Our Vision

Together, Improve the Health of the District

C&C DHB will endeavour to achieve this vision by:

- Acknowledging and reducing disparities
- Supporting people to fulfil their potential
  – People with disabilities feel included, participate and are independent
  – Mental Health services continue to improve
- Developing partnership with Maori
- Investing in communities
- Being innovative
- Working with others
- Developing and maintaining the quality of existing services
- Identifying and realising efficiencies.

Values

- Innovation
- Action
- People/Patient Focus
- Living the Treaty
- Professionalism/Leadership (Honesty/Integrity)
- Excellence (Effectiveness/Efficiency).

Chairman's Foreword

2003/04 has been for Capital & Coast DHB, a year of implementation, when plans which in some cases have taken years to painstakingly develop, reached the final action stage, and we, and the community, could see promises and expectations become reality. It was also the year, in which clear principles and directions emerged to secure a healthier population. Perhaps, one of the more fundamental examples was an increasing emphasis on reducing disparities which currently penalise some peoples within our region.

A major achievement was the growing commitment to primary care as an effective means of promoting better health in the community and ultimately avoiding unnecessary admissions to hospital care. In this context, we are committed to capacity building community based healthcare providers including workforce and information systems development.

Perhaps the most significant move in many years has been the introduction of Primary Health Organisations (PHOs). The process began in 2002/03 and has continued to develop in 2003/04. Capital & Coast believes the five PHO's (soon to be six with a new one in Karori) in this region, demonstrate the effectiveness of the Primary Care initiative. The strong community involvement at the governance level coupled with effective and efficient management support from organisations like WIPA, have secured success.

As one might expect, a vast amount of effort has gone into securing the New Regional Hospital in Newtown and the new community hospital at Kenepuru. For years a new hospital has been promised, and time after time disappointment was the outcome. Construction work is now underway on the Wellington Hospital site, with the first phase of that major new facility due to open in mid-2005, and the entire facility by the end of 2007. Work has now begun on Kenepuru Community Hospital site, with an expected completion date of the expanded facilities around 2005. This has required some disruption to services, and inconvenience to staff and patients alike, and I would like to take this opportunity to thank all those who have been involved for their patience and tolerance. I would also like to thank the many staff who contributed to the planning process and the temporary relocation that had occur to make way for the new hospital. My Board and I feel proud of a wonderful team effort.

The completion of the Kapiti Health Centre was regarded as a clear, material signal that the new facilities would be built and that they would provide a greater range of services for the community.

I would be remiss if I failed to mention the extraordinary efforts which went into ensuring this DHB lived within its means in 2003/04. Prudent financial management was evident across all sections of the DHB, from board to management to staff, and that commitment has resulted in the breakeven position detailed in this Annual Report.

The 2003/04 breakeven result was achieved through vigilant monitoring in the face of increasing expectations and requirements of service against the current funding base. The new regional hospital developments at Kapiti, Kenepuru and Newtown has been a major undertaking and modifications of the masterplan resulted in a write back of previous write down of buildings that have now been reinstated. The Board has been concentrating on the underlying structural issues so as to achieve a sustainable basis for future years by supporting management in vigorously pursuing a range of efficiency projects referred to later in this report.

Although a significant feature of our financials involves favourable valuation movements of our existing building, I would not wish that to overshadow the major productivity and efficiency measures undertaken throughout the organisation. There are growing expectations in the community for more and better services and the real need does not diminish. It is going to be a challenge therefore, in the coming years to up our game even further, and I have every reason to believe we can meet that challenge.

Finally, I would like to express sincere thanks to my Board for the many hours they have donated to Capital & Coast DHB and for their total commitment to the health of people within our region. To the Chief Executive and her staff, on behalf of the Board, congratulations to a task well done.

2003/04 will be remembered as a year when planning became a reality. I believe the stage has been set for the ongoing commitment and investment which will be required in the longer term to achieve a healthier community.

Bob Henare

Chairman

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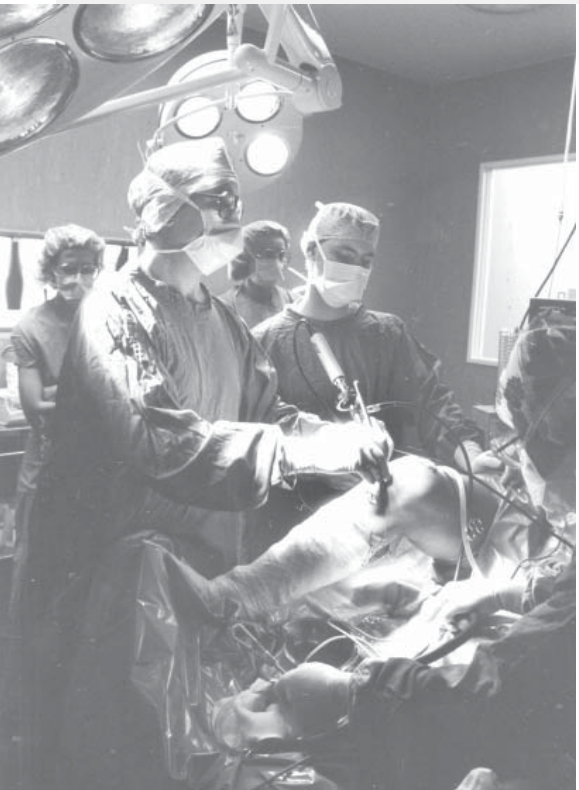

Foreword

The 2003/04 financial year continued to build on the considerable progress Capital and Coast DHB has made over the last few years.

In this foreword we focus on progress we have made in some of the areas we have identified as our priorities. The focus on these priority areas demonstrates the continuing commitment of both Board and staff to improve the health and reduce the impact of disability on our population and making the health and disability support services in this district the best they can be.

1. Investing in primary care

One of the most important responsibilities of the Board is to fund, extend and improve services within the primary care sector.

- An estimated 90% of the total district population are enrolled in 5 primary health organisations (PHOs). This represents approximately 220,000 people out of the district population of 245,580. The highest coverage is for Porirua (101%), followed by Kapiti (at 95%) and Wellington (at 85%) respectively. Work has been completed for the establishment of another PHO on 7th October which will bring coverage to 95 percent of the population.
- Over the past year additional funding was put into primary health services, including five Primary Health Organisations (PHOs), Maori and Pacific provider development and youth health services. C&C DHB also increased investment in primary care diabetes services and community radiology services. Overall, the increases added $3.4 million to the funding in the primary care sector for C&C DHB.
- Improving access projects have been introduced in Porirua and Titahi Bay and outreach immunisation is now well embedded in Porirua. A Youth Health Service has been introduced in Wellington and services for young people on the Kapiti Coast have been increased. Innovative models of care are being supported through Maori providers while funding is being put into community radiology services to ensure access for patients referred from primary care.
- The DHB has particularly targeted diabetes services, including providing additional services such as community-based dietician, counselling support for young people with diabetes, and various prevention projects.
- Funded a nurse specifically for young people with a history of rheumatic fever to provide advice, support and improve uptake of penicillin prophylaxis.
- Reduced primary care fees for people under 18 years through five PHOs.
- In other work, the DHB is helping develop additional smoking cessation services and assists with transport for some Porirua people who have difficulty attending medical appointments. The DHB is also supporting a primary care workforce development programme for Porirua.

2. Reducing disparities – Maori Health, Pacific and low income

- Over the year extensive work has gone into setting up the structures that will guide the DHB's work with the Maori community to best address their needs. This includes the development of the strategic plan for Maori health, 'Te Plan', and implementing its aims and objectives. A Maori Health Workforce Development Plan and action plan have also been drawn up to support the funding and development of the Maori workforce at a local level.
- A new Maori Health Directorate has been established to work with Planning & Funding and Hospital and Health Services. Its staff are working with the Maori Partnership Board to develop a strategy to promote, communicate and distribute information to, and about, Maori. They are also strengthening relationships with iwi, Maori community groups, Maori providers and with the partnership board.
- As part of our work to address these inequalities we have developed and implemented a Pacific Health Action Plan and we are helping providers to develop their services and workforce while working with the Pacific Community.
- A particular success for the year has been the introduction of the new service for Pacific in-patients at Wellington and Kenepuru Hospitals to further improve the coordination of health services for these patients both at the hospital and in the community. The Pacific support service is working with families, communities, and other health providers to ensure continuity of care, education and health prevention.

- We are also holding regular forums with Pacific communities and providers and are continuing to support elderly Pacific people through a Wellington South project that promotes physical activity and a healthy lifestyle.
- Working for low income populations includes supporting the local intersectoral Defeat Diabetes Team project and the work being done with the Porirua Housing Renewal Project where work is underway to improve housing, heating, insulation and health. PHOs and other providers are also expanding their work in advocating and following up housing and income issues with government agencies.
- C&C DHB has initiated Porirua based Congestive Heart Failure intervention project, which targets Maori, Pacific peoples and low income population. C&C DHB has funded a community worker supporting peer-led chronic care management for Maori people with Diabetes.

The level of investment in intervention to reduce disparities has been significantly increased and achieved through prioritisation of the current resource allocation. Funding Initiatives implemented during 2003/04 included

- Increased podiatry services in Wellington and Porirua
- Increased funding for maternity support
- Kaupapa Maori primary care services in Wellington
- Falls prevention services for older persons
- An additional psychogeriatrician with specific knowledge of the mental health 'graduate' population
- Follow up for rheumatic fever patients
- Health promotion and PHOs
- Increased the capacity of one service to deal with refugees
- Wellink service re-configuration
- Asthma services
- Additional diabetes services
- Primary care services for Maori in Kapiti
- Improving transport for high needs persons in Porirua
- Additional family advocacy and support services

3. Working with others

We work with a wide range of central and local government agencies, corporate and voluntary sectors, as well as various community and local health agencies. Some of the key achievements include

- Establishment of regular meetings with local bodies including Wellington City, Kapiti Coast District and Porirua City Councils. In particular, C&C DHB is working with local territorial authorities to improve long term planing processes for the people of the region. C&C DHB has also worked with these agencies on specific projects such as the redevelopments of the Kapiti, Kenepuru and Newtown hospital and health service facilities and development of a joint programme with Wellington City Council to promote increased physical activity.
- Working with Wellington Regional Council on public transport matters and with Wellington City Council and Wellington Regional Council on emergency water supplies.
- Funding of an intersectoral worker in South East Wellington with Work and Income Support.
- Development of a very successful joint programme with Work and Income to identify barriers that ethnic groups encounter in accessing income support, employment services and health services. In addition, C& C DHB developed a joint initiative with Work and Income Support to promote return to work opportunities to people on benefits.
- Gained approval for a joint venture shared IT services project with Taranaki DHB.
- Completed transfer of funding for the Kapiti Community Health Group Trust (Kapiti Healthlinks) from the Ministry of Health to C&C DHB for community advocacy services.
- Changes in the employment relations environment and the move to multi employer agreements have been the focus of intensive activity through the period at both a site, regional and national level. C&C DHB has managed the very considerable service continuity and financial risks very effectively through a focus on workplace relationships, support for delegate structures and day to day involvement and consultation with key unions.

4. Improving disability support and mental health services

The DHB managed the transition of the Disability Support Service (DSS) contracts from the Ministry and successfully managed the risks around these, particularly risks relating to rest homes. The development of the C&C DHB Disability strategy and plan has also been a major milestone.

- C&C DHB convened a public forum in August 2003 to support development of the C&C DHB New Zealand Disability Implementation Framework. Following DSAC and Board consideration, and additional community consultation, a comprehensive framework has been developed for consideration by DSAC and the Board.
- A contract established with Rangataua Mauriora to provide Kaupapa Maori Alcohol and Drug service for Tamariki and Rangatahi in Wellington (they already provide similar services in Porirua). The service provides counselling, training, whanau environment, educational information, assessment, ongoing support and follow up, mirimiri and massage. This service is now fully operational. Two community based crisis respite beds for youth have also been funded.
- Funding of Health Pasifika to provide a by-Pacific-for-Pacific Child and Adolescent Mental Health Service (CAMHS) which includes primary care/Child Young Persons and Family Services liaison.
- Establishment of a consumer run mental health services that will involve a buddy project to offer peer support for inpatients, including assistance to transition through the service.

5. Regional Hospital Redevelopment Project

We are now well into the $303m project to redevelop our services and our facilities at Newtown, Porirua and Paraparaumu.

- The first stage of the project, the construction of the new Kapiti Health Centre has been completed with the building opened on time and on budget in October 2003. This facility redevelopment has enabled more services to be made available closer to the community with a 30% increase in outpatient services now provided from the Kapiti Health Centre.
- Resource consents have been granted for both Wellington and Kenepuru hospitals. Construction of the first stage of the Wellington project is underway and early works have begun at Kenepuru.
- There is involvement of our communities in these redevelopments. There were community steering groups providing expect community advice into these redevelopments at Kapiti, Kenepuru and Wellington. In Newtown, a residents' liaison group has also been set up to manage local issues such as dust, noise, parking, and site work. A series of public meetings were also held at Kenepuru, Kapiti and Newtown to answer questions and to inform the public of progress and plans.
- The change management programme related to these facility redevelopments has also continued at a pace through the period. The programme has focused on model of care and service changes to align with the regional hospital requirements, with a particular focus on the evolving continuum of care developments and the need to improve the interface with primary care.

