



## Creating a pathway forward for our health system

**This week I'd like to share the introductory speech delivered last week by Canterbury DHB Chair Dr John Wood [CNZM, QSO] to the Health Select Committee in Parliament.**

**By way of background, each year DHBs are requested to provide responses to a number of questions and then invited to present these and answer further questions from Health Committee members.**

**John provided an overview of where we are at. It's a longish read, but I encourage you to take the time to read it, and feel justifiably proud of the part you play in the Canterbury Health System.**

Chair and members of the Health Select Committee, Kia Ora Tatou Katoa.

Thank you for the invitation to be here today and to present on behalf of the Canterbury DHB.

I have here with me, our Chief Executive David Meates, our Chief Medical Officer Dr Sue Nightingale, our Executive Director of Finance and Corporate Services Justine White and our Executive Director of Planning, Funding and Decision Support Carolyn Gullery.

It is a pleasure to be here as a first time Board member and Chair representing an organisation that has provided such strong and innovative leadership during the challenging times Canterbury health has faced in recent years. I can say that in Canterbury the DHB and its executive leadership is universally respected.

As a new Chair I have been brought in to work on rebuilding the relationships between the District Health Board and the Ministry of Health and other agencies in Wellington by helping create a shared view of the unique and unprecedented challenges that have faced and continue to face the region, including understanding the

infrastructure deficit facing Canterbury. This process has helped reset relationships and create a pathway forward. A path which has become known colloquially as the "Truth and Reconciliation Process".

I would like to provide context for your discussion today by describing the scale of Canterbury and the contribution it makes to health service delivery for New Zealand.

We are the second largest of the 20 DHBs by geography (if you exclude the sea between here and the Chatham Islands) and by population size, with the obligation of improving, promoting and protecting the health and independence of our population. We are directly responsible for a population of 567,870 people, 11.5 percent of the New Zealand population.

Our integrated health system employs 10,000 people across the DHB's own facilities and a similar number of people are employed through our community-based provider contracts. But we are much more than the South Island's largest employer.

Canterbury is the second largest tertiary services provider in New Zealand and supports patients from across the South Island and the lower North Island in a number of specialty areas. For example, it is one of only two DHBs able to provide services such as:

- › Specialist paediatric oncology
- › Spinal cord impairment surgery and rehabilitation
- › Hyperbaric oxygen therapy
- › Specialist burns treatment.

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We have one of the largest Neonatal Intensive Care units and rank second in the country for delivery of elective surgery and first in acute surgical discharges with a procedure. We see 15 percent of the country's cancer activity, which is partly driven by the South Island having higher rates of cancer in a number of key areas such as bowel cancer. In addition, we are New Zealand's largest trauma centre.

We are also responsible for a range of healthcare that covers the whole of the South Island and includes:

- › Canterbury Health Laboratories, which acts as the reference testing lab for the South Island, and also for the World Health Organization for measles-related testing
- › Radiation oncology and gynae oncology
- › Mental health services for child and adolescent, mothers and babies, forensics and eating disorders
- › Air retrieval services
- › Specialist fertility and cardiothoracic services.

Our population is growing fast and will reach 578,340 in 2019/20 with an increase of 12.4 percent or 63,000 over the last five years. The popular belief that the Canterbury population has decreased post the earthquakes is a myth.

Following the earthquakes, Statistics NZ projections did not anticipate such rapid increases – the December 2013 projection for example was nearly 41,000 lower than eventuated. And the immediate post-earthquake predictions upon which the business case for our new Acute Services Building were based were lower still.

Such rapid population growth has put services under pressure and meant our damaged physical infrastructure is inadequate to cope with our actual population and their needs. In a recent, very positive development, we have agreed with the Ministry of Health a process that will see the completion of two major business cases by June 2019 to address the significant facility constraints.

Canterbury has the largest older population in New Zealand in absolute numbers. People over 65 years now comprise 16.1 percent of our population or 93,150 people, up 9,500 over the past five years. People over 75 years now comprise 6.8 percent of our population or 39,550 people, up 2,700 over five years.

Canterbury's demographic makeup is changing: Over the past five years our Māori population has become the second fastest growing Māori population by percentage (16 percent) and by volume (7,360) reflecting a move of Māori from other areas to Canterbury. Māori now comprise 9.2 percent of our population.

Although inequities remain between Māori and non-Māori,

Canterbury Māori generally have better health than other Māori in New Zealand. Life expectancy for Canterbury Māori is 2.4 years lower than Canterbury non-Māori compared to a national difference of 6.3 years. This gap is closing with differences decreasing by 46 percent between 2005–07 and 2012–14 compared to national progress of 17 percent. At this rate we could achieve equal life expectancy for Māori and non-Māori in 15 years (compared to 42 years for New Zealand as a whole).

