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5 March 2018

[REDACTED]
[REDACTED]
[REDACTED]

Email: [REDACTED]

Dear [REDACTED]

RE Official information request CDHB 9776

I refer to your email dated 15 January 2018 and subsequently partially transferred to us on 30 January 2018 from the Ministry of Health requesting information under section 12 of the Official Information Act. We note that the Ministry of Health advised you that they transferred the following question to Canterbury DHB.

7 Can you please provide the following documents?

i. CDHB Facilities Development project 22 August to 11 September

j. CDHB Benefits Realisation Update – September 2017

CDHB Updates: Outpatients Services Workforce, Infection Control, Maia Health Foundation, Operational Transition Project ASB building CDHB Programme of Works – Facilities Update 22 September, Programme of Works schedules, Lucas Safety Ltd CDHB Project Safety Audit

Please refer to **Appendix 1** (attached). We have redacted information in the attached documents under sections of the Official Information Act. Specifically:

- Section 9(2)(a) “...to protect the privacy of natural persons, including those deceased.
- Section 9(2)(b)(ii) “...would be likely unreasonably to prejudice the commercial position of the person who supplied or who is the subject of the information”
- Section 9(2)(ba) “...protect information which is subject to an obligation of confidence”.

If you disagree with our decision to withhold information you may, under section 28(3) of the Act, seek an investigation and review of our decision from the Ombudsman.

I trust that this satisfies your interest in this matter.

Yours sincerely



Carolyn Gullery
General Manager
Planning, Funding & Decision Support

1 Date

September 2017
 Period reported 1/06- 31/08/17

2 CDHB Infection Prevention and Control Precautions during construction

See June 2015 report for full details

3 Surveillance and monitoring

Certain microorganisms have been cited as risks to patients during building and renovation programmes around hospitals. Although only four organisms will be summarised there might be numerous others but precautions proposed should also cover these.

Aspergillus monitoring (see also attached records)

- **BMTU:** This is a Unit which is mainly HEPA filtered (mainly rooms 1-7). Room 10 had a large number of fungal sp. Isolated in July, but no aspergillus sp. As routine extra cleaning would have been initiated.
- **CHOC:** The children haematology and oncology unit is also mainly HEPA filtered and therefore not exposed to building dust. There were no Aspergillus isolated, but two rooms had a low number of fungi recorded in July and August 2017. See attached spreadsheet. Extra cleaning would have been initiated. The increased number of aspergillus in the outside corridor August 2017 shows the protection the HEPA filters provide in the ward areas.
- **Christchurch Hospital sites:** The three sites were
 1. The main Christchurch Hospital Entrance,
 2. Just inside the new Clean Dock and
 3. The Oncology patient waiting area with 3 month monitoring recorded.

All sites monitored monthly with the latest August 2017. All areas had raised fungal count but only the hospital entrance had aspergillus species isolated.

Bacillus cereus and other Bacillus species In Blood cultures (BC):

Two patients had a Bacillus species isolated from their BC during the period June to 31 August 2017. One was a blood culture taken in ED. None were regarded as significant.

Acinetobacter sp. Incl. A baumannii

One patients had an Acinetobacter species isolated from **his PICC line** blood culture July 2017

Legionella pneumophila serogroup 1

One nosocomial infection with *L pneumophila* diagnosed August 2017. [REDACTED]

[REDACTED]. *L pneumophila* was also isolated from a cold water sample from the hand basin in the patient room. The patient was temporarily unwell and has since been discharged from hospital

Regular shower monitoring recorded one positive test in a shower heads one ward 23 and one in ward 24 during July. The whole hot water system was chlorinated August 2017 as part of its ½ yearly treatment.

Environmental dust monitoring

The Infection, Prevention and Control Staff is in regular contact with the building programme's project managers about precautions and dust control.

[REDACTED]

[REDACTED]

[REDACTED]

Medical Microbiologist

[REDACTED]

[REDACTED]

4 Latest Fungal Spore Count Reports and Comments

Bone Marrow Transplant Unit (BMTU)