6. Improving hospital and health services

The Hospital and Health Service (HHS) performed close to contract for the full year. Acute and IDF demand trends continued to be above contracted volume between December 03 and June 04.

- Waiting list targets improved in most areas. While the HHS met the target of zero waiting longer than six months in the first half of the year, the continued demand from urgent cases and pressures on ICU (despite additional resourcing) have resulted in a waiting list of 30-37 patients waiting longer than six months for the last quarter of the period. Strategies have been put in place including weekend sessions for surgery and a limited contract with Wakefield to address the issue. The increase in the waiting list is due to increasing numbers of referrals and increasing case complexity.
- The HHS has maintained the reductions achieved in the number of people waiting for First Specialist Assessment. C&CDHB is meeting MOH guidelines for cardio thoracic, dental, endocrinology, general medical, neuro surgery, oncology/haematology, paediatric surgery and renal.

7. Becoming more efficient

C&C DHB continued to achieve our breakeven target for the year without service reduction. During the period the hospital and health services completed 62 separate efficiency initiatives and are in the final stages of implementation of a further seven. Collectively these have contributed savings of $7.9 million in the last financial year.

- DHB has maintained investment in infrastructure and workforce and capital expenditure.
- A number of successful developments over the year have focussed on making more efficient use of resources. Work continues on the hospital-based project to reduce the number of patients who fail to show up for their outpatient appointments. There has also been considerable success in reducing the length of time patients wait for cardiac surgery and colposcopy procedures.
- Improved discharge planning was a focus for 2003/04. This has led to the development and implementation of a major new policy to improve the continuity of care and the interface with primary care.
- Working with patients who frequently attend hospital and health services has progressed through this year. This initiative was developed by Planning and Funding with the HHS to reduce readmissions and frequent attenders. We are now appointing Case Managers who will manage frequent attenders' care with other providers.
- Thermal energy (heating and cooling etc) consumption on Wellington site at a five year low. Current consumption is 64% of what is was in 1999.
- Wellington Hospital domestic hot water energy consumption down by 40% in 12 months.
- Wellington electricity consumption down by 3.2% compared to 1997. Using less now than we were 7 years ago.

8. Maintaining quality

We are committed to improving the quality of our services and the care we provide.

- During the year the first two DHB Quality Forums for all health providers in the region were held. They focused on bringing together health providers to discuss the implications of implementing the Health Practitioners Competency Assurance Act.
- Via the Hospital Advisory Committee, the DHB has also begun publicly reporting information on patient satisfaction, consumer complaints, reportable events and reporting on progress with meeting DAP (District Annual Plan) quality objectives. The DHB has also introduced a programme for auditing service providers, which is being implemented through the Technical Advisory Service (TAS).
- During the year prepared the organisation for accreditation by the Quality Health New Zealand and the Ministry of Health certification.

The Board of C&C DHB 2001-2004: back row (from left) John Cody, Ian Shearer, Bob Henare (Chairman), Karl Geiringer, Tino Pereira, Helmut Modlik, Chris Turver. Front row (from left) Helene Ritchie, Ruth Gotlieb, Judith Aitken, Margaret Faulkner.

Planning & Funding Achievements

Primary Care

- 89% of the population in the C&C DHB region is now covered by the five existing PHOs, with a sixth PHO in development.
- The establishment of PHOs has improved access to pharmaceuticals, interpreters, outreach nurses, transport, plus a range of health promotion initiatives, and led to reduced fees for those aged under 18 who are enrolled with interim PHOs.
- Contracts to improve access to care have resulted in reduced GP co-payments, extended GP clinics, mobile and outreach nursing and community health worker services in Porirua.
- Medication management contracts are in place in Kapiti, Porirua and Wellington South to ensure that access to pharmaceutical services in high need population areas is maintained and improved and older people have optimal pharmaceutical management.
- A programme of accessible physical activity and recreation for Maori living with mental illness is being supported.
- The DHB has realigned immunisation coordination with PHOs, and expanded this service.
- A community infection control nurse has been employed.

Maori Health

- Funding is being provided for a community/whanau care and support service for Maori with mental health difficulties.
- The DHB is providing a local kaiawhina/community health worker training programme as part of its Maori workforce development plan.
- More services for Maori are being established and a Maori primary care service is being expanded in Kapiti to increase GP services from three half-day clinics per week to a full service over the next two years.
- A kaupapa Maori diabetes education and management service has been established in the Kapiti district – Te Ati Awa ki Whakarongotai (Hora Te Pai).
- The DHB has funded a Nga Tapuhi Whakawhanau (Maori /Pacific Midwifery Service) Wellington feasibility study for an integrated midwifery and Well Child service in Wellington.
- Governance of all PHOs includes Iwi and Maori community representation, as well as Maori provider representation. Maori Health plans have been developed in each PHO.

Pacific Health

- The Pacific Health Action Plan has been finalised and will be used to guide service developments.
- The in-patient service for Pacific people admitted to Wellington Hospital has celebrated its first anniversary. The Pacific Support Service was launched in July 2003 and has provided support, information and practical help for more than 1200 patients in that time. This service is now also directly linked to the community through the Capital PHO Pacific primary care nurse, who helps with the patient's transition between hospital and primary care services.
- A joint project has been undertaken by Health Pasifika, the DHB community mental health service for Pacific people, and the Taeaomamino Trust which provides a range of youth and social services, alcohol and drug programmes. This new programme will provide early intervention services for Pacific children and adolescents at risk of developing a mental illness.
- Strategic work is underway to develop the Pacific workforce and to prepare for a specific primary care service for Pacific people. This includes the re-establishment of Vai Ola, the strategic advisory group for the Board of C&C DHB. Support is also being given to the region's Pacific primary care nurses to set up a network to promote their professional development, and to non-government Pacific health providers to improve the links between their different services. This allows the organisations to carry out joint planning and may in the long term see the providers evolve into a cooperative, with shared resources and workforces.

Disability

- Public forums have been hosted by C&C DHB to allow consumer input into access issues relating to the hospital redevelopment project. The forums also helped identify other issues related to access to health and disability support.
- C&C DHB, together with Taranaki DHB, is developing its Intranet website to incorporate accessible features established by the State Services Commission and these are due to be applied later this year. This format will be applied to the Internet website at a later date.
- A C&C DHB policy on the use of interpreters has been developed and includes the use of NZ sign language interpreters. C&C DHB is also participating in a working group being co-ordinated by the Office of Disability looking at enhancing the NZ Sign Language workforce in the Wellington region.

- The DHB is working in partnership with Wellington City Council and the Disability Information Service Centre to collate and publish 'Accessible Wellington' in a variety of formats.
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Health of Older People

- A new service model for integrated home, community, primary and specialist services for older people and people with chronic illness has been developed.
- Devolution of disability services for older people from the Ministry of Health to C&C DHB has been completed, following an assessment of our organisational capability.
- All aged residential care facilities in our district have been certified against the Health and Disability sector quality standards which become mandatory on 1 October 2004.
- C&C DHB worked with PHOs and pharmacies to develop medication management services for older people and/or those with chronic illnesses.
- C&C DHB worked with Regional Public Health and ACC to develop, fund, and implement a comprehensive community based falls prevention programme for older people. This includes a contract with Sports Wellington to reduce the incidence and impact of falls through an activity programme.
- A study of the needs of older people with serious mental illness was completed which includes recommendations for funding, planning and service delivery. An additional 0.5 FTE psychogeriatrician has been appointed to work with this client group.

Mental Health

- A flexible funding framework has been developed with Wellink Trust to enable people's needs to be addressed more holistically and help people to manage their mental illness and recovery through the creative use of personal, social and cultural resources.
- A newly funded kaupapa Maori alcohol and drug service for children/tamariki and young people/ rangatahi in Wellington is now fully operational.
- Warmline, a telephone peer support service operated by and for mental health consumers, has been funded to provide services to the people of the district and Hutt Valley.
- In response to growing demand from families we have funded SF (Schizophrenia Fellowship) Wellington to provide additional Family Advocacy and Support Services.
- Hosted a consultation hui for mental health service consumers to gain advice on priorities and principles for allocating Blueprint funding to consumer-run services. This resulted in a range of new initiatives including a peer support service; a consumer conference, Mad Pride event; and peer support networks for people with bipolar disorder.
- The Easy Access Housing Service was launched and is now fully operational. This service is an inter-sectoral initiative to address the housing needs of mental health consumers experiencing accommodation difficulties in inner city Wellington.

Quality Achievements

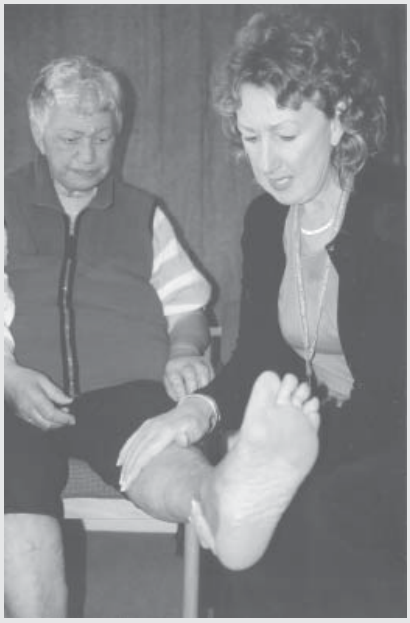
The quality programme for 2003/04 built on foundations from previous years. There were a number of ongoing quality and risk management initiatives developed at C&C DHB to assist in optimising the quality and safety of care provided. These include: development of Women's Heath Quality framework, first C&C DHB Quality award held to acknowledge quality improvement initiatives, preparation for certification/accreditation, implementation of Senior medical officer credentialling process, implementation of risk methodology, review of nursing standards of practise, clinical and quality audit, Death review, reportable and sentinel event review.

Numerous quality initiatives completed in the organisation including a wide range of policy reviews and a project for pre-operative management of diabetes patients.

- A Quality Quest was held to acknowledge the excellent quality improvement initiatives, which have taken place in the past year.
- Death review database development, to improve the process for data collection for audit purposes.
- Quality Word, the HHS newsletter is now emailed to community providers to keep them up to date with new policies and HHS quality initiatives.

Medical Surgical Services Group

- Over 500 cardiac surgery cases performed.
- Establishment of a new Cardiology electro physiology service.
- Joint service reviews with Planning and Funding have been started to develop five year operational plans.
- Re-establishment of the Immunology Service following the appointment of an Immunologist.
- Appointment of a Congestive Heart Failure Nurse in the Porirua community.



- Linear Accelerator replacement and upgrade begun.
- Installation of new monitoring system in the Cardiac Care Unit.
- Achieved accreditation from the Australasian College of Physical Scientists and Engineers in Medicine to provide medical physicists training (first in NZ and Australia).
- Perioperative nursing course has completed its first year and is now a national course.

Women's Health Service (WHS)

- Development and implementation of Quality Improvement Model.
- WHS Risk Register developed.
- Obstetric adverse outcomes tracking system implemented.
- Successful completion of Women's Health Service Clinical Practice Guidelines Project.
- The WHS Quality Improvement Model was presented at the 3rd Asia Pacific Forum in Auckland, and was overall winner of C&C DHB Quality Quest in 2003.
- Significant progress has been made toward implementing the Baby Friendly Hospital Initiative.
- Reduction in waiting times for Colposcopy Clinic and Gynaecology Clinic.
- Completed compilation of statistics for WHS Maternity Report 1997-2002.

Child Health

- A nurse-led eczema clinic has been established.
- Genetic services have been expanded including increased clinics in the South Island and the provision of laboratory services for the South Island.
- The Child Development Team[1] has been expanded providing improved client access.
- More paediatric outpatient services are now available at Kenepuru and Paraparaumu (now exceeding 42% of all outpatient visits).
- Paediatric outreach clinics established throughout the Central Region include:
  - Paediatric Surgery
  - Paediatric Neurology
  - Developmental Paediatrics
  - Neonatal Unit approved as an Advanced Training Facility for RMOs.

Clinical Support Services
Capital Coast Rehabilitation[2]

- Falls policy developed.
- Developed dementia guidelines.
- Secured funding for psychogeriatric service for mental health graduates.
- Completed involvement in international stroke research.

[1] The multi disciplinary Child Development Team works with under 16 year old children with disabilities and/or developmental delays.

[2] Capital Coast Rehabilitation provides assessment, treatment and rehabilitation for adults with disabilities resulting from illness, disease, traumatic brain injury and pyschogeriatric conditions.

Emergency Services

- Project completed to implement ED-specific recommendations following the Emergency Department review.
- Reviewed and implemented changes at Kenepuru Emergency Department ensuring some continuity with service provision by appointing a permanent nursing and receptionist position.
- Significant improvements have been made in meeting triage compliance times as set by Australasian College of Emergency Medicine.

Capital Support[3]

- Sound linkages developed with a variety of community-based disability support services.
- Linkages developed with a variety of intersectoral agencies including WINZ, Group Special Education, Housing New Zealand, Justice Department, ACC and Police.
- Pacific Advisory committee in place.

Pharmacy

- Implemented Phase II of a software to reduce medication errors within the Production Unit and increase efficiencies.