Māori and Pasifika in Canterbury are also much less likely to end up in hospital acutely unwell than national rates, and we have demonstrated that we can achieve our childhood vaccination rates for all ethnicities.

But underlying this are the ongoing consequences of the Canterbury earthquakes. On one hand Canterbury is recovering well, things are happening and opportunities abound. We also see the darker side – higher levels of mental health distress and issues; older populations still living in earthquake damaged homes; our own damaged infrastructure which forces us to spend \$60 million on various workarounds just to maintain services. On any given day, for example, we are utilising eight operating theatres in the private sector to meet the surgical demand. We are also seeing an ongoing increase in the complexity of challenges as all of these factors combine.

The Canterbury Health System has worked incredibly hard to make itself better for people: to cut waste out of the system and improve the patient journey by putting people at the centre of everything we do.

Despite the unprecedented challenges over the past eight years, the Canterbury Health System continues to be highly regarded around the world. It is used as a model by the Australian, UK, Irish and some Asian health systems. A number of Canterbury's innovations are used in other countries as everyone grapples with an ageing population, increasing demand and limited resources by re-orienting health systems around primary and community-based care, and the engaging of communities and the broader social sector in addressing the issues early, thus reducing the load on more expensive hospital and institutional care.

Canterbury is focused on enabling our people to live well and be healthy in their own homes and communities, surrounded by their families, friends and whānau. We use collaborative models such as the Canterbury Clinical Network Alliance and genuine co-design to achieve real gains in community health and wellbeing alongside our many partners.

As an example, the Government invested \$27 million over three years in a new service to support children in our primary schools who were suffering from a range of mental health and wellbeing issues. We were privileged to be empowered to roll this service out using our collaborative

approaches. Co-designing a new way of working with all of our partners, particularly education and the NGO sector with its development being overseen by the Canterbury Clinical Network Alliance.

We can report that this new service, announced by the Prime Minister on 22 February last year, was prototyped in two school clusters (15 schools) from April to June and progressively rolled out from July. By April this year we will have rolled out to all 218 Canterbury schools.

Known by us as Mana Ake – Stronger for Tomorrow – this programme focuses on improving the wellbeing of our children and thus enabling them to engage in learning and setting them up for a better future. It doesn't just focus on the child – the kaimahi (workers) are drawn from 13 NGOs and have a broad range of clinical and social sector experience and skills. They work with the child, the whānau and the school community doing what it takes to make a difference. The majority of interventions for individuals run for 10 to 12 weeks and Mana Ake has already delivered some exciting outcomes. By the numbers:

- › Mana Ake kaimahi (workers) have provided support to 521 individual students. The most common reason for referral has been anxiety.
- › 142 individuals have completed their interventions.
- › A further 210 students have participated in groups.
- › Based on Special Education's Tu Tauira outcomes tool there has been a 41 percent increase in students engaging successfully with peers and adults.

The success so far is a direct response to the power of collaboration across the health and social sectors, between local and central Government agencies, local non-government organisations and community providers and the communities we all serve. It is an encouraging demonstration of what is possible when we work all together for the benefit of our communities.

As noted by the Ministry of Health, the issues facing the Canterbury region are complex and substantial.

Canterbury continues to have a large deficit, much of which is attributable to the cost of delivering healthcare in damaged and constrained infrastructures. The independent Chair of the Way Forward process I described earlier noted in his report to the Minister that the "Canterbury DHB's population based funding was not adjusted to reflect the changed patterns in health services consumption arising from the need to treat a population dealing with the psychosocial consequences of a natural disaster". He further noted that "this approach has contributed to Canterbury DHB incurring increasing operational deficits". His and other reviews have identified that Canterbury DHB is as operationally efficient or more so than other similar sized DHBs.

Again Chair, thank you very much for the opportunity to present to your Committee. The Canterbury DHB team will be happy to respond to your questions.

Tena koutou, tena koutou, tena koutau katoa.



Mana Ake kaimahi team



## DHB deficits

Over the past week DHB deficits have featured in the media and we have fielded a number of queries regarding Canterbury DHB's planned deficit. I thought it would be useful to share this response with staff.

*Canterbury DHB's planned deficit of \$98.4 million is due to a variety of contributing factors. Many are outlined above in John Woods' speech.*

*We continue to manage a set of unique and unprecedented long-term challenges as a result of the earthquakes, and the cost impacts of those. One of these challenges is the size and scale of the damage to our infrastructure.*

*As a result of this we are still operating in facilities that are earthquake-prone and with 44 fewer buildings than before the earthquakes. Delays to the completion of new facilities, which had been planned in 2010, have resulted in the outsourcing of up to an additional eight operating theatres on most days, Monday to Friday, to the private sector to meet the needs of the community. The cost of this outsourcing is around 30 percent higher than performing surgery in-house.*