MICROBIOLOGY DEPARTMENT
Clinical Haematology Unit Nil Fungal Spore Counts /cu.m



Room	SP	04/01/2017	7/02/2017	7/03/2017	5/04/2017	2/05/2017	6/06/2017	4/07/2017	1/08/2017			
1	Total	Nil	Nil	Nil	0	0	Nil	Nil	Not tested			
	Asp.sp	Nil	Nil	Nil			Nil	Nil				
	Asp. Fumigatus	Nil	Nil	Nil			Nil	Nil	pt unwell			
2	Total	4	6	2	0	0	Nil	2	0			
	Asp.sp	Nil	0	0			Nil	Nil	0			
	Asp. Fumigatus	2	0	0			Nil	Nil	0			
3	Total	10	Nil	Nil	2	0	Nil	Nil	0			
	Asp.sp	Nil	Nil	Nil	0	0	Nil	Nil	0			
	Asp. Fumigatus	Nil	Nil	Nil	0	0	Nil	Nil	0			
4	Total	2	Nil	Nil	0	0	Nil	Nil	0			
	Asp.sp	Nil	Nil	Nil			Nil	Nil	0			
	Asp. Fumigatus	Nil	Nil	Nil			Nil	Nil	0			
5	Total	Nil	Nil	PT unwell	0	24	Nil	Nil	0			
	Asp.sp	Nil	Nil	Not done		0	Nil	Nil	0			
	Asp. Fumigatus	Nil	Nil			0	Nil	Nil	0			
6	Total	2	Nil	Nil	0	pt sleeping	Nil	Nil	0			
	Asp.sp	Nil	Nil	Nil			Nil	Nil	0			
	Asp. Fumigatus	Nil	Nil	Nil			Nil	Nil	0			
7	Total	Nil	PT asleep	Nil	0	0	Nil	Nil	0			
	Asp.sp	Nil	not tested	Nil			Nil	Nil	0			
	Asp. Fumigatus	Nil	tested	Nil			Nil	Nil	0			
8 (1) Door	Total	Nil	Nil	Nil	0	0	Nil	Nil	0			
	Asp.sp	Nil	Nil	Nil			Nil	Nil	0			
	Asp. Fumigatus	Nil	Nil	Nil			Nil	Nil	0			
8 (2) Window	Total	Nil	2	2	0	0	Nil	Nil	0			
	Asp.sp	Nil	0	0			Nil	Nil	0			
	Asp. Fumigatus	Nil	0	0			Nil	Nil	0			
9	Total	Nil	Nil	Nil	0	0	Nil	2	0			
	Asp.sp	Nil	Nil	Nil			Nil	Nil	0			
	Asp. Fumigatus	Nil	Nil	Nil			Nil	Nil	0			
10	Total	Nil	Nil	Nil	0	0	Not tested	40	0			
	Asp.sp	Nil	Nil	Nil			Pt asleep	Nil	0			
	Asp. Fumigatus	Nil	Nil	Nil				Nil	0			
11	Total	Nil	Nil	Nil	0	0	Not tested	Not tested	0			
	Asp.sp	Nil	Nil	Nil			pt unwell	Patient sleeping	0			
	Asp. Fumigatus	Nil	Nil	Nil					0			
Staff Base	Total	Nil	Nil	2	0	0	Nil	2	0			
	Asp.sp	Nil	Nil	Nil			Nil	Nil	0			
	Asp. Fumigatus	Nil	Nil	Nil			Nil	Nil	0			
Inside Front Door	Total	Nil	Nil	Nil	4	4	Nil	4	2			
	Asp.sp	Nil	Nil	Nil	0	0	Nil	Nil	0			
	Asp. Fumigatus	Nil	Nil	Nil	0	4	Nil	Nil	0			
Outside Corridor	Total	10	14	8	4	4	6	0	82			
	Asp.sp	Nil	6	0	0	0	0	0	4			
	Asp. Fumigatus	Nil	4	0	0	0	6	0	0			
Weather		Cloudy 11°C, Moderate Southerly	Overcast 16°C, calm	Cloudy 14°C, moderate SW	11°C moderate SE, rain	12°C moderate E winds	9°C, Humidity 89%, Wind 5km/hr	7°C sunny, westerly 10 km/hr	12° cloudy, light SW wind			

Children's Haematology & Oncology Unit (CHOC)

Microbiology Department

Updated CHOC Fungal Spore Count

Room	SP	10/01/2017	14/02/2017	28/02/2017	14/03/2017	11/04/2017	9/05/2017	13/06/2017	11/07/2017	9/08/2017	
1	Total	2	0		2	6	0	0	2	0	
	Asp.sp	0	0		0	0	0	0	0	0	
	Asp. Fumigatus	0	0		0	0	0	0	0	0	
2	Total	0	0		0	0	0	0	0	2	
	Asp.sp	0	0		0	0	0	0	0	0	
	Asp. Fumigatus	0	0		0	0	0	0	0	0	
3	Total	Patient Unwell	0		0	2	2	0	0	0	
	Asp.sp	Room not tested	0		0	0	0	0	0	0	
	Asp. Fumigatus		0		0	0	0	0	0	0	
4	Total	0	0		0	0	0	0	0	0	
	Asp.sp	0	0		0	0	0	0	0	0	
	Asp. Fumigatus