Radiology

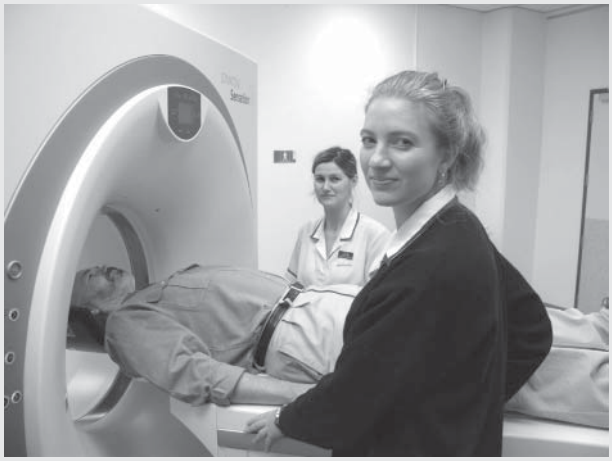
- New multi-dimension CT scanner installed.

Nursing & Midwifery

- Continued collaboration with educational institutions and ongoing development of policy to support. preceptoring (mentoring) at C&C DHB. Programme now offered jointly between Hutt and C&C DHB.
- An audit of patient falls has been completed and final report with recommendations prepared.
- The nurses/midwives career pathway has been reviewed and recommendations addressed. Percentages of nurses and midwives on each level are reported monthly.
- Another group of chaplains assistants has been through the programme and nine assistants have been recruited.

Mental Health

- Development of consumer participation infrastructure.
- Successful development of Acute Services with the establishment of home-based treatment and expansion of crisis-respite and acute day programmes.
- Adult Acute and Community Mental Health Services review recommendations being implemented.
- Negotiations completed to partner Child Youth and Family Services (CYFS) to establish a programme for young people with severe conduct disorder.
- Reviewed and revised mental health client pathway.



[3] Capital Support assesses the needs of people with a disability, coordinates the services they require, and funds some disability services.

Operations Group Achievements

Food Services

- Healthy options policy commenced implementation in Cafes with elimination of high fat, high sugar foods – this is an ongoing initiative with changes to foodstuffs being implemented over time.
- Upgrade to Wellington cafeteria completed.
- Investigation and trial of a patient food tray system was undertaken.
- Developed Health and Safety procedures for Meals On Wheels volunteer drivers.

Supply

- Implemented new Office Consumable contract, which is expected to yield $120K saving per annum.
- Began trial of electronic ordering by Ward Areas.
- Materials Management Review completed and implementation of recommendations progressing.

Building Services

- Kapiti Health Centre was successfully completed within budget and on time.
- Extension of the Rangipapa unit on the Forensic Service site was successfully completed within budget and on time.

Corporate Achievements

Information Management and Planning

- The DHB is now in its third year of a five-year plan to upgrade and maintain the information technology infrastructure.
- The new Citrix desktop system is being rolled out to staff, enabling them to access systems and databases from any location through the internet.
- The active directory single point of authentication for authorised users of the DHB's information system is being rolled out progressively for ease of use and improved security of information systems. This is the cornerstone of the strategy for managing access to all information within the DHB.
- A formal selection process for an electronic health record and patient management system framework has been completed, and a recommendation made to the Board.

Human Resources

- Constructive outcomes in all collective agreement negotiations. Participation in the Central Region District Health Boards' first ever multi-employer agreement for senior nurses and midwives.
- Development of an online performance review process and successful completion of pilots.
- Implementation support for key change management projects associated with the New Regional Hospital. Projects include; review of purchasing and supply functions, which led to the creation of a new Materials Management Service; review of Maori Health Unit and creation of new Maori Health Development Group; review of senior management; development of comprehensive management information reporting, to assist in analysis and planning in relation to staffing profile and levels, workforce costs, health and safety, and turnover.
- Achievement of secondary accreditation under the ACC's accredited employer partnership programme.
- Started the process for workforce planning to identify gaps and improve number and skill base of the workforce especially in priority areas like Maori and Pacific.
- We are also working with other DHBs on multi employer collective agreements (MECAs) and national contracts for nursing and senior doctors etc. to improve the recruitment and retention of the workforce.

Hospital Redevelopment Project

- Kapiti Health Centre completed and opened (October 2003).
- Master Plan approved at Board and Ministerial levels.
- Schematic Design approved at Board and Ministerial levels.
- Resource consents obtained for both Wellington and Kenepuru sites.
- Decanting-related refurbishment at Newtown, including Ewart, Administration Building, Riddiford Building, Community Health Building.

Statement of Responsibility

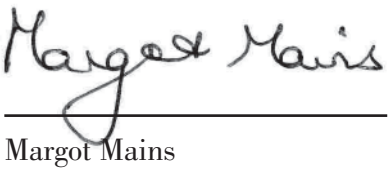
for the period ended 30 June 2004

1. The Board and Management of Capital and Coast District Health Board accepts responsibility for the preparation of the annual Financial Statements and the judgements used in them.

2. The Board and Management of Capital and Coast District Health Board accepts responsibility for establishing and maintaining a system of internal control designed to provide reasonable assurance as to the integrity and reliability of financial and non financial reporting.

3. In the opinion of the Board and Management of Capital and Coast District Health Board, the annual Financial Statements for the year ended 30 June 2004, fairly reflect the financial position and operations of Capital and Coast District Health Board.

Bob Henare
Chairperson



Margot Mains
Chief Executive

Calum Laurie
Director of Finance

Statement of Accounting Policies
for the year ended 30 June 2004

Reporting Entity

Capital and Coast District Health Board is a Crown Entity in terms of the Public Finance Act 1989. The financial statements of Capital and Coast District Health Board have been prepared in accordance with the requirements of the New Zealand Public Health and Disability Act 2000 and the Public Finance Act 1989.

In addition, funds administered on behalf of patients have been reported as a note to the financial statements.

Measurement base

The financial statements have been prepared on a historical cost basis, modified by the revaluation of certain fixed assets.

Accounting policies

The following particular accounting policies which materially affect the measurement of financial results and financial position have been applied:

Joint Venture Company
Capital and Coast District Health Board holds a 31.6% shareholding in Central Region Technical Advisory Services Limited (CRTAS) and participates in its commercial and financial policy decisions.

Budget Figures
The budget figures are those approved by the Board and published in its Statement of Intent and updated with approval from the Ministry of Health. The budget figures have been prepared in accordance with generally accepted accounting practice and are consistent with the accounting policies adopted by the Board for the preparation of these financial statements.

Goods and Services Tax
All items in the Financial Statements are exclusive of Goods and Services Tax (GST) with the exception of receivables and payables, which are stated with GST included. Where GST is irrecoverable as an input tax, it is recognised as a part of the related asset or expense.

Taxation
Capital and Coast District Health Board is a public authority under the New Zealand Public Health and Disability Act 2000 and is exempt from Income Tax under Section CB3 of the Income Tax Act 1994.

Donation, Bequest and Trust Funds
Donations and bequests are recognised as revenue at the point when they are formally acknowledged. Funds received, to which conditions are attached, are acknowledged as revenue, unless the conditions cannot be fulfilled in which case the funds are lodged as DHB's Trust Funds. The use of these funds must comply with the specific terms of the sources from which the funds were derived and are therefore accounted for separately through the DHB's Trust Ledger.

Accounts Receivable
Accounts receivable are stated at expected realisable value after providing for doubtful and uncollectible debts.

Inventories
Inventories are stated at the lower of cost, determined on a *first- in*: *first- out* basis, and net realisable value after allowing for slow moving and obsolete items. Obsolete items are written off.

Investments
Investments, including that in the joint venture company, are stated at the lower of cost and net realisable value. Any write downs are recognised in the Statement of Financial Performance.

Fixed Assets (or Property, Plant and Equipment)
Fixed Assets other than land and buildings

Assets, other than land and buildings, are recorded at cost less accumulated depreciation. Cost includes all appropriate costs of acquisition and installation, including materials, labour, direct overheads, financing and transport costs.

Revaluation of land and buildings

Land and buildings are revaluated every three years (unless a material change in asset value is identified during this period) to reflect their fair value as determined by an independent registered valuer by reference to their highest and best use. Fair value is determined using market evidence or depreciated replacement cost where appropriate. Additions between revaluations are recorded at cost. The results of revaluing land and buildings are credited or debited to an asset revaluation reserve for that class of asset. Where a revaluation surplus reverses a previously recognised revaluation decrement, the revaluation surplus is recognised as revenue in the Statement of Financial Performance. Where a revaluation of an asset class results in a debit balance in the asset revaluation reserve for that asset class, the debit balance will be expensed in the Statement of Financial Performance.

Buildings were revalued at 30 June 2002. Land was revalued as at 30 June 2003. Due to a material change identified in the value of buildings, a revaluation was undertaken at 30 June 2004. The valuation increment of $ 11.8m was credited to the Statement of Financial Performance.

Surplus Properties

These properties are recognised at the lower of their cost or their net realisable value.

Disposal of Fixed Assets

When a fixed asset is disposed of, any gain or loss is recognised in the Statement of Financial Performance and is calculated as the difference between the sale price and the carrying value of the fixed asset.

Depreciation

Depreciation is provided on a straight line basis on all fixed assets other than freehold land, at rates which will write off the cost (or revaluation) of the assets to their estimated residual values over their useful lives.

The useful lives and associated depreciation rates of major classes of assets have been estimated as follows:

Building structure	– 2 to 60 years
Building fitouts	– 2 to 25 years
Plant and equipment	– 5 to 15 years

Capital work in progress is not depreciated. The total cost of a project is transferred to freehold buildings and/or plant and equipment on its completion and depreciated from that date.

Employee Entitlements

Provision is made for the DHB's liability for annual leave, long service, retirement and conference leave. Annual leave and conference leave have been calculated on an actual entitlement basis at current rates of pay whilst the other provisions have been calculated on an actuarial basis.

Leases

Finance leases

Leases, where the lessee effectively retains substantially all the risks and benefits of ownership of the leased items, are classified as finance leases. Finance lease assets are recorded at the lower of the fair value of the asset or the present value of the minimum lease payments. The leased assets and corresponding lease liabilities are recognised in the Statement of Financial Position. The leased assets are depreciated over the period the DHB is expected to benefit from their use.

Operating Leases

Leases, where the lessor effectively retains substantially all the risks and benefits of ownership of the leased items, are classified as operating leases. Operating lease expenses are recognised in the Statement of Financial Performance on a systematic basis over the period of the lease.

Financial Instruments

The DHB is party to financial instruments as part of its normal operations. These financial instruments include bank accounts, short term deposits, investments, debtors, creditors and loans. All financial instruments are recognised in the Statement of Financial Position and all revenues and expenses in relation to financial instruments are recognised in the Statement of Financial Performance. Except for loans, which are recorded at cost, and those items covered by a separate accounting policy, all financial instruments are shown at their estimated fair value.

Statement of Cash Flows
Cash means cash balances on hand, held in bank accounts, bank overdrafts, demand deposits and other highly liquid investments in which the DHB invests as part of its day to day cash management.

Operating activities include all transactions that are not investing or financing activities. Cash inflows include all receipts from the sale of goods and services and other sources of revenue which supports the Board's operating activities. Cash outflows include the payments made to employees, suppliers and for taxes.

Investing activities are those activities relating to the acquisition and disposal of current and non-current securities and advances and any other non-current assets.

Financing activities comprise the change in equity and debt capital structure of the DHB.

Cost of Service Statements
The cost of service statements, as reported in the statement of objectives and service performance, report the net cost of services for the outputs of Capital and Coast District Health Board and are represented by the cost of providing the output less all the revenue that can be allocated to these activities.

Cost allocation
Capital and Coast District Health Board has arrived at the net cost of service for each significant activity using the cost allocation system outlined below.

Cost allocation policy

Direct costs are charged directly to output classes. Indirect costs are charged to output classes based on cost drivers and related activity/usage information.

Criteria for direct and indirect costs

'Direct costs' are those costs directly attributable to an output class.

'Indirect costs' are those costs which cannot be identified in an economically feasible manner with a specific output class.

Cost drivers for allocation of indirect costs

The cost of internal services not directly charged to outputs is allocated as overheads using appropriate cost drivers such as actual usage, staff numbers and floor area. For the year ended 30 June 2004, indirect costs accounted for 6.18% of Capital and Coast District Health Board's total costs (2003: 7.1%).

Changes in accounting policies
The DHB has changed its policy for accounting for interest costs incurred on debt financing in respect of major capital projects. The interest cost of debt financing for the new regional hospital development project (NRH) has been capitalised to the Statement of Financial Position. The previous policy had been to recognise the interest cost in the Statement of Financial Performance in the period it was incurred.

This change in the accounting policy has resulted in an increase in the reported net surplus of $0.8m.

There have been no other changes from the accounting policies adopted in the last audited financial statements. All policies, other than those noted above, have been applied on a basis consistent with the previous year.

Statement of Financial Performance

for the year ended 30 June 2004*

	Notes	Budget 2004 $000	Actual 2004 $000	Actual 2003 $000
Revenue	1	505,802	523,132	425,601
Expenses	1	500,668	518,583	423,077
Capital charge	16	5,085	4,538	3,084
NET SURPLUS/ (DEFICIT)	1	49	11	(560)

* The accompanying accounting policies and notes form part of these financial statements.