*Another challenge we continue to face is the increasing disconnect between our share of national funding and the current demand on our services, which we are continuing to work closely with the Ministry of Health to address.*

*Our operational model [i.e. the way we work in an integrated system] has been reviewed externally multiple times and has consistently been noted as efficient. However, we do expect that the continued completion of new facilities will help us manage some of the current and future pressures within our health system. This will go some way to helping reduce future operational expenditure.*

*We have been working closely with the Ministry of Health to develop and agree a sustainable operational pathway that looks out over a number of years. This is based on a shared understanding between the Ministry and the DHB of the post-earthquake health challenges which are complex, substantial and far-reaching. The unique capital redevelopment needs of the DHB and the increasing capacity constraints that it faces have been acknowledged and are now being considered and addressed.*

Haere ora, haere pai  
Go with wellness, go with care



**David Meates**  
CEO Canterbury District Health Board

If you have a story idea or want to provide feedback on *CEO Update* we would love to hear from you! Please email us at [communications@cdhb.health.nz](mailto:communications@cdhb.health.nz). Please note the deadline for story submissions is midday Thursday.

If you're a non-staff member and you want to subscribe to receive this newsletter every week please [subscribe here](#).



## Bouquets

### Hillmorton Hospital

I visited a friend who had been admitted to the acute ward. I was impressed by the professional conduct of the staff and the empathy and concern they had for the patients.

### Eye Outpatients clinic

I would like to compliment the team at the Eye Outpatients clinic for a seamless experience. It was my first appointment in the new outpatients building and I felt it to be a very efficient, pleasant experience the whole way through, including administration, nursing and doctors. Thank you.

### Crisis Resolution (CR) team and South Inpatient (SIP), Specialist Mental Health Services

Regarding [patient name] admitted by CR into SIP. I have heard from his support worker how blown away [patient name] has been with the support provided by both the CR team involved in the admission, and his subsequent care on SIP. I understand Jason Chang is his doctor. The support worker has described a completely compassionate and solution focused approach from your teams. [Patient name]'s social situation is complex, but the response from your teams has been completely without judgement. So thank you and please thank the clinicians involved from your respective teams.

### Emergency Department, Christchurch Hospital

I was at the Emergency Department with my friend's elderly mother who had a suspected broken hip from a fall. The department was very busy... There was a doctor called Tarryn who said he was part of the surgical team. He was sitting at a computer and overheard conversations from other staff about my friend's mother and he came over to her, held her hand, got close to her (as I advised she was deaf without her hearing aids). He talked to her with such caring and empathy, advising what they would be doing, and that they would look after her and give her the best care they could offer, and get her out of some of the pain she was in. After three to four hours waiting that was an amazing sight for me to see, that the patient herself was spoken to in such a compassionate manner, not bypassed and talked about with me, and everything explained (whether she understood or not) to her. I would like to pass on my sincere thanks and the thanks of her daughter in Australia who appreciates the care and attention her mother received.

### Judith Barnsley, Children, Adolescent and Family Emergency (CAFEm), Specialist Mental Health Services

I would like to send through an acknowledgement of the support from a consultant psychiatrist at CAFEm,

Dr Judith Barnsley. I had the pleasure of attending a meeting along with my clients (a family) as part of my role as a behaviour specialist. The appointment stood out to the family and myself as exceptional because of the following reasons:

- › Dr Barnsley took a long time to carefully listen to the parents and their perspective and demonstrated great empathy for their situation.
- › She spent a lot of time carefully and knowledgeably explaining her perspectives and backed her rationale with references to best practice according to research.
- › She carefully checked the agreed plan with myself and my client's parents to make sure that we all agreed/were happy with the arrangements.
- › Following the appointment, she wrote very helpful letters including a letter directly addressed to my client (a 17 year old). The documents were thoughtfully and respectfully written.

I met with the family following this experience and they also raised how impressed they were with the prompt and professional support from Dr Barnsley. Please could you pass on my gratitude to Dr Barnsley.

### Birthing and Maternity wards, Christchurch Women's Hospital

I came to Christchurch Women's in

preparation for my induction. Emma, Kathleen and Alyssa were amazing. They truly went above and beyond to make me feel so at ease. My husband and I were so overwhelmed with how much love and care they put into their work. They all worked so hard around the clock, smiled endlessly and were always so positive. What a great team! I would also like to compliment all the staff/midwives in the Maternity Ward. I was blown away again by their positive energy, kindness and personalised care. I stayed for four nights and was so cared for. What amazing people to have on board. I really hope the strike has really pushed you all one step further to what you deserve. Keep up the amazing work. Midwives are really guardian angels in disguise!

#### **Seager Clinic, The Princess Margaret Hospital**

The doctors and nurses here are very kind, compassionate and thoughtful. Even if they weren't assigned as my nurse on the shift they still helped me

to lower my stress levels, and even when it's not their duty, they will help me. Thank you so much for taking care of me and being someone I can talk to and count on.

