. Flu shots also became free for pregnant women last year. In 2010/11, 60 percent of GP patients aged over 65 had a free flu shot.

YEAR	NUMBER OF FLU VACCINATIONS GIVEN IN SOUTH CANTERBURY
2009	13,560
2010	14,800 (including swine flu)
2011	14,160



Nurse practitioner Sarah Patrick is working at both the Youth Health Clinic and the Sexual Health Clinic.

NEW NURSE PRACTITIONER PILOT PROGRAMME

Two free health clinics run by South Canterbury DHB picked up the services of a nurse practitioner under a new pilot programme. The Nurse Practitioner Youth Health Pilot started in June, 2011, and will run for a year in the Youth Health Clinic and the Sexual Health Clinic. The nurse practitioner involved in the pilot programme is Sarah Patrick. Sarah works as a public health nurse and recently also qualified as a nurse practitioner in the specialty area of youth health. She is the second South Canterbury nurse to gain nurse practitioner registration. The first was Sharon Hansen, who gained registration in 2007 and is based at Temuka Healthcare.

2011



Timaru Hospital staff unload bags of dirty laundry from Christchurch Hospital after the earthquake disrupted laundry services.

A Focus on Secondary Care

Earthquake response

South Canterbury DHB staff experienced the Canterbury earthquakes in two ways, both directly as strong shakes and indirectly in the ongoing support of Christchurch health services.

Following the earthquake on February 22, Timaru Hospital was checked and, apart from shaken staff and patients, there were no serious issues and no reported equipment failures as a result of the quake. Landline and mobile phone lines were initially out, but quickly returned to normal. Two patients who were en-route to Christchurch Hospital at the time of the quake were turned around and cared for at Timaru Hospital. Operating theatres were cleared in case they were needed for casualties, and patients who were ready to go home were discharged. Elective surgery and outpatient appointments were cancelled.

For the next two days Timaru Hospital was prepared and waiting. There was a degree of frustration that we could provide more support than was being requested. The delay was simply caused by the sheer scale of the disaster in Christchurch and the disruption to telecommunication and transportation. In the weeks and months that followed this changed and support was provided in many ways, including maternity care, orthopaedic surgery, laundry services, rest home care, and general practice consultations.

South Canterbury DHB services also cared for the health of many 'quake refugees' who relocated to South Canterbury in the weeks following the February 22 quake. Some DHB staff also volunteered to go to Christchurch and worked in areas of key need, including Chief Executive Chris Fleming who was seconded to lead the return of the elderly to Christchurch aged residential care facilities.

Better sharing of lab results

The transfer of hospital patients between South Canterbury and Canterbury became smoother in September, 2010, when South Canterbury DHB introduced TestSafe South, a new laboratory reporting system. Lab results from tests performed in both Christchurch and in South Canterbury are now immediately available online to hospital clinicians working in both regions. Sharing lab results has sped up patient care, especially when patients are transferred by helicopter from Timaru Hospital to Christchurch Hospital in an emergency. The results of lab tests carried out at Timaru Hospital are now immediately available to doctors in Christchurch.

New clinical information system

A new clinical information system was introduced at Timaru Hospital in mid 2011. It provides staff with a portal to information about individual patients, ward activity, lab results and radiology. The roll-out of the Clinical Information System (CIS) followed an extensive training programme targeting all clinical staff. It is expected to improve patient safety, quality of care, staff satisfaction and productivity.

SCDHB also called for proposals to upgrade wireless access with a view to providing full coverage to the clinical services block. IT improvements will continue in the coming year.

ELECTIVE SERVICES

In 2010/11 SCDHB maintained a high level of performance with ESPI (Elective Service Performance Indicator) targets. Timaru Hospital recorded 2663 elective surgical discharges, and about 30,000 attendances at consultant-led outpatient clinics. As at 30 May, 2011, 1.9% of patients were waiting longer than six months for their treatment (ESPI 5), and 0.3% of patients were waiting longer than six months for their first specialist assessment (ESPI 2).