Statement of Movements in Equity

for the year ended 30 June 2004*

	Notes	Budget 2004 $000	Actual 2004 $000	Actual 2003 $000
EQUITY AT BEGINNING OF THE PERIOD		129,724	129,724	85,907
Net surplus/(deficit) for the period		49	11	(560)
Revaluation of Land		0	0	17,046
Other movements		0	15	0
Reduction in revaluation reserve due to disposals	2(c)	0	0	(2,836)
Total recognised revenues and expenses for the period		**49**	**26**	**13,650**
OTHER MOVEMENTS				
Contributions from owners	2(a)	2,416	0	30,167
EQUITY AT THE END OF THE PERIOD		**132,189**	**129,750**	**129,724**

* The accompanying accounting policies and notes form part of these financial statements.

Statement of Financial Position

as at 30 June 2004*

	Notes	Budget 2004 $000	Actual 2004 $000	Actual 2003 $000
EQUITY				
General funds	2(a)	207,643	205,243	205,243
Retained earnings	2(b)	(92,515)	(92,554)	(92,565)
Revaluation reserves	2(c) & (d)	17,061	17,061	17,046
Total equity		**132,189**	**129,750**	**129,724**
REPRESENTED BY:				
ASSETS				
Current Assets				
Cash		88	1,612	1,846
Receivables and prepayments	3	21,193	21,632	33,441
Inventories	4	4,197	4,632	4,197
Trust funds	12(a) & (b)	3,738	3,709	3,737
Total current assets		29,216	31,585	43,221
Non-Current Assets				
Fixed assets	5	204,655	197,886	168,135
Receivables and prepayments	3	70,500	86,000	70,500
Total non current assets		275,155	283,886	238,635
Total assets		**304,371**	**315,471**	**281,856**
LIABILITIES				
Current Liabilities				
Payables and accruals	6	31,158	39,406	37,182
Employee entitlements	7	21,092	24,951	24,816
Current portion of term loans	8	107,153	7,615	77,356
Total current liabilities		159,403	71,972	139,354
Non-Current liabilities				
Employee entitlements	7	1,675	3,770	1,674
Term loans	8	11,104	109,979	11,104
Total non current liabilities		12,779	113,749	12,778
Total liabilities		**172,182**	**185,721**	**152,132**
NET ASSETS		**132,189**	**129,750**	**129,724**

* The accompanying accounting policies and notes form part of these financial statements.

Statement of Cash Flows

for the year ended 30 June 2004*

	Notes	Budget 2004 $000	Actual 2004 $000	Actual 2003 $000
CASH FLOWS FROM OPERATING ACTIVITIES				
Cash was provided from:				
Receipts from MOH and other crown entities		478,279	492,789	427,340
Other revenue		24,882	14,628	12,507
Interest received		0	165	212
		503,161	507,582	440,059
Cash was disbursed to:				
Payments to employees and suppliers		480,339	493,354	397,633
Capital charge		4,846	2,634	7,898
Interest paid		7,620	5,841	6,525
GST (net)		3,519	896	(521)
		496,324	502,725	411,535
Net cash inflow/(outflow) from operating activities	9	**6,837**	**4,857**	**28,524**
CASH FLOWS FROM INVESTING ACTIVITIES				
Cash was provided from:				
Trust property cash released		0	387	9,387
Proceeds from sale of fixed assets		0	9	0
		0	396	9,387
Cash was applied to:				
Purchase of fixed assets		56,128	32,793	15,674
		(56,128)	32,793	15,674
Net cash inflow/(outflow) from investing activities		**(56,128)**	**(32,397)**	**(6,287)**
CASH FLOWS FROM FINANCING ACTIVITIES				
Cash was provided from:				
New equity	2(a)	17,900	0	30,167
Proceeds from term loan		127,193	98,000	0
		145,093	98,000	30,167
Cash was applied to:				
Repayment of term loan		97,560	70,694	51,256
Net cash inflow/(outflow) from financing activities		**47,533**	**27,306**	**(21,089)**
Net increase in cash held		(1,758)	(234)	1,148
Add opening cash		1,846	1,846	698
Closing cash balance		88	1,612	1,846
Made up of:				
Cash		88	1,612	1,846
Closing cash balance		88	1,612	1,846

• The accompanying accounting policies and notes form part of these financial statements.

Statement of Contingent Liabilities

as at 30 June 2004

	2004 $000	2003 $000
Legal proceedings	973	741
Personal grievances	42	351

There are other claims that the DHB is currently contesting which have not been quantified due to the nature of the issues and/or the uncertainty of the outcome. In the event of the Courts finding for the plaintiffs, the Board believes that any damages awarded will be met by its insurers.

Statement of Commitments

as at 30 June 2004

	2004 $000	2003 $000
Capital Commitments including New Regional Hospital (NRH)		
Less than one year	28,365	25,377
One to two years	9,503	8,423
Two to five years	872	8,984
	38,740	**42,784**
Finance Lease commitments		
Less than one year	1,477	0
One to two years	349	0
Two to five years	1	0
	1,827	**0**
Operating lease commitments		
Less than one year	2,361	5,569
One to two years	1,676	3,091
Two to five years	1,106	1,445
Over five years	590	772
	5,733	**10,877**

Other non-cancellable contracts

The Board has entered into non-cancellable contracts for the provision of services. Details of the commitments under these contracts are as follows:

	2004 $000	2003 $000
Less than one year	25,613	23,020
One to two years	9,419	8,285
Two to five years	2,142	9,374
Later than five years	999	349
	38,173	**41,028**
Total commitments	**84,473**	**94,689**

Note 1: Net Surplus/(Deficit)

	2004 $000	2003 $000
Revenue	**523,132**	**425,601**
After crediting:		
Interest income	165	212
Gain on sale of fixed assets	0	4,183
Revaluation of fixed assets	11,898	0
Donations and bequests	1,408	1,195
Less Expenses		
After charging:		
Remuneration of auditor		
Audit fees	102	102
Assurance related services	13	0
Depreciation		
Buildings	9,314	8,395
Plant and equipment	9,240	8,847
Total depreciation charge	18,554	17,242
Loss on sale of fixed assets	345	312
Board members' fees	327	342
Interest expense	6,135	6,311
Rental and operating lease costs	5,689	6,176
Bad debts written off	121	253
Changes in provision for doubtful debts	696	56
Personnel costs	204,566	193,843
Other operating expenses	112,731	96,919
Provider payments	169,304	101,521
	518,583	**423,077**
Capital Charge	4,538	3,084
Net surplus/(deficit) per Statement of Financial Performance	**11**	**(560)**

Note 2: Equity

(a) General Funds	2004 $000	2003 $000
Opening balance	205,243	175,076
Contribution from owners*	0	30,167
General funds at 30 June	**205,243**	**205,243**

(b) Retained earnings	2004 $000	2003 $000
Retained earnings at 1 July	(92,565)	(92,005)
Operating surplus/(deficit)	11	(560)
Retained earnings at 30 June	**(92,554)**	**(92,565)**

(c) Endowment/Trust Property Revaluation Reserve	2004 $000	2003 $000
Opening balance	0	2,836
Revaluation	0	0
Reduction in revaluation reserve due to disposals	0	(2,836)
Revaluation Reserve at 30 June	**0**	**0**

(d) Land revaluation reserve	2004 $000	2003 $000
Opening balance	17,046	0
Revaluation	0	17,046
Other movements	15	0
Land revaluation reserve at 30 June	**17,061**	**17,046**

* Contributions in 2003 were required due to the conversion of Crown Funding Agency subordinated debt.

Note 3: Receivables and prepayments

	2004 $000	2003 $000
Trade debtors	19,413	14,482
Provision for doubtful debts	(1,114)	(418)
Crown equity due*	0	15,500
Accrued income	2,488	3,146
Prepayments	845	731
Total receivables and prepayments	**21,632**	**33,441**

Note 4: Inventories

	2004 $000	2003 $000
Pharmaceuticals	1,094	1,004
Surgical and medical supplies	3,433	3,101
Other supplies	105	92
Total Inventory	**4,632**	**4,197**

No inventories are pledged as security for liabilities but some inventories are subject to retention of title clauses (Romalpa Clauses). The value of stocks subject to such clauses cannot be quantified due to the inherent difficulties in identifying the specific inventories affected at year end.

* The write down in the value of a number of buildings has had a significant impact on the equity of the DHB and the Crown has recognised the need to replace this equity. This replacement is in the form of an irrevocable pledge of equity of $86 million to be drawn as and when required. The DHB will use these funds as part of the payments from the Crown to construct the New Regional Hospital. It is estimated that $0 (2003: $15.5m) will be drawn down in the next financial year. The balance of $86m (2003: $70.5m) has been included under non-current assets.

Note 5: Fixed assets

	2004 $000	2003 $000
Land		
Land at valuation	21,722	21,722
Total land	**21,722**	**21,722**
Buildings		
Buildings at cost	5,257	1,666
Buildings at valuation	88,878	86,829
Accumulated depreciation	(882)	(8,947)
Total buildings	**93,253**	**79,548**
Plant and Equipment		
At cost	112,933	107,102
Accumulated depreciation	(67,358)	(59,029)
Total plant and equipment	**45,575**	**48,073**
Plant and Equipment finance leases		
At cost	1,827	0
Accumulated depreciation	0	0
Total plant and equipment finance leases	**1,827**	**0**
Surplus Properties		
At cost	12,602	12,733
Accumulated depreciation	(3,929)	(3,627)
Total surplus properties	**8,673**	**9,106**
Capital Work in Progress		
At cost	26,836	9,686
Total Fixed Assets		
At cost and valuation	270,055	239,738
Accumulated depreciation	(72,169)	(71,603)
Total carrying amount of fixed assets	**197,886**	**168,135**

During the year certain operating leases were deemed to be finance leases. The DHB requested (and received) approval from the Treasury to account for these leases as finance leases effective 30 June 2004. The value of these leased assets represents the net present value of minimum future lease payments. The leased assets will be depreciated from 1 July 2004.

Restrictions

Capital & Coast DHB does not have full title to Crown land it occupies but transfer is arranged if and when land is sold. The disposal of any property is subject to the provisions of S40 of the Public Works Act 1981 and Maori Protection Mechanism.

Titles to land transferred from the Crown to Capital & Coast District Health Board are subject to the Treaty of Waitangi Act 1975 (as amended by Treaty of Waitangi (State Enterprises) Act 1988). The effect on the value of assets resulting from potential claims under the Treaty of Waitangi Act 1975 cannot be quantified.

Valuation

Buildings are stated at fair value as determined by M J Bevin, MPA, SNZPI (Registered Valuer) of DTZ Darroch as at 30 June 2004.

Land was revalued at fair value as determined by M J Bevin, MPA, SNZPI (Registered Valuer) of DTZ Darroch as at 30 June 2003.

Surplus properties were revalued at fair value by EF Gordon, FNZIV (Registered Valuer) as at 30 June 2004.

Note 6: Payables and accruals

	2004 $000	2003 $000
Trade creditors and accruals	31,572	31,287
Capital charge due to the Crown	2,441	537
Accrued expenses	4,981	4,873
Revenue in advance	412	485
Total payables and accruals	**39,406**	**37,182**

Note 7: Employee entitlements

	2004 $000	2003 $000
Accrued pay	4,830	5,582
Annual leave	16,799	17,303
Retirement and long service leave	4,983	1,839
Other	2,109	1,766
	28,721	**26,490**
Made up of:		
Current	24,951	24,816
Non-current	3,770	1,674
	28,721	**26,490**

Note 8: Term loans

	2004 $000	2003 $000
Crown Financing Agency	98,000	0
Bank revolving credit	6,000	14,385
Bond holders	0	9,865
Capital & Coast notes	11,000	64,000
Finance leases	1,827	0
Other loans	767	210
Total	**117,594**	**88,460**
Less current portion	7,615	77,356
Non current portion	**109,979**	**11,104**
Interest Rates Summary:		
CFA	5.88%pa	0%pa
Revolving credit	6.02%pa	5.52%pa
Bonds and Capital & Coast notes (weighted coupon)	7.90%pa	8.05%pa
Leases	6.00%pa	0%pa
Repayable as follows:		
One to two years	11,368	11,104
Two to five years	98,611	0
	109,979	**11,104**

The CFA term liabilities are secured by a negative pledge. Without CFA's prior written consent Capital & Coast DHB could not perform the following actions in the following areas:

a) Security interest: Create any security interest over its assets except in certain defined circumstances; or

b) Loans and guarantees: Lend money to another person (except in the ordinary course of business and then only on commercial terms), or give a guarantee; or

c) Change of business: Make a substantial change in the nature or scope of its business as presently conducted; or

d) Disposals: Dispose of any of its assets except disposals made in the ordinary course of its business or disposals for full value; or

e) Provided services: provide services to or accept services from a person other than for proper value and on reasonable commercial terms.

The Finance leases are secured over leased assets disclosed in note 5.

Term loans are not guaranteed by the Government of New Zealand.