#### **Acute Medical Assessment Unit and Ward 11, Christchurch Hospital**

I would like to thank you again for all the help and support you gave me when [patient name] was in hospital. I would not have been able to do all the insurance forms and make our booking to fly home without your help. Thank you to all the doctors, nurses and ward staff who looked after [patient name]. He is doing very well now. Thank you with all our heart.

#### **Ward CG, Burwood Hospital**

The entire staff of Ward CG went above and beyond in every possible way to address all of my needs, concerns and worries, and to make my rehabilitation and stay as comfortable and beneficial as possible. I would not be where I am today, physically, mentally, emotionally, and at home,

without them. I will never be able to give them enough thanks and gratitude to show them how much they did for me and my family. Thank you from the bottom of our hearts.

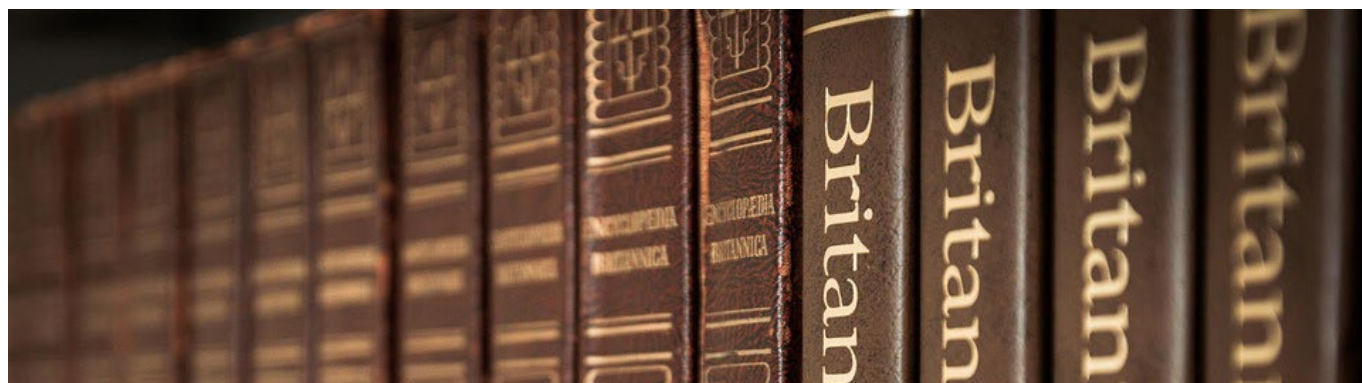
#### **Child Development Service**

Compliment for housing modifications.

The client's mother says the modifications have changed their lives, they are no longer living under a black cloud of daily meltdowns. There has only been one in the two weeks since the work has been completed. Her son is now washing his own hands, brushing his teeth and his hair. I can't say thank you enough, she says. This is a significant change for a boy who didn't want to even enter the bathroom before, says Occupational Therapist Ainsley Calcutt. Outdoors, some fencing has allowed him to walk to the car independently, his going to school anxiety has majorly reduced, and he has an opportunity for independent play.







## The Library

Browse some of the interesting health-related articles doing the rounds.

[“Stopping inflammation from becoming chronic”](#) – This research looks at popular anti-inflammatories such as ibuprofen and aspirin and how they intervene with inflammation during both the acute phase and the resolving phase. Researchers are using a highly sensitive cell model to test the efficacy of the drugs in both phases. From *Science Daily*, published online: 22 February 2019.

[“Sepsis test could show results ‘in minutes’”](#) – University of Strathclyde researchers are developing a new rapid test to diagnose sepsis earlier. Sepsis, a serious complication of an infection, can be difficult to diagnose and is fatal if not detected early. The new test uses a microelectrode biosensor device to detect if one of the protein biomarkers of sepsis is in the blood. The researchers have applied for funding and hope the low cost test could come into everyday use in three to five years. From *BBC News*, published online: 19 February 2019.

[“Smallpox: a disease in deep freeze”](#) – This article looks at the history of the smallpox vaccine, how it was developed, how it became the first vaccine to be applied on a large scale and how it eradicated a serious disease that is estimated to have killed between 300 and 500 million people. From *Newsroom*, published online: 30 January 2019.

If you want to submit content to **The Library** email [communications@cdhb.health.nz](mailto:communications@cdhb.health.nz).

To learn more about the real-life library for Canterbury DHB:

- › **Visit:** [www.otago.ac.nz/christchurch/library](http://www.otago.ac.nz/christchurch/library)
- › **Phone:** +64 3 364 0500
- › **Email:** [librarycml.uoc@otago.ac.nz](mailto:librarycml.uoc@otago.ac.nz).