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
10/11	0	8	594

DISCHARGE BY 11AM

The Discharge by 11am project was a feature of the 2010/11 year. Early discharge means patients and staff can plan ahead, support can be organised at home, patients have time to get prescriptions and are settled before dark. It also frees up beds to take new patients during the day. Although Timaru Hospital did not reach the target of discharging 75% of patients by 11am, all wards showed improvement with the overall discharge rate rising from 15.5% to 27%. This project will continue in the 2011/12 year.

Statistics

Operating theatre upgrade

A million dollars was spent upgrading operating theatres and equipment at Timaru Hospital in 2010/11. Timaru Hospital has four operating theatres that deliver more than 300 operations a month. The upgrade will benefit patients directly and immediately, as well as aiding theatre staff to deliver the best service possible. The upgrade includes the following work:

- The theatre sluice rooms were upgraded at a cost of \$42,300. A sluice room is a cleaning room where theatre waste is disposed of safely.
- Two new operating tables have been bought at a cost of \$162,000.
- An ophthalmology microscope, used in eye surgery, has been bought for \$96,000.
- A urology laser, used to treat urological disease such as bladder disease, has been bought at a cost of \$98,000.
- An endoscopic reprocessor, used to disinfect equipment used in endoscopy procedures, has been bought at a cost of \$83,500.
- New sealing doors between the scrub rooms and the theatres have been built costing \$4,000.
- The sterile storage room, used to store sterile theatre equipment and consumables, has been upgraded at a cost of \$65,000.
- New theatre bollards have been installed at a cost of \$257,000. This cost includes infrastructure work such as new gas pipes and electrical wiring. Theatre bollards are pendulums that are attached to the ceiling and provide connection points for electrical devices and gas used in anesthesia and surgical procedures. There are four bollards in each operating theatre.

ESPIs 2 and 5: Five year trend 2007-2011



Standardised discharge ratios for common surgical procedures

PROCEDURE	06/07	07/08	08/09	09/10	10/11*
Carpal Tunnel	2.48	2.17	1.97	1.89	1.43
Cataracts	1.54	1.28	1.26	1.17	1.39
Gall Bladder	1.92	1.74	1.41	1.25	1.68
Grommets	1.44	1.90	1.61	1.59	1.16
Hernia Repair	1.46	1.55	1.23	1.30	1.30
Hip Replacement	1.50	1.76	1.56	1.39	1.72
Hysterectomy	1.87	1.67	1.80	1.64	2.42
Knee Replacement	1.41	1.58	1.66	1.25	1.46
Prostatectomy	1.26	1.51	1.32	1.62	1.79
Tonsils and Adenoids	1.73	1.66	1.72	1.82	1.89
Tubal Ligation	2.60	3.66	2.39	1.92	1.84

*July 2010 to December 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.

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

Murray Cleverley, chair *(elected)*

Ron Luxton, deputy chair *(elected)*

Neil Anderson *(elected until November, 2010)*

Paul Annear *(elected from December, 2010)*

Peter Binns *(elected)*

Rene Crawford *(elected from December, 2010)*

Jan Gilbert *(elected until November, 2010)*

Terry Kennedy *(elected)*

Ngairé Whytock *(elected)*

Nicola Hornsey *(appointed)*

Warwick Isaacs *(appointed)*

Richie Smith *(appointed)*

Peter Lyman *(appointed from December, 2010)*

NOTE: The Board election was held in October, 2010.

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.

Hospital Advisory Committee (HAC)

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

MEMBERS

Nicola Hornsey, chair

Terry Kennedy, deputy chair

Paul Annear

Warwick Isaacs

Chris Miller *(community representative)*

Peter Dalziel *(community representative)*

David Sibley *(community representative)*

Raeleen de Joux *(Maori representative)*

Koriana Waller *(Maori representative)*

NOTE: Community representative appointments effective from March 25, 2011.