Note 9: Reconciliation of net surplus/ (deficit) after taxation with net cash flow from operating activities*

	2004 $000	2003 $000
Net surplus/ (deficit)	11	(560)
Add/(less) non-cash items:		
Depreciation/assets written down	18,554	17,737
Asset revaluation	(11,898)	0
Total non-cash items	**6,656**	**17,737**
Add/(less) item classified as investment activity:		
Net loss/ (gain) on sale of fixed assets	345	(3,871)
Total investing activity items	345	(3,871)
Add/(less) movements in working capital items:		
(Increase)/decrease in receivables and prepayments	(3,691)	18,409
Increase in inventories	(435)	(528)
Increase/ (decrease) in payables and accruals	94	(3,566)
Increase in provisions	1,877	1,108
(Increase)/ decrease in trust funds	0	(205)
Working capital movement – net	(2,155)	15,218
Net cash inflow from operating activities	**4,857**	**28,524**

* Reconciling items do not necessarily match movements shown in the financial statements of this report, as not all detailed accrual based entries are shown.

Note 10: Related parties transactions

Capital & Coast DHB is a wholly owned entity of the Crown. The Government, as stakeholder, significantly influences the strategic direction of the DHB as well as being its major source of revenue.

The Board enters into numerous transactions with government departments and other Crown agencies on an arm's length basis. Where those parties are acting in the course of their normal dealings with the Board related party disclosures have not been made for transactions of this nature.

Related party transactions and balances

(a) Funding

Total Crown revenue received in the year ended 30 June 2004 was $494m, $482 million (97.5%) was received directly from the Ministry of Health. The amount outstanding to CCDHB as at 30 June 2004 was $9.1 million.

(b) Joint venture company

Capital & Coast District Health Board purchased services from Central Regional Technical Advisory Services Ltd of $541,797 ($600,000 in 2003) during the year ended 30 June 2004.

(c) Key management and Board members

Other than transactions carried out in the ordinary course of business on normal business terms, there were no related party transactions during the financial period. No related party debts have been written off or forgiven during the year.

Note 11: Financial instruments

Capital and Coast District Health Board is party to financial instruments as part of its everyday operations. These include instruments such as bank balances, investments, accounts receivable, trade creditors and loans.

The Board has a series of policies providing risk management for interest rates and the concentration of credit. The Board is risk averse and seeks to minimise exposure from its treasury activities. Its policies do not allow any transactions which are speculative in nature to be entered into.

Interest rate risk

Interest rate risk is the risk that the value of a financial instrument will fluctuate due to changes in market interest rates. This could particularly impact on the cost of borrowing or the return from investments.

The Board does not consider there is any significant exposure to interest rate risk on its investments.

The interest rates on borrowings are disclosed in note 8. There were no interest rate instruments in place at 30 June 2004.

Unused facilities

As at 30 June 2004, Capital and Coast District Health Board had available committed borrowing facilities of $35m expiring on 31 August 2004. $6m was drawn against this facility at 30 June 2004 leaving $29m available (2003: $55.6m).

Currency risk

Currency risk is the risk that the value of a financial instrument will fluctuate due to changes in foreign exchange rates.

Capital and Coast District Health Board undertakes transactions denominated in foreign currencies from time to time and exposures in foreign currency arise from these activities. It is the DHB's policy to hedge any such risks using forward and spot foreign exchange contracts to manage these exposures. There was one contract in place at balance date for 1,438,000 USD, worth approximately $2,299,245, related to the purchase of the new linear accelerator.

Credit risk

Credit risk is the risk that a third party will default on its obligation to the DHB, causing the DHB to incur a loss.

Financial instruments which potentially subject the DHB to risk consist principally of cash and short-term investments, trade receivables and various off-balance sheet instruments.

The DHB invests in high credit quality financial institutions, local and government stock and limits the amount of credit exposure to any one financial institution. Accordingly, the DHB does not require any collateral or security to support financial instruments with organisations it deals with.

The Board receives 97.5% of its revenue from the Crown through the Ministry of Health. Accordingly, the Board does not consider there is any risk arising from the concentration of credit with respect to accounts receivable.

Fair value

The fair value of other financial instruments is approximated by the carrying amount disclosed in the Statement of Financial Position.

Note 12: Trust funds

Capital and Coast District Health Board administers certain funds and donations on behalf of patients. These funds are held in a separate bank account and any interest earned is allocated to the individual patient balances. Therefore, the transactions during the year and the balance at 30 June 2004 are not recognised in the Statements of Financial Performance, Financial Position or Cash Flows of Capital and Coast District Health Board.

(a) Patient funds	**2004 $000**	**2003 $000**
Opening balance	82	70
Monies received	166	191
Interest earned	2	2
Payments made	(168)	(181)
Closing balance	**82**	**82**

(b) Donated funds	**2004 $000**	**2003 $000**
Opening balance	3,655	3,315
Monies received	972	975
Interest earned	188	210
Payments made	(1,188)	(845)
Closing balance	**3,627**	**3,655**
Total	**3,709**	**3,737**

Note 13: Board Members' remuneration

The Board of Capital and Coast District Health Board as at 30 June 2004, and those who ceased to hold office during the year ended on that date, are set out below together with details of their remuneration (excluding expense reimbursement), received or receivable, for that period:

	2004 $000	2003 $000
Bob Henare (Chair)	55	55
Margaret Faulkner (Deputy Chair, Chair – DSAC)	37	38
John Cody (Chair – CPHAC)	27	30
Ruth Gotlieb	26	29
Helene Ritchie	26	29
Karl Geiringer	25	28
Judith Aitken (Chair – FRAC)	26	27
Ian Shearer (Chair – HAC)	27	27
Tino Pereira	26	27
Chris Turver	26	26
Helmut Modlik	26	26
	327	342

Legend:
DSAC – Disability Support Advisory Committee
HAC – Hospital Advisory Committee
CPHAC – Community and Public Health Advisory Committee
FRAC – Finance and Risk Assurance Committee

Note 14: Employee remuneration

The number of employees or former employees who received remuneration and other benefits of $100,000 or more per annum within specified $10,000 bands was as follows:

Total remuneration and other benefits $(000)	Number of employees 2004	Number of employees 2003
100 - 110	41	30
110 - 120	24	21
120 - 130	22	20
130 - 140	20	21
140 - 150	12	21
150 - 160	21	15
160 – 170	14	15
170 - 180	11	13
180 - 190	12	10
190 - 200	6	4
200 - 210	9	9
210 - 220	4	0
220 - 230	4	6
230 - 240	1	1
240 - 250	1	1
250 – 260	2	0
260 – 270	1	2
270 – 280	0	1
280 – 290	1	0
290 – 300	1	2
300 – 310	2	1
310 – 320	1	0
350 – 360	0	1
360 – 370	1	0
	211	194

The Chief Executive's remuneration and other benefits are in the $360,000 to $370,000 bracket (2003: $350,000 to 360,000).

Of the 211 employees shown above, 178 are or were medical or dental employees and 33 are or were neither medical nor dental employees.

If the remuneration of part-time employees were grossed-up to an FTE basis, the total number of employees with FTE salaries of $100,000 or more would be 314, compared with the actual total number of 211.

Note 15: Termination payments

During the year, the Board made the following payments to former employees in respect of the termination of their employment with the Board.

Number of employees	Amount Paid
1	1,570.61
1	2,830.26
1	3,271.61
1	5,132.27
1	6,020.80
1	7,335.72
1	8,106.19
1	8,841.09
1	9,559.25
1	9,630.50
1	10,729.04
1	11,305.95
1	11,518.10
1	11,601.15
1	12,865.00
1	17,750.00
1	20,275.55
1	20,700.00
1	23,750.00
1	24,054.06
1	33,411.04
1	51,045.16
1	53,563.86
1	64,427.63
24	**429,294.84**

Note 16: Capital Charge

The DHB pays a capital charge monthly to the Crown based on the greater of its actual or budgeted closing equity balance for the month. The capital charge rate for the year ended 30 June 2004 was 11.0% (2003: 11%).

Summary of revenues and expenses by output class:

	Funding	Governance and funding administration	DHB Hospital Provider	Elimination*	Total DHB
Revenue					
Crown	462,946	4,303	320,526	(293,730)	494,045
Other	0	0	29,087		29,087
Total Revenue	**462,946**	**4,303**	**349,613**	**(293,730)**	**523,132**
EXPENDITURE					
Personnel	0	1,969	202,597	0	204,566
Depreciation	0	13	18,541	0	18,554
Capital charge	0	0	4,538	0	4,538
Other	462,946	3,470	122,777	(293,730)	295,463
Total expenditure	**462,946**	**5,452**	**348,453**	**(293,730)**	**523,121**
Net surplus/ (deficit)	**0**	**(1,149)**	**1,160**	**0**	**11**

Reconciliation to retained earnings:

	Funding	Governance and funding administration	DHB Hospital Provider	Elimination	Total DHB
Opening retained earnings	0	(1,188)	(91,377)	0	(92,565)
Less deficit for the year	0	(1,149)	1,160	0	11
Closing retained earnings	**0**	**(2,337)**	**(90,217)**	**0**	**(92,554)**

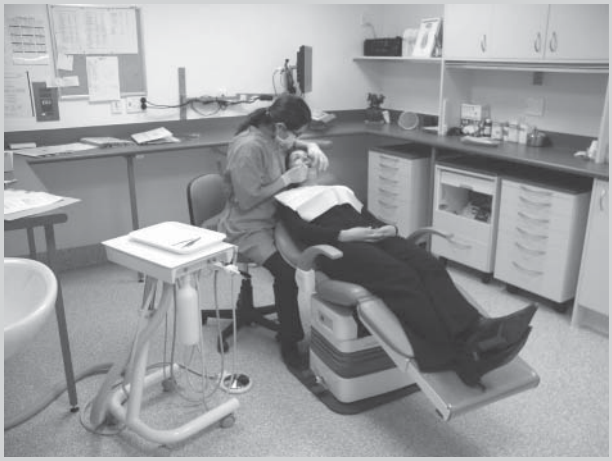
* DHBs are required to differentiate their funding broadly into hospital and non hospital activities. To recognise and give effect to CCDHB as a funder of both hospital and non hospital activities two sets of books (ledgers) are maintained which require intra-DHB revenues and costs to be 'eliminated'.

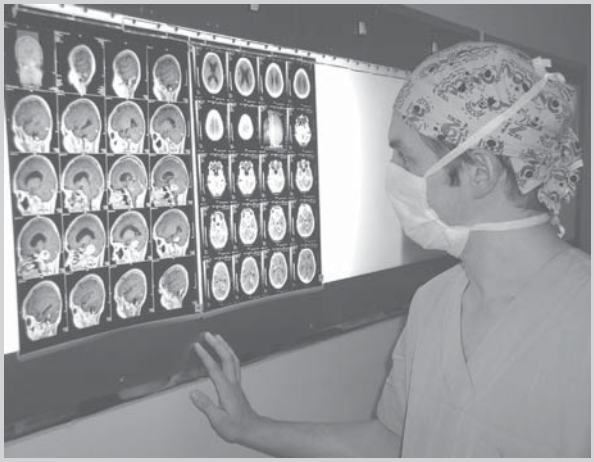
Good Employer Policies

In accordance with its obligations under Section 22(1) (k) of the New Zealand Public Health and Disability Act 2000, the Board is required to be a good employer.

The policies operated designed to assist in meeting this objective are comprehensive and include an extensive 'healthy workforce' programme for employees who may be injured or sick for extended periods, the active provision of a safe, secure and smoke free working environment and protection from harassment in the workplace.

The Board acknowledges and supports the right to equal opportunities, privacy, fairness and equity in the management of the employment relationship, and recognises cultural differences and diversity and the needs of ethnic and minority groups. Regular internal and external audits are undertaken to ensure legislative and policy requirements are met.





C&C DHB is required by the New Zealand Public Health and Disability Act 2000 and the Public Finance Act 1989 to report on its service performance. The performance report below is for the performance areas and targets identified in C&C DHB's Statement of Intent for 2003/04 - 2005/06.

The Statement of Intent was designed to demonstrate how the DHB's activities will impact on the DHB's primary objectives, which are:

(a) To improve, promote and protect the health of people and communities.

(b) To promote integration of health services, especially primary and secondary health services.

The measures included in C&C DHB's Statement of Intent for 2003/04 – 2005/06 focussed on activity in the priority areas identified in C&C DHB's draft District Strategic Plan.

This Statement of Service Performances considers what progress has been achieved towards the goals and activities set out in that Statement of Intent.

In the tables below, C&C DHB's actual performance for the year ended 30 June 2004 is measured against the strategic objectives detailed in the Statement of Intent.

C&C DHB is continuing to develop ways to measure our performance that are appropriate to the needs of our stakeholders, both within Parliament and in the community. These measures and associated performance targets will continue to be reflected in future Statements of Intent and reported on in subsequent Statements of Service Performance.

The Audit Office has audited this performance report for accuracy and reasonableness.

Strategic Objectives

Our strategic objectives (as outlined in C&C DHB's Draft District Strategic Plan) are based on Government expectations, local health requirements (as identified in our Health Needs Assessment), and our knowledge of making services effective.

These objectives and priorities have a focus on the areas of health and disability that C&C DHB, believes have the greatest potential for gains in health and wellbeing.

DHB Objective: Acknowledge and reduce disparities

Outcome expected:

Timely access and appropriate primary care can reduce the burden of disease especially for chronic diseases. Maori Health Plans developed by the Primary care providers will help address health issues for Maori in a culturally appropriate way. Maori and Pacific peoples carry higher burden of diseases and establishing specific services for Maori and Pacific peoples will reduce one of the barriers to accessing services and improve health outcomes for these populations. As there are no Maori providers of mental health and comprehensive primary care services in Wellington, establishment of Maori specific service will improve access and help improve outcomes.