# Remember to be SunSmart



## Cancer Society

Te Kāhui Matepukupuku o Aotearoa








## Slip, slop, slap and wrap!

# Tribute to Dr Maureen Swanney: kindness, enthusiasm, vision and tireless work

Maureen Swanney passed away peacefully on Sunday 17 February at her home in Christchurch surrounded by her family and friends.

The Scientific Director of the Respiratory Physiology Laboratory at Christchurch Hospital was diagnosed late last year with an aggressive sarcoma.

She gave more than four decades of dedicated service to respiratory health and remained engaged with her work right to the end.

Maureen is described as a loving and generous person who put others first in both her professional and personal life. She was not a woman to settle for second best and at her funeral she was remembered as being a role model to many within in our health system and the world. Her colleagues say she will be missed by all those who have worked with her.

Born in 1954, the middle child of five, Maureen was raised in Mosgiel. She began work as a research technician in the University of Otago, Department of Medicine's Renal Laboratory in 1974. Four years later she moved to Christchurch and started work at The Princess Margaret Hospital (TPMH). It was at TPMH that she was mentored towards completing her BSc and MSc (Honours) degrees while working full time. It was also at TPMH that she met her late husband Dr Paul Eggermayer and they married in 1996.

In 1993 Maureen was appointed Scientific Director of the Respiratory Physiology Laboratory. She was President of the Australian and New Zealand Society of Respiratory Science from 1999 to 2001, having been involved since its inception. During her presidency, which was followed by two years at the Professional Standards Committee, she initiated several lasting changes which are still reflected in its scientific programme today.

She was a driving force in developing the scope and accreditation of respiratory physiology laboratories.

Maureen was passionate about quality and standardisation of lung function testing, including spirometry performed in the community. From 2001 she worked locally, running spirometry training courses which were highly popular. The local courses made a significant and measurable impact in providing community spirometry.

She worked with doctors, scientists and international

stakeholders to maintain a profile of respiratory physiology, including organising exercise interpretation workshops at international, regional and local meetings. In 2006 Maureen graduated with a PhD from the University of Otago's Department of Medicine.

Her thesis impacted the entire world of respiratory physiology and is changing the diagnostic standards across the globe. This led to several international collaborations with the European Respiratory Society and also with the American Thoracic Society.

Maureen was internationally renowned and her contributions were recognised over the years by being invited on combined American Thoracic Society and European Respiratory Society guideline working groups and receiving invitations to be guest speaker at numerous international meetings and conferences.

Last year she was made a Fellow of the Thoracic Society of Australia and New Zealand (one of only three non-medical practitioners to have been given this award).

Maureen's dedication to her staff and her department has been extraordinary and her unfailing kindness, pragmatism, fairness and friendship will never be forgotten.

She will be remembered for her advocacy on behalf of Respiratory Physiology Laboratory and her insistence that each and every team member has a role in research as well as patient care.

Maureen is survived by her mother, Patricia, and her four siblings.



Dr Maureen Swanney



# University of Otago, Christchurch hangs rainbow flag in its foyer

The University of Otago, Christchurch has hung a rainbow flag in its foyer as a symbol of its support and advocacy for members of the rainbow community, including Canterbury DHB staff and patients who pass through the building.

The flag was hung in a prominent place in the foyer of the campus' main building during a ceremony last Friday. The main building is on the Christchurch Hospital campus.

The flag was sewn in the foyer by Continuous Improvement Lead, General Practice and Community Service, Pegasus Health, Lynley Cook, during the fortnight when new fourth year medical students are welcomed to the Christchurch campus.

Lynley is the wife of the head of the Christchurch campus, Dean Professor David Murdoch, and an accomplished seamstress.

David says creating and hanging the flag in a prominent place recognises the campus' commitment as an ally to students, staff and patients who are members of the rainbow community.

"In doing so we recognise our role in training future health professionals to be culturally competent and socially accountable. This is a place where members of the rainbow community can feel welcome, safe and respected."

Sophie Allen, a Christchurch-based medical student and member of the rainbow community says hanging a flag in the campus' foyer signifies it embraces LGBT+ staff and students, and hopes this action will help facilitate an inclusive, accepting culture that translates into the work environment and interactions with LGBT+ colleagues and patients.



Lynley Cook of Pegasus Health sewing the flag



The flag in its new position in the university foyer

# Celebrating Dr Steve Williams

The Oncology Lecture Theatre will be renamed the Steve Williams Lecture Theatre at a ceremony on Monday 4 March.

Steve was a loved and respected friend and colleague, who chaired many meetings in the lecture theatre. Following his own diagnosis with cancer he inspired many, as he continued to live and work with joy, compassion and dignity.

All who knew Steve are invited to come to the Oncology Department for the ceremony at 5.30pm and for refreshments afterwards, as we remember him.

Please RSVP to [Anna.Evans@cdhb.health.nz](mailto:Anna.Evans@cdhb.health.nz).