Murray Cleverley, Board Chairman



Ron Luxton, Deputy Board Chairman



Neil Anderson, Board member



Nicola Hornsey, Board member



Peter Binns, Board member

Boards and Committees



Warwick Isaacs, Board member



Jan Gilbert, Board member



Paul Annear, Board member



Peter Lyman, Board member

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 use of health funding.

MEMBERS

Ron Luxton, chair
Rene Crawford, deputy chair
Peter Binns
Peter Lyman
John Wilson (*community representative*)

Mike Cotton (*community representative*)
Jan Gilbert (*community representative*)
Suzanne Eddington (*Maori representative*)
Dr Daniel Williams (*Medical Officer of Health, ex officio*)

NOTE: Community representative appointments effective from March 25, 2011.

Disability Support Services Advisory Committee (DSSAC)

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

MEMBERS

Ngairé Whytock, chair
Paul Annear, deputy chair
Terry Kennedy
Rene Crawford

Tony Gilchrist (*community representative*)
Kathy Wright (*community representative*)
Diane Nutsford (*community representative*)
Wendy Heath (*Maori representative*)

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

Warwick Isaacs, chair
Richie Smith, deputy chair
Ron Luxton
Murray Cleverley
Nicola Hornsey

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, chair
Ron Luxton, deputy chair
Nicola Hornsey

Maori Health Advisory Group - non-statutory

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

MEMBERS

Peter Lyman, chair
Peter Binns, deputy chair
Mandy Homes (*Arowhenua*)
Koriana Waller (*Arowhenua*)
Suzanne Eddington (*Waihao*)
Raeleen De Joux (*Te Aitarakihi*)
Viv Wood (*Waihao*)

Board Member interests register as at June 25, 2010

Paul Annear

Elected member

Physiotherapist in private practice (Timaru and Ashburton); married to Janie Annear, Mayor of Timaru District; daughter employed by SCDHB as an Occupational Therapist

Chief Financial Officer and shareholder:

Opihi Vineyard

Shareholder and director: FAIM Holdings, Timaru Holdings

Treasurer: So Kan Ju Judo Club

Neil Anderson MNZM

Elected member until November 2010

Sheep and beef farmer.

Peter Binns MB, BChir, FRCS

Elected member

Retired medical practitioner

Committee member: Timaru Grey Power

Grey Power representative: Safer Communities Committee of Timaru District Council

Murray Cleverley MBA, FecD, AFNZIM

Elected member, Board Chairman

Principal 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, NZ Petfoods Ltd, Shoe Shield Ltd, Animal Care Solutions, Sky Solar Holdings Ltd, New Zealand Chambers of Commerce, Auckland Adventure Jets Ltd, District Health Boards New Zealand, South Island Neurosurgical Services Board

Partner: Cleverley Holdings Partnership

Jan Gilbert

Elected member until November 2010

Registered nurse. Employed as a part-time audiometrician for husband's ENT practice at Aorangi Surgical Group. 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 BA LLB

Appointed member

Resource management and employment law consultant

Chairwoman: Mid and South Canterbury Community Trust

Board member: Presbyterian Support South Canterbury Inc.

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 MPS, ANZCP, JP

Board Deputy Chairman, elected member

Locum pharmacist

Trustee: Aoraki Foundation

Peter Lyman MCM(Hon-Finance and Strategic Management)

Appointed member

Trustee: Linwood Intermediate School

Senior Business Analyst:

Te Runanga o Ngai Tahu

Member: Arowhenua Runanga

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 Whytock

Elected member

Registered nurse

Member: Alzheimers SC Inc.

Resident's advocate for Presbyterian Support South Canterbury

Rene Crawford

Elected member

Employed by SCDHB as a casual staff physiotherapist; employed by University of Otago School of Physiotherapy as a Professional Practice Fellow - University of Otago has a contract with SCDHB. Brother currently employed by SCDHB as a Consultant Orthopaedic Surgeon.

Secretary: Physiotherapy New Zealand Education Group



Terry Kennedy, Board member



Rene Crawford, Board member



Richie Smith, Board member



Ngairie Whytock, Board member

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