Indicators of DHB Performance Reporting Requirement / Target	**Progress during the year**
Percentage of contracted primary care organisations and primary health organisations with an agreed Maori Health Plan. All (100%) contracted primary care organisations and primary health organisations will have an agreed Maori Health Plan. **Timeliness:** March 2004	**Not Achieved** Maori Health Plans are one way to align the DHB's objectives with the workplans and priorities of primary care providers. With the incorporation of Primary Care Organisation into Primary Health Organisations (PHOs), it will become sensible to accept the PHO Maori Health Plan as the key document. 80% of Primary Care Organisations have agreed Maori Health Plans and the remainder have developed a draft plan which is under consideration by the DHB's Maori Health Team. Four of the five Primary Health Organisations in the C&C DHB region have a draft Maori Health Plan, and Kapiti PHO is working on its draft Maori Health Plan, which will be finalised in August 2004. Primary Health Organisations are contracted to provide a Maori Health Plan by the end of the first year of operation. This allows time for a consultative process. Salient features of Primary Health Organisations' Maori Health Plans are: Service development for and with Maori (including a case management approach), Maori workforce development, improving health status of all age groups and development of intersectoral initiatives for better co-ordination of services for Maori and support involvement of Maori in decision making. Implementing a whanau ora approach is fundamental in the DHB's Maori Health Plan and in PHO Maori plans. The DHB is supporting opportunities to consider how this can be progressed and re-orientation of service provision can be developed and evidenced.

Increase total funding on services provided by Maori providers for Maori. Increase funding of $385,000 over and above the funding of 2002/03 for Maori provider development in 2003/04. **Timeliness:** June 2004	**Achieved** During the year C&C DHB invested further funding in the following providers, to provide services as identified. Te Kupenga Maui: $50,000 to provide a Maori provider development trial programme that involves the provision of regular, intensive one-to-one provider specific support and guidance to improve the skills, efficiency and effectiveness of providers, and to improve the services they provide to Maori. Ati Awa Ki Whakarongotai Inc (Hora Te Pai): $100,000 to strengthen Maori primary care in Kapiti by extending current GP services. Newtown Union Health Services: $20,000 to develop and implement programmes that provide whanau (Family) members with an understanding of Diabetes and with the tools to implement good lifestyle changes, including diet and physical activity. Wellington Youth Services: $27,475 to deliver programmes and peer support which improve rangatahi's (Maori youth) access to health promotion and social participation opportunities. Maraeroa Marae, Ati Awa Ki Whakarongotai Inc and Te Runanga O Toa Rangatira Inc: $187,500 amongst these three providers to develop a way forward for current Tamaraki Ora services towards providing full coverage of Well Child Schedule (as suggested) by the Ministry of Health and develop the information management and technology capacity of these providers.
Implement priorities of Capital & Coast DHB's Maori Health Action Plan, which is based on the national Maori Health Strategy developed by the Ministry of Health. Establish new Maori mental health and Maori primary care services in Wellington. **Timeliness:** June 2004	**Achieved** C&C DHB funded community based Maori Mental Health service in Wellington for tangata whai ora with severe mental illness and/or drug and alcohol addiction. The service provides intensive support for 15 to 20 tangata whai ora at any one time in a residential setting, as well as less intensive support for up to a further 20 tangata whai ora living independently in the community.

Implement priorities of Capital & Coast DHB's Pacific Health and Disabilities Action Plan, which is based on National Pacific Health and Disabilities Action Plan developed by the Ministry of Health. Establish Pacific mental health services and Pacific primary care services in Porirua. **Timeliness:** June 2004	**Not Achieved** Pacific Health Services Porirua provides non-GP services. A paper was presented to the Board of C&C DHB in May 2004 outlining the steps required to achieve Pacific Primary Care in Porirua, which is not yet established. One of the key issues is the need for the Pacific workforce to be recruited and up skilled. At another level, the business infrastructure of both Pacific Health Services Wellington and Pacific Health Services Porirua requires strengthening and nurturing, to ensure management acquire the skills that are needed to run a business. A series of meetings with the 5 Pacific Providers (Vai Ola – Mental Health Services, PHS Wgtn – GP Services and Community Service, PHS Porirua – non-GP and Community Services, Taeaomanino – Alcohol and Drugs and Fagai – Mainstream Residential), their Managers and Boards were held. The purpose of the meetings was to ensure wide consultation with all those Pacific community representatives. The outcome reached was a non-medical Model which includes Pacific Mental Health and which will involve all 5 Pacific Providers, which is not yet established. Planning for Pacific mental health in the Primary Care setting utilising an already established Community Pacific Mental Health Service – Health Pasifika has commenced with a view to developing a Pacific Primary Mental Health Team by 2007.

DHB Objective: Acknowledge and reduce disparities

Outcome expected:
Death and disability associated with Diabetes and related conditions are increasing at a faster rate. Increased Diabetes case detection and management will reduce the impact of higher blood sugar and reduce complications arising with that. Regular eye checks also help prevent eye related complications and blindness that are associated with Diabetes. Our ultimate targets for Diabetes is to reach 100% of identified Diabetics for managing blood sugar level and reduce complications associated with Diabetes.

Indicators of DHB Performance Reporting Requirement / Target	**Final result**
Improve Diabetes case detection rate to identify and better manage Diabetics. 57% of estimated (by the Ministry of Health) diabetics on Diabetes Register. **Timeliness:** March 2004 for January – December 2003	**Achieved** As at December 2003, 60.6% of estimated (using Ministry of Health estimates) diabetics are on the Diabetes Register.
Improve Diabetes case management rate to better manage blood sugar and subsequent complications in people with Diabetes. 75% of people on Diabetes Register have better blood sugar control (below 8%). **Timeliness:** March 2004 for January – December 2003	**Not Achieved** As at December 2003, 73.3% of people on the Diabetes Register have better blood sugar control (below 8%). Since the number of diabetics on the register is more than targeted, the actual number of diabetics with better blood sugar control is more than target, however in terms of percentage target this is slightly below target.
Increase the number of people having eye (retinal) screening in the last two years to reduce the number of eye complications including blindness. 77% people on Diabetes Register that have had eye (retinal) screening in the last two years. **Timeliness:** March 2004 for January – December 2003	**Achieved** As at December 2003, 91.5% of people on the Diabetes Register have had eye (retinal) screenings in the last two years.

DHB Objective: Acknowledge and reduce disparities

Outcome expected:
Certain populations are more affected by heart conditions than others. Increased physical activity is known to reduce the heart-related diseases and complications. Our approach to managing heart related disease is to treat people with heart conditions, improve prevention type activities and develop models, which are culturally appropriate, and which also involve families looking after people with heart diseases. These initiatives will help us prevent the onset of heart related diseases and reduce the impact of heart diseases.

Indicators of DHB Performance Reporting Requirement / Target	**Progress during the year**
Develop services for heart diseases in a coordinated way to target high-risk groups. Implement prevention/physical activity phase of the project. Integrate whanau models of care for heart diseases. **Timeliness:** June 2004	**Achieved** The Porirua heart failure integrated care project is progressing well and is beginning to integrate whanau approaches and physical activity aspects into model. A congestive heart failure nurse is working with patients and their families to develop options for patients to better look after themselves, including ideas about diet changes, increasing physical activity and exercise. The nurse regularly meets with other providers, such as nurses from PHOs, to discuss ideas about involving patients in their care. C&C DHB is now developing a joint plan with Regional Public Health on nutrition and physical activity including school-based approaches, and links with PHOs. This, and the Porirua Health Cluster's work to promote physical activity options available in Porirua and work with Porirua City Council on safe and accessible activities, links with the Porirua Heart Failure project. The walking group with Ora Toa (Porirua based Maori provider) was established to increase physical activity and is continuing with regular walks around Aotea lagoon. This group, along with the nurse is looking for indoor venues for winter months. Impact assessment of this service is planned during 2004/05 to understand the service and access issues for people with heart diseases, especially in Porirua as Porirua's population is made up of high-risk groups for heart diseases.

DHB Objective: Acknowledge and reduce disparities

Outcome expected:
Immunisation can prevent many diseases, some of which are crippling and life threatening, and improves the quality of life for children. With outreach programmes we are trying to reach children who are not usually immunised (at risk groups).

Indicators of DHB Performance Reporting Requirement / Target	**Progress during the year**
Establish outreach immunisation in Porirua to improve immunisation rate. 75% children fully vaccinated by their 2nd birthday. **Timeliness:** June 2004	**Not Achieved** Individual providers record current immunisation activity through an immunisation co-ordinator. C&C DHB has started a project to implement the National Immunisation Register in the District. Until the National Immunisation Register (which will record all immunisations) is up and running in the District, it is very difficult to provide exact numbers for children who are immunised. Outreach immunisation was established to provide quality programmes and services to improve childhood immunisation rates among Maori and Pacific and other priority groups with low rates of immunisation. Three providers (two Maori and one Pacific) are providing these outreach immunisation services. The outreach immunisation service was officially launched at the end of February 2004 with the aim of enabling the outreach nurses to introduce themselves and their services to the local community. The focus for the upcoming months is to follow this up by the nurses going to individual practices to introduce themselves and using the promotional kit they have developed with the help from outreach immunisation mentor. Two Maori Health Providers are providing this service in the Porirua area. Ora Toa Health Unit have 1 FTE Nurse Vaccinator who has been employed by the service since October 2003. During the six month period from October 2003 to March 2004, 85% (132) of the children referred to the service have been immunised, with 80% of immunisations taking place in a home or community setting. They are reaching the target populations, as the majority of their clients are Maori (73%) or Pacific Island (23%). This year has seen them vaccinating more babies, and the vaccinations given to 4 year olds have doubled, which means they will be starting school fully vaccinated. Ora Toa played an active role in Creek Fest 2004 where immunisation was promoted in conjunction with the Maori Womens Welfare League, and they have followed up enquires as a result of this day.

DHB Objective: Acknowledge and reduce disparities *(cont.)*

Outcome expected:
Immunisation can prevent many diseases, some of which are crippling and life threatening, and improves the quality of life for children. With outreach programmes we are trying to reach children who are not usually immunised (at risk groups).

Indicators of DHB Performance Reporting Requirement / Target	**Progress during the year**
	(cont.) Maraeroa Marae have 1 FTE Nurse, with another nurse waiting to undertake vaccinator training. They are running monthly immunisation clinics, which are proving to be a success, with mothers bringing their babies in for overdue immunisations and catch-ups. A large number of referrals come from the Tamariki Ora service offered by Maraeroa Marae, with most mothers from this group preferring to have babies vaccinated in their own home. In the January to March period 50% (22) of the vaccinations given were to children aged 6 months or younger. They have had a low decline rate (3%) for vaccinations, and continue to follow up on referrals where they have been unable to make contact. A Pacific provider, Pacific Health Service Porirua (PHS Porirua) was contracted to provide outreach immunisation as an enhancement of existing services to those children who have missed vaccination events as defined by the Childhood Immunisation Schedule. For this reporting period PHS Porirua has been building on relationships, resources and supporting staff through the required training. Regular Outreach Immunisation Service meetings are held to ensure service delivery is compliant with contractual requirements. PHS Porirua have acknowledged that 'exceptions (to New Zealand immunisation schedule)' work has extended to new immigrants and attempting to record vaccinations that have occurred outside of New Zealand and where that country's Immunisation schedule may differ. There is also an issue with non -residents and their children. The overall C&C DHB immunisation rate for children aged 2-3 years is 83%. All 3 Territorial Local Authorities (Kapiti, Porirua & Wellington) have achieved over 80% rate. All 5 PHOs have achieved over and above the 75% target[4].

[4] Data source: Immunisation co-ordinator using provider or PHO denominators and until National Immunisation Register is in place or a coverage survey repeated, is obviously incomplete.

DHB Objective: Support people to fulfil their potential

Outcome expected:
Responsibilities to fund and develop disability support services for people aged 65 years and above was devolved to DHBs in October 2003. The plan to implement the New Zealand Disability Strategy will help us to focus on key priorities of the strategy.

Indicators of DHB Performance Reporting Requirement / Target	**Progress during the year**
Develop 5-year plan to implement the New Zealand Disability Strategy. Five year implementation plan endorsed by the Board and reflects the priorities of the Disability Support Advisory Committee (DSAC) of the DHB. **Timeliness:** June 2004	**Partially Achieved** During 2003/04, C&C DHB completed a stocktake of issues and priorities for people with disabilities. The DHB's responsibilities including ongoing consultation with interest groups (New Zealand Royal Foundation for Blind, Association of Blind Citizens, Office of Disabilities Issues, IHC and Disabled Peoples' Assembly), mental health consumers and disability support service providers. C&C DHB convened a public forum in August 2003 to support development of the C&C DHB New Zealand Disability Implementation Framework (5 Year Plan). This framework was submitted to DSAC in February 2004, and to the Board in March 2004 for comment. DSAC agreed to seek further comments from the community and the draft was made available for public consultation. C&C DHB has now received submissions, which closed on 16th July 2004. These have been incorporated into the framework, which was considered and endorsed by DSAC at its August 2004 meeting and by the Board at September 2004 meeting. Proposed priorities and actions are also included in other planning documents, including the draft Primary Care Framework and District Annual Plan for 2004/05.