## Increase in screening rates for family violence

Congratulations to the Child Development Service (CDS) team for improving its screening rates for family violence.

The CDS is a community service for children and young people (newborn to 16 years) with delayed development and/or a disability.

Child and Family Safety Service Manager Susan Miles says there was recently a 40 percent increase in the number of times CDS staff asked parents and caregivers routine family violence questions.

The questions are designed to ensure that those affected by family violence have the opportunity to talk about their concerns and have help to address safety and support needs that are identified.

"I would like to thank them for their tremendous work, in particular Social Worker Steve Truscott and the CDS Clinical Manager Kay Boone, for increasing the number of times that routine family violence questions are asked by staff.

"We submit a project each year on a three-month effort in this area. It was very pleasing to be able to submit such positive results to the Ministry of Health."

It is only through the efforts of our champions and management that we can achieve these results, she says.

"Well done."

Steve says family violence screening is essential in the CDS as parents, or carers, of disabled children are unfortunately living with many stressors that may escalate family violence.

"We have an amazing team at the Child Development Service who have worked extremely hard to improve our screening results. We've achieved this by using easy to use tools and clear pathways to follow when a disclosure is made. There's no doubt in my mind that we will continue to improve our screening further."

Kay says Steve is passionate about improving the service's screening rates.

"It is largely due to his ongoing training and efforts that we have improved. As well, he has supported staff with what to do when there is a disclosure so we are all much more confident in handling these situations."

# Healthy Commute at Riverside on Wednesday

On Wednesday 27 February, between 11am and 5pm, the Healthy Commute programme will be at Riverside, Christchurch Hospital, offering free, personalised travel planning consultations for staff who work in areas from the lower ground floor up to Level 2.

Consultations only take five minutes, and free Metrocards plus other giveaways are included for anyone wanting to try out new ways to get to work.

'Drop-ins will be accepted on the day where there is capacity, but we ask all staff in the areas listed above to [book their five-minute personal consultation through this booking form by midday Tuesday 26 February](#). The Healthy Commute team will then be in touch to confirm your timeslot.

Consultations will be held in Room GC3 on the ground floor of Riverside.

What's this all about? Canterbury DHB's Healthy Commute programme supports staff to reduce their private car use, and increase their use of other modes of transport such as walking, biking, bussing and carpooling.

We've had very positive feedback from staff who have taken part already – check out what people from the Intensive Care Unit had to say in this [one-minute video](#)!

*N.B. The Healthy Commute programme will be coming back to Riverside (as well as visiting other areas of Christchurch Hospital) throughout March.*

Book now [here](#)





## New recliner chairs donated to Ward 12

Patients in Ward 12 Cardiology at Christchurch Hospital are enjoying six brand new recliner chairs worth a total of \$12,000 donated by the hospital's hard-working volunteers.

They replace worn out, broken or ripped chairs and will provide superb comfort for patients, says Volunteers Manager Louise Hoban-Watson.

"It's only because of the support that we receive from our wonderful volunteers and purchases made in our gift shops we are able to fund much-needed items like these," she says.

Ward 12 Charge Nurse Manager Margaret Cumming says patients love the new chairs.

"We are absolutely rapt with them. They are so easy to move around and patients can lie out on them."



Two of the six new recliner chairs donated to Ward 12

If you would like to follow the Christchurch Hospital volunteers on Facebook the link is [here](#).

### NEED TO TALK?

# 1737

**free call or text  
any time for  
support from  
a trained  
counsellor**

# One minute with... Naomi Gilling, Communications Advisor

## What does your job involve?

Writing and editing stories for the *CEO Update* and for *WellNow* – Canterbury DHB's community magazine. They can be on anything from new initiatives to achievements and events so I get to talk to people in a wide variety of roles in the health system. I compile the content for the *CEO Update*, coordinate (and sometimes write) Canterbury DHB stories for Ngai Tahu's publication, *Te Panui Runaka*, oversee the Post a Note section on the intranet and of course coordinate this column!

## Why did you choose to work in this field?

I was a newspaper reporter, latterly specialising in health reporting, and was looking for a role where I could use my writing skills. That it was in the health area was an extra bonus for me.

## What do you like about it?

I love my job! I enjoy writing stories about the incredibly dedicated people working in the Canterbury Health System and the interesting things that are happening. It never gets boring because there is so much variety. Plus I am lucky to be part of a fantastic team.

## What are the challenging bits?

I actually like the challenge of writing to a deadline but probably the biggest challenge is people not getting back to me by deadline!

## Who inspires you?

Our staff, I don't think I have met anyone here who doesn't strive to do their best every day, whether they have direct contact with patients or not. Also those who selflessly give up comfortable lives to help people who are less fortunate. Two that stand out to me are Kerry and Annie Hilton who moved to Kolkata, India, from New Zealand two decades ago with their four children because they wanted to make a difference for the thousands of women forced into prostitution in the city due to trafficking and poverty. They provided a business alternative, training women for a new job – making jute bags for the export market. That was the beginning of [Freeseet](#).