DHB Objective: Support people to fulfil their potential

Outcome expected:
Currently, there is a gap in Mental Health services for the children and youth of our district. New services will help reduce the current gap. We are working continuously to identify gaps in access and quality of service. We will prioritise services for high need groups as current funding for mental health is not sufficient to meet needs of the population.

Indicators of DHB Performance Reporting Requirement / Target	**Progress during the year**
Advance the implementation of the Mental Health Blueprint, which was developed by the Mental Health Commission. Establish new service in Wellington for Kaupapa Maori Alcohol and Drug services for Tamariki and Rangatahi. Establish for Pacific by Pacific Child and Youth mental health services. **Timeliness:** December 2003	**Partially Achieved** Analyses of our progress towards meeting Mental Health Blueprint resources targets indicated that one of the largest gaps were in the provision of services for children and youth. New Maori and Pacific services have brought us closer to full implementation of the Blueprint. In July 2003, Rangataua Mauriora were awarded a contract to provide Kaupapa Maori Alcohol and Drug service for Tamariki and Rangatahi in Wellington (they already provide similar services in Porirua). The service provides counselling, training, whanau environment, educational information, assessment, ongoing support and follow up, mirimiri and massage. This service is now fully operational. A small amount of funding has been provided to support Youth at Risk Theatre on the Marae programme. C&C DHB's Pacific Mental Health Service, Health Pasifika, has been funded to provide a by-Pacific-for-Pacific Child and Adolescent Mental Health Service (CAMHS). This includes primary care/Child Young Persons and Family Services liaison. Some recruitment difficulties have been experienced. Taeaomanino Trust has been funded to provide a community-based Pacific CAMHS, which will work closely with the Pacific CAMHS being established by Health Pasifika (discussed above). Negotiations between C&C DHB and Taeaomanino Trust commenced during August 2003. Negotiations also commenced between Taeaomanino Trust and Health Pasifika towards an agreed Memorandum of Understanding outlining the terms of reference and engagement between Health Pasifika and Taeaomanino Trust. Although the contract was signed and commenced in February 2004 the recruitment process began prior to that. Both services have now commenced and continue to work very closely in a coordinated fashion to provide a mental health service for Pacific children and youth in the C&C DHB district. Two community based crisis respite beds for youth have been funded.

DHB Objective: Develop partnership with Maori **Outcome expected:** Maori Partnership Board advises the DHB on need of Maori population of our district. The joint work programme will develop synergy between the DHB and Maori Partnership Board.	
Indicators of DHB Performance Reporting Requirement / Target	**Progress during the year**
Develop best practice partnership between the DHB and the Maori Partnership Board. Develop joint strategic programme between the DHB and Maori Partnership Board. **Timeliness:** December 2003	**Partially Achieved** Maori Partnership Board have developed a strategic work programme for 2004/05, which has been noted by the Board. This programme includes a joint discussion of the Ministry of Health Whakataataka Strategy and development of a C&C DHB Maori Health Policy, which is due to be approved by the Board in September 2004.

DHB Objective: Investing in communities

Outcome expected:
Health issues are complex. Impact on health and outcome is dependent on many factors including communities taking ownership of their health. We need to invest in communities to improve the services and outcome for our people.

Indicators of DHB Performance Reporting Requirement / Target	**Progress during the year**
Continue to work with inter-sectoral groups. Establish trust as a funder with providers and communities by engaging in open honest and equitable relationships. Continue to use service advisory groups and fora/workshops to optimise collaborative relationships with communities and providers. We will convene at least 4 CPHAC fora, 2 PHO advisory groups & 2 consumer / community fora for PHO. 1 Pacific forum for primary care and 2 Iwi/Maori workshops/fora for primary care. **Timeliness:** June 2004	**Achieved** During 2003/2004, CPHAC held public forums for health outcomes (August 2003), Workforce development (October 2003), Cardiovascular (October 2003) and Integrated home and community care (June 2004). PHO advisory group forums were held four times during 2003/04 (in October 2003, December 2003, March 2004 and April 2004). One consumer forum for PHO was held in April 2004. Two Iwi/Maori workshop for primary care were conducted during April 2004 and May 2004. The Pacific team have hosted both provider and community meetings focussed on primary care development. A consumer hui was held in October 2003 to gain advice from consumers of mental health and alcohol and drug services on the priorities and principles for allocating new funding to consumer run services and initiatives. Some 40 consumers from across the district attended the forum and feedback was largely positive. The Mental Health Local Advisory Group continues to meet regularly to provide advice on mental health and alcohol and drug issues. The Central Regional Mental Health and Addiction Network continues to meet to discuss a regional response to mental health and addiction issues. A wide range of stakeholders is involved in this group which provides advice on regional project work and regional strategic planning. The Pacific Team have also been actively involved with a number of other fora related to Mental Health and Improving Access. A Regional Provider network is to be developed in 2004, the aim of which is to strengthen relationships with Pacific providers across the region and encourage collaboration. The Service Advisory Group for Older People met during quarter two. Public Forums were hosted by C&C DHB DSAC and CPHAC in order to: • Obtain consumer input into access issues in the New Regional Hospital project. • Identify other issues related to access to health and disability support services for people with disabilities. • Consider workforce needs in an integrated continuum of care.

DHB Objective: Investing in communities *(cont.)*

Outcome expected:
Health issues are complex. Impact on health and outcome is dependent on many factors including communities taking ownership of their health. We need to invest in communities to improve the services and outcome for our people.

Indicators of DHB Performance Reporting Requirement / Target	**Progress during the year**
	(cont.) Inter-sectoral work: C&C DHB is jointly hosting a Working Group on Income and Health. This group involves several community, Non Government Organisations (NGOs) and health groups. The aim is to support best practice both in health and social services and Work & Income to optimise access to income support and employment. C&C DHB is jointly funding physical activity promotion and programmes with a range of NGOs and local government. Joint projects for youth in Wellington, in Porirua through the Inter-agency Coordination Group and with Housing NZ. The Maori Partnership Board is updated on primary care and is mechanism for information sharing.
Strengthen inter-sectoral approaches to improve access to primary care. Continue to work with Healthlinks and consult with wider communities. Work with community groups and other agencies to continue with the PHO establishment. Establish formal links with community in South-East Wellington. **Timeliness:** December 2003	**Achieved** The DHB has worked with community groups in PHO establishment and to support information sharing and community participation, This includes work with Healthlinks (Porirua) and attending their monthly community forums, working with Kapiti Community Health Group Trust, meetings with Wellington South community (hosted by SECPHO); linking with the Wellington Public Health Forum; presentations with WEA Wellington, Grey Power, Creekfest in Porirua, pamphlets, newsletters, etc. The inter-sectoral worker for Wellington South is a project that arose from a community group/agency survey in Wellington South. This has been funded, contracted with Regional Public Health and is in the process of recruitment. The recent appointment of a community consultation advisor will assist the fostering of community links in Wellington South. C&C DHB continues to work and link with Wellington City Council on a number of levels.

DHB Objective: Investing in communities. **Outcome expected:** Primary Health Organisations are a key vehicle to advance the New Zealand Primary Care Strategy and improving access to services. Primary care can reduce impact of many disease conditions and improve health outcomes.	
Indicators of DHB Performance Reporting Requirement / Target	**Progress during the year**
Establish PHOs for maximum coverage of DHB catchment area. Second wave of PHOs established. Health promotion and services to improve access plan agreed with PHOs. **Timeliness:** June 2004	**Achieved** A PHO Advisory Group was established to provide service advice to the DHB. Three first wave PHOs were established in April 2003 and two more PHOs were established in a second wave on 1 July 2003. As at December 2003, 89% of the District's population is enrolled in PHOs with near total coverage for Porirua and 95% for Kapiti. In terms of high need population, 99% of Pacific population, 75% of Maori and 76% of high deprivation and low income people are now enrolled in PHOs. With one large provider considering joining a PHO in the next 6 months, coverage could reach over 95% in 2004. Health promotion plans and services to improve access plans have been agreed with all 5 PHOs.
Development and participation in intersectoral initiatives that seek to improve health outcomes for our population. Establish Congestive Heart Failure (CHF) project in Porirua. **Timeliness:** June 2004	**Achieved** C&C DHB has established a Congestive Heart Failure project in Porirua because heart disease is more prevalent in Porirua and is affecting this population at a younger age compared to other population groups. The project involves the appointment of a congestive heart failure nurse to work with patients, communities and other providers to influence lifestyle changes such as diet, increasing physical activities and exercise, to improve the health of people with congestive heart failure.

Investment in integrated care initiatives. Participating in an initiative with Downtown Community Ministry and WINZ to optimise income support and uptake of disability allowance. **Timeliness:** June 2004	**Achieved** In July 2003, C&C DHB, Work and Income New Zealand (WINZ) and community providers came together to discuss ways to improve uptake of income support which people are eligible to receive but are not getting. These meetings started as a result of advocacy from Downtown Community Ministry and C&C DHB. This joint group has met various times over the year and has identified key areas of actions, including: • Awareness of income support among primary care providers: To advance this WINZ presented at the GP update conference in Wellington. • Improving WINZ services and advice to clients: To advance this WINZ has agreed to review interpreting availability as part of its Regional Migrant Strategy development. WINZ has also agreed to trial better liaison with health services through a range of mechanisms. The first moves have been made in Porirua with services provided in Cannon's Creek. • Stocktake of resources and services: To advance this a regional website has been developed, which summarises all of the available services across the region for those working with clients with disability. • Maori issues: Following liaison between WINZ staff and Maori providers in Waitangirua and Cannon's Creek, WINZ has agreed to provide services from Champion Street. • Pacific issues: C&C DHB and Wellington City Council are considering ways to improve the provision of interpreting services.

DHB Objective: Be innovative

Outcome expected:

Certain groups of patients with chronic conditions can be better managed in a community setting and this accordingly reduces the need for hospitalisation. This requires collaboration amongst various providers and new way of working across these providers. New models of care will help us identify improved way of delivering care and reduce demand for hospitalisation.

Indicators of DHB Performance Reporting Requirement / Target	**Progress during the year**
Develop demand management strategies that will ensure that patients receive treatment at the appropriate time and place. Develop the model of care for assessment and management of acute referrals, which extends across primary care, out-patient, and in-patient settings. Model of care confirmed in consultation with representatives of primary care providers and Hospital and Health services. **Timeliness:** December 2003	**Achieved** C&C DHB have developed strategies to manage demand by providing services at the appropriate time and place. These include the Porirua heart failure project (discussed above) and the Pacific Health Model of Care that takes a case management approach across all care settings. While these two projects were completed before December 2003, C&C DHB is also considering other initiatives to improve models of care in order to improve care and better manage demand for hospital services. In addition to the above, the DHB has also started consulting on an integrated continuum of care for older people and for people above 18 years of age who have chronic medical conditions. The DHB has also started work which looks at people who attend hospital frequently, to better understand the reasons for these frequent attendances and how to look after these people better in the community, thus reducing their dependence on hospital care. The Maori Health "Whanau Care Services" approach is targeting high user, high risk and high need. This is a "strengths based " approach that places whanau at the centre of care from entry through exit. Proactive linking with community services and agencies is a key feature. A similar model of care has been implemented by Ati Awa ki Whakarongotai (Hora Te Pai) and Te Ngawari Hauora in the establishment of Kaupapa Maori Diabetes Management and Education services. Key to this approach is acknowledging whakapapa and linking this knowledge within the prevention strategies

DHB Objective: Identify and realise efficiencies

Outcome expected:
We need to identify opportunities for efficiencies in the way we deliver health services to make better use of scarce health funding, which can be invested in new services.

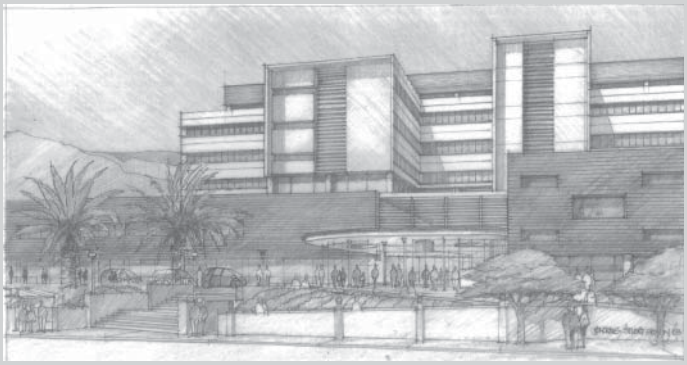
Indicators of DHB Performance Reporting Requirement / Target	**Progress during the year**
Re-configuration of diagnostic laboratory services to ensure optimum service quality, efficiency, and effectiveness. Implementation plan for re-configuration of diagnostic laboratory developed. **Timeliness:** October 2003	**Not Achieved** Central Region DHBs conducted a review of the "current state" of both Community & Hospital Laboratory Services in 2003. Implementation plan for re-configuration of diagnostic laboratory is not yet developed. The resulting re-configuration will seek to: • Ensure optimum service quality, efficiency and effectiveness. • Manage the rise in overall costs due to the increase in demand driven testing. • Anticipate and optimise any future capital commitments. C&C DHB believes that there are overlaps in diagnostic laboratory service. Previous reviews had identified similar issues. During the year C&C DHB followed on past review and established a project for reviewing diagnostic laboratory services and working out options for DHBs in the region along with providers of these services. A discussion document will be issued to DHBs and providers in September 2004.

Reducing beds through planned admission and discharge initiatives. A number of initiatives will enable development of a plan for beds using a progressive, phased approach. **Timeliness:** December 2003	**Not Achieved** The number of bed days were reduced from 112,872 as at June 2003 to 112,414 as at June 2004 in spite of average case complexity increasing (Case weighted discharge has increased by 2.7%) in the corresponding period. This reduction was achieved without compromising quality of care because of the following strategies and actions. A discharge strategy and policy has been developed and implemented in February 2004. An implementation plan has been developed and an organisation wide discharge planner appointed to the role to reduce beds. The new discharge policy has clear processes for ensuring each patient's paperwork and discharge plan take this discharge time into account. The strategy and implementation plan to reduce the number of beds focuses on: • Patients with lengths of stay >10 days, who are being actively managed to identify and resolve constraints on discharge. • Identifying patients who meet short stay criteria. Medical and Surgical services are reviewing current length of stay and increasing day of surgery admissions and use of day surgery to reduce the demand for beds. Proposal is in its final stages for a transit lounge to assist the efficient discharge of patients from wards early in the day to release beds for new patients. A small numbers of patients are admitted to the hospital frequently who could be looked after in the community with proper support and care. The proposal to reduce the number of times these patients are admitted to hospital by better management in the community is also developed and case coordinators for the service are being recruited. C&C DHB expects the service to be operational during October 2004.

DHB Objective: Develop and maintain quality of existing services

Outcome expected:
Building a New Regional Hospital at Newtown and redevelopments at Porirua and Kapiti will help us improve the quality of services we provide. Self-assessment of our processes against accreditation criteria will help us identify the areas of improvements to achieve accreditation to Quality Health New Zealand standards.

Indicators of DHB Performance Reporting Requirement / Target	**Progress during the year**
Work towards achieving Quality Health New Zealand (QHNZ) Accreditation of the DHB by October 2004. Self-assessment information completed in preparation for QHNZ accreditation survey. **Timeliness:** Self assessment completed by June 2004.	**Achieved** Self-assessment to the Quality Health New Zealand accreditation standards was completed and sent to Quality Health New Zealand on 18 June 2004. An accreditation survey is confirmed for 26-30 July. During the year areas for improvement were identified through self-assessment. The first self-assessment to the standards was completed in November 2003 and the second and third self assessments were completed in April 2004 and June 2004. A gradual upward trend is noted in ratings, suggesting improvement in processes and quality of the service provided.



Progress the New Regional Hospital Project	
Resolve Kenepuru outstanding issues. **Timeliness:** July 2003	**Achieved** A decision paper suggesting resolution of outstanding Kenepuru issues was presented at the July 2003 Board meeting and was agreed upon. Detailed plans were developed for the relocation of consulting services from Newtown, improving diagnostic and treatment capability at the site.
Complete construction of Kapiti facility. **Timeliness:** December 2003	**Achieved** The new facility at Kapiti was completed and opened in October 2003 as programmed. The final site works including demolition of the existing buildings and construction of carparks will continue through to the 2nd quarter of 2004. The project is on time and the team has been able to maintain the budget as amended to $5.6 million. Considerable operational change has been achieved in commissioning the migration to the new building.
On-site construction at Newtown and Kenepuru will commence. **Timeliness:** June 2004	**Newtown** **Achieved** All services in 210 Block (the wing of the Wellington hospital building, which was constructed during second world war) and front block have been decanted and demolition carried out. The site area for the new cancer centre has been excavated, piling has commenced and the main contractor appointed. Enabling works including refurbishment of a large number of areas and early civil works have commenced, with around $4 million expenditure against $7 million committed. Several large departments have been relocated to clear the site for the first stage cancer facility construction. **Kenepuru** **Partially Achieved** Demolition has commenced on the "Old" Maternity block". The lift tender has been let. Enabling works (external and decanting) are at tender. The decanting plan is established. Construction work did not commence at Kenepuru Hospital during 2003/04. Enabling work including some deferred maintenance on lifts commenced in 2nd quarter of 2004.

Audit New Zealand

AUDIT REPORT

TO THE READERS OF CAPITAL & COAST DISTRICT HEALTH BOARD'S FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2004

The Auditor-General is the auditor of Capital & Coast District Health Board (the Health Board). The Auditor-General has appointed me, Rudie Tomlinson, using the staff and resources of Audit New Zealand, to carry out the audit of the financial statements of the Health Board, on his behalf, for the year ended 30 June 2004.

Unqualified opinion

In our opinion the financial statements of the Health Board on pages 18 to 55:

- comply with generally accepted accounting practice in New Zealand; and
- fairly reflect:
  - the Health Board's financial position as at 30 June 2004;
  - the results of its operations and cash flows for the year ended on that date; and
  - its service performance achievements measured against the performance targets adopted for the year ended on that date.

The audit was completed on 27 September 2004, and is the date at which our opinion is expressed.

The basis of the opinion is explained below. In addition, we outline the responsibilities of the Board and the Auditor, and explain our independence.

Basis of opinion

We carried out the audit in accordance with the Auditor-General's Auditing Standards, which incorporate the New Zealand Auditing Standards.

We planned and performed our audit to obtain all the information and explanations we considered necessary in order to obtain reasonable assurance that the financial statements did not have material misstatements, whether caused by fraud or error.

Material misstatements are differences or omissions of amounts and disclosures that would affect a reader's overall understanding of the financial statements. If we had found material misstatements that were not corrected, we would have referred to them in the opinion.

Our audit involved performing procedures to test the information presented in the financial statements. We assessed the results of those procedures in forming our opinion.

Audit procedures generally include:

- determining whether significant financial and management controls are working and can be relied on to produce complete and accurate data;
- verifying samples of transactions and account balances;
- performing analyses to identify anomalies in the reported data;
- reviewing significant estimates and judgements made by the Board;
- confirming year-end balances;
- determining whether accounting policies are appropriate and consistently applied; and
- determining whether all financial statement disclosures are adequate.

We did not examine every transaction, nor do we guarantee complete accuracy of the financial statements.

We evaluated the overall adequacy of the presentation of information in the financial statements. We obtained all the information and explanations we required to support the opinion above.

Responsibilities of the Board and the Auditor

The Board is responsible for preparing financial statements in accordance with generally accepted accounting practice in New Zealand. Those financial statements must fairly reflect the financial position of the Health Board as at 30 June 2004. They must also fairly reflect the results of its operations and cash flows and service performance achievements for the year ended on that date. The Board's responsibilities arise from the New Zealand Public Health and Disability Act 2000 and the Public Finance Act 1989.

We are responsible for expressing an independent opinion on the financial statements and reporting that opinion to you. This responsibility arises from section 15 of the Public Audit Act 2001, section 43(1) of the Public Finance Act 1989 and section 43 of the New Zealand Public Health and Disability Act 2000.

Independence

When carrying out the audit we followed the independence requirements of the Auditor-General, which incorporate the independence requirements of the Institute of Chartered Accountants of New Zealand.

In addition to the audit we have carried out an assignment in the area of project management, which is compatible with those independence requirements. Other than the audit and this assignment, we have no relationship with or interests in the Health Board.

R L Tomlinson
Audit New Zealand
On behalf of the Auditor-General
Wellington, New Zealand

Directorate of Service Planning & Funding

Known as Planning & Funding, this arm of the DHB is responsible for planning and funding the services provided by Capital Coast Health and other providers within the district, including primary, Pacific and Maori providers.

The staff focus largely on how best to address the health needs of the district. This response reflects the priorities identified during a health needs assessment of the district's various communities. Key priorities for C&C DHB are to improve the health of Maori, Pacific people and people on low incomes.

Planning & Funding staff commission and carry out the research and analysis needed to determine the services that are needed both now and into the future. They are also responsible for monitoring the performance of providers and for helping them to develop their capacity.

A key focus for this group is also to maintain, develop and improve community engagement and relationships.

Hospital & Health Services

The provider arm of Capital & Coast DHB is known as Capital Coast Health. It is the leading provider of inpatient and community-delivered specialist health, disability support and mental health services in the central region of New Zealand and it is one of the country's regional tertiary service centres.

With around 3,500 staff (3200 full time equivalents) and an annual payroll of just over $200 million, Capital Coast Health is a major employer in the Greater Wellington region and one of New Zealand's largest providers of health and disability services.

Capital Coast Health operates hospitals in Wellington and Porirua, a small maternity and outpatient facility at Paraparaumu and a number of community bases.

The organisation provides primary (community) and secondary (hospital) health services to more than 250,000 people living in Wellington, the Porirua Basin and the Kapiti Coast.

Specialist tertiary-level care is provided to patients from the wider region, serving a population base of around 900,000. These services include cardiology and cardiothoracic surgery, neurology, neurosurgery, vascular surgery, renal medicine and transplants, genetics, oncology, paediatric surgery, neonatal intensive care, obstetrics, endocrinology, gynaecology, orthopaedics, urology, and specialist forensic services.

Wellington Hospital

Wellington Hospital is the largest facility operated by Capital Coast Health. It provides a comprehensive range of specialist services. It is also the region's main emergency centre, and only trauma centre, with a rooftop helipad providing a direct link to surgical, intensive care and emergency services.

As a major teaching hospital, Wellington provides an educational environment for its staff and has particularly strong relationships with the University of Otago's Wellington School of Medicine and Health Sciences, the Malaghan Institute (medical research) and the Victoria University School of Nursing and Midwifery.

Kenepuru Hospital

This secondary facility caters to communities to the north of Wellington, including Porirua and Kapiti.

The hospital provides medical, surgical, maternity and child health services, plus services for the elderly, a specialist inpatient and rehabilitation service, and outpatient clinics. Mental health services are also delivered from the site, including the new Regional Rangatahi (Adolescent) Service, which has a 13-bed inpatient unit. The Forensic, Rehabilitation and Intellectual Disability Service has it's own campus near Kenepuru Hospital as does the Puketiro Centre which offers multi-disciplinary services for children and adolescents with emotional, behavioural or developmental concerns. The centre also provides audiology services for people of all ages in the Porirua area.

Kapiti Health Centre

This small community health centre on the site of the old Paraparaumu Hospital provides maternity services and out-patient treatment clinics for the people of the Kapiti Coast. Multi-disciplinary assessment and treatment programmes for the community's elderly are provided from the site.

Community Services

In addition to hospital-based services, multi-disciplinary services are provided in the community. Community health services include general and specialist district nursing, specialist multi-disciplinary rehabilitation services, occupational therapy, speech language therapy, physiotherapy, dietetics, social work and home support services.

Mental health services are also provided extensively in the community. A wide range of crisis, assessment, treatment, consulting liaison and training services are delivered to consumers in the Wellington and Porirua areas, greater Wellington (including Hutt Valley) and throughout the central region. Included in the range of services is the Alcohol and Drug Service and the specialist Maori Mental Health Service that has a focus inclusive of child, adolescent, family, adult and day programmes.

Board and Committees

The following members were elected in October 2001 and currently hold office: Judith Aitken (North-Western), Margaret Faulkner (Porirua), Karl Geiringer (Lambton), Ruth Gotlieb (South-Eastern), Helene Ritchie (North-Western), Ian Shearer (South-Western) and Chris Turver (Kapiti Coast).

Members appointed by the Minister of Health in January 2002: John Cody, Bob Henare (Chairman), Fa'amatuainu Tino Pereira, Helmut Karewa Modlik.

Statutory Advisory Committee Membership

As Approved at the Board meeting held on 6 August 2003

COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE		
John Cody (Chair)	**External Members**	
Tino Pereira	Stephen Palmer	Hutt DHB (Public Health)
Karl Geiringer	Kiri Parata	Kapiti Healthlinks
Bob Henare (ex officio) **or**	Margaret Southwick	Vai Ola Trust Board
Margaret Faulkner (ex officio)	Herani Demuth	Maori Partnership Board

DISABILITY SUPPORT ADVISORY COMMITTEE		
Margaret Faulkner (Chair)	**External Members**	
Helene Ritchie	Valerie Bos	
Bob Henare (ex officio)	John Forman	
Chris Turver	Tupu Ioane-Cleverley	Vai Ola Trust Board
	Grace Moulton	
	Wendi Wicks	
	Liz Mellish	Maori Partnership Board

HOSPITAL ADVISORY COMMITTEE		
Ian Shearer (Chair) Ruth Gotlieb Helmut Modlik Bob Henare (ex officio) or Margaret Faulkner (ex officio)	**External Members**	
	Marion Bruce	Kapiti Healthlinks
	Caren Rangi	Vai Ola Trust Board
	Don Mackie	Hutt DHB (Emergency Dept)
	Hilda Broadhurst	Maori Partnership Board

FINANCE & RISK ASSURANCE COMMITTEE	
Judith Aitken (Chair) Bob Henare Helmut Modlik	**External Advisors**
	Neil Stiles Harley Gray
	External Attendees
	KPMG (Internal Auditors) Audit New Zealand (External Auditors)

STRATEGIC COMMUNICATIONS COMMITTEE
Chris Turver (Chair) Bob Henare Tino Pereira

REGIONAL HOSPITAL COMMITTEE
Bob Henare Chris Turver

MAORI PARTNERSHIP
Bob Henare Helmut Modlik

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