## What do Canterbury DHB's values (Care and respect for others, Integrity in all we do and Responsibility for outcomes) mean to you in your role?

Treating others how you would want to be treated. Doing a job to the best of your ability. Being honest and accountable.

## Something you won't find on my LinkedIn profile is...

I worked on Fleet Street in London in the late 1980s in The Press Association news library.

## If I could be anywhere in the world right now it would be...

The Four Seasons hotel in Florence, Italy. It looks beyond beautiful. I hope to get there one day. Add in the Uffizi Gallery and I am set!

## What do you do on a typical Sunday?

Go to church with my husband and sons, then relax in the afternoon, trying not to do any housework.

## One food I really like is...

Cheese, especially blue. Curries, salads, roast kumara, and on a hot day, a delicious berry ice-cream or frozen yoghurt.

## My favourite music is...

Mainly music from the 80s and 90s and before: Soul II Soul, The Chimes, Rebel MC, David Bowie, Prince, Lou Reed and Split Enz to name a few. I like The Jam's 'That's entertainment' and The Stranglers' version of 'Walk on by'. I also love Sam Cooke's 'A change is gonna come' and the simple magic of Louis Armstrong's 'What a wonderful world'.



If you would like to take part in this column or would like to nominate someone please contact [Naomi.Gilling@cdhb.health.nz](mailto:Naomi.Gilling@cdhb.health.nz).

# Canterbury Grand Round

Friday 1 March 2019 – 12.15pm to 1.15pm, with lunch from 11.50am

Venue: Rolleston Lecture Theatre

**Speaker: Dr Kathryn Mannix, UK Palliative Care Physician and Author**

***"Death, Dying and Wisdom in an Age of Denial"***

Societal discomfort with the topic of death and dying poses a challenge for medical professionals, with many patients ill-prepared for honest conversations about their own mortality. Dr Kathryn Mannix is a best-selling British author and expert in palliative care who has made it her mission to help medical professionals guide patients and their families through this often unwelcome subject with skill, confidence, and humanity, and to make it more common for people to think through the process of dying well. She will draw from her decades of experience with thousands of dying people to discuss how accessible, quality palliative care can improve our society's relationship with the process of death and dying.

This event will include a presentation by Dr Mannix, practical examples of how to initiate and guide quality conversations about dying and palliative care, followed with a brief session of audience Q&A.

If you cannot make this session, or for those of you who wish to hear her speak again and learn more about her book, please register for the public event at Scorpio Books starting at 5.30pm on the same evening (Friday 1 March). See the notice right.

**Chair: Kate Grundy**

It is requested out of politeness to the speaker that people do not leave halfway through the Grand Rounds. This talk will be uploaded to the staff [intranet](#) within approximately two weeks.

Video conference set up in:

- › Burwood Meeting Room 2.6
- › Wakanui Room, Ashburton
- › Administration Building, Hillmorton
- › The Princess Margaret Hospital, Riley Lounge
- › Pegasus, room to be confirmed

All staff and students welcome.

Next is – Friday 8 March 2019

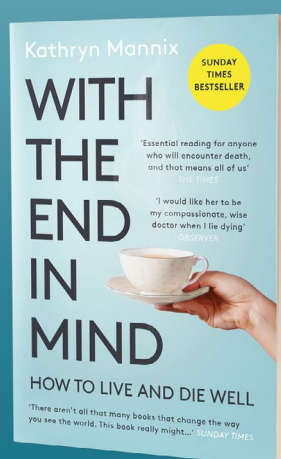
Rolleston Lecture Theatre

Convener: Dr R L Spearing – [ruth.spearing@cdhb.health.nz](mailto:ruth.spearing@cdhb.health.nz)

## AUTHOR TALK With The End In Mind

Dr Kathryn Mannix explores the biggest taboo in our society and makes a compelling case for the therapeutic power of approaching death not with trepidation but with openness, clarity and understanding.

5:30pm for a 6pm start, Friday 1 March  
Venue: Scorpio Books, 120 Hereford Street,  
Christchurch Central  
Refreshments provided



In association with:  
Scorpio Books and the  
Canterbury Integrated Palliative Care Service

For further information and RSVP please contact:  
Tamsin at Scorpio Books: T. 03 379 2882  
[tamsin@scorpiobooks.co.nz](mailto:tamsin@scorpiobooks.co.nz)





In the latest issue of the Health Quality & Safety Commission's E-digest you can read about the national campaign that encourages conversations about what matters at end of life; positive stories from the Aged Residential Care sector, and an evidence review designed to inform the development of a mental health and addiction quality improvement project. Read more [here](#)

## Driveforgood voting closes this week

There are several health and wellbeing organisations among the 10 deserving Christchurch charities in the running for a share of \$100,000 from @Archibalds.

Voting closes this Thursday 28 February so make sure you head to [www.driveforgood.co.nz](http://www.driveforgood.co.nz) and vote today for your favourite health charity so the community can continue to benefit from the great work they do.

ARCHIBALDS



Archibalds is helping to accelerate  
three local charities in their  
drive for good by giving away

\$100,000!

The charity that gets the most votes is gifted \$50,000.  
The next two receive \$25,000 each.

Vote for your favourite at [driveforgood.co.nz](http://driveforgood.co.nz)







Hop on over to [driveforgood.co.nz](http://driveforgood.co.nz) to vote for your favourite charity today and please spread the word on social media. #driveforgoodnz

VOTE NOW >

# The Calderdale Framework

*Invites you to a **Foundation Training Day** for health professionals*

**Tuesday 12<sup>th</sup> March 2019**

**9.00 am – 3.00 pm**

**Room 311, Manawa Building, 276 Antigua St**

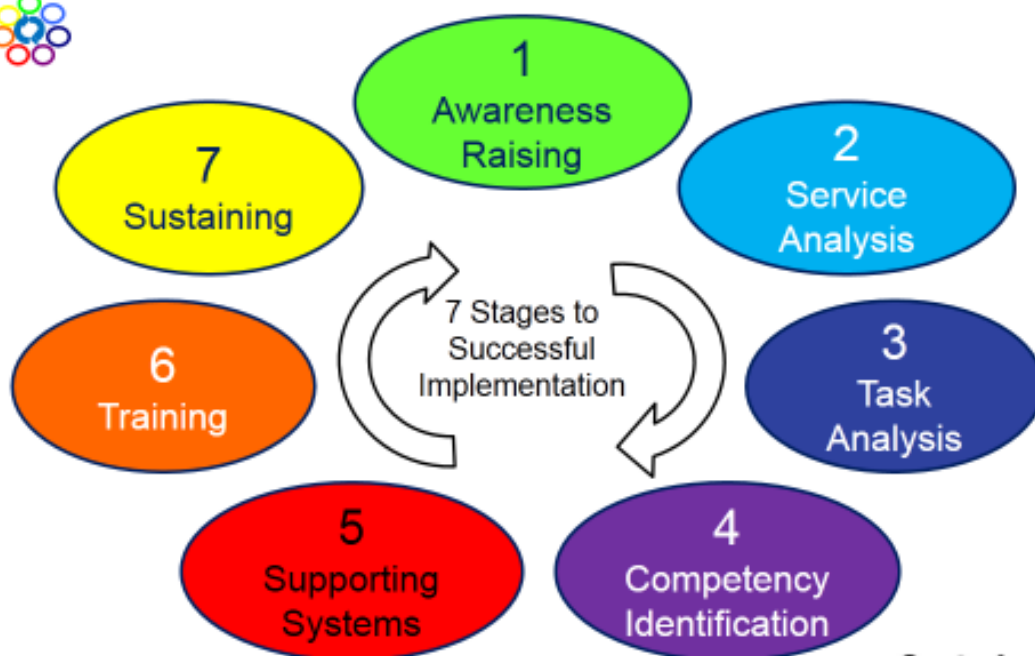
**Beside Christchurch Hospital Outpatients Building**

## Presenters:

**Angela Kennedy**  
Physiotherapist CST

**Benn Dickie**  
Physiotherapist Chch Hospital

**Charlene Tan-Smith**  
Paediatric Ketogenic Dietitian



**Canterbury**  
District Health Board  
Te Pōari Hauora o Wairarapa

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*This session is an introduction to a structured, patient-focused workforce development model that has been used in the UK and Australia. The Calderdale Framework focuses on helping service areas evaluate what are the profession specific tasks for their clinical area, and what can be skill shared or delegated to best meet the needs of the patient. The Calderdale Framework has been selected by the South Island Directors of Allied Health as the skill sharing and delegation tool of choice.*

Be quick - Spaces are limited! Register on **healthLearn**





# Learn 2 Ride a Bike!

Join us for a **women only** morning of fun & learning

Friendly women volunteers will help refugee & immigrant women learn to ride a bike

**Friday 8 March**  
**9.30am or 11am**

**South Hagley Netball Courts, Hagley Ave**

Bikes/helmets will be provided and  
no special clothes are needed to take part.

Limited spaces available so secure your free spot today.  
Email **RevolveChch@gmail.com** with your name and  
preferred session (9.30am or 11am)

Snacks and fruit will be provided after each session  
(byo morning tea welcome)

**Canterbury**

District Health Board

Te Poari Hauora o Waitaha

**revolve**  
christchurch



*International  
Women's Day 2019*

**cycle  
solutions.**



Helping adults cycle with  
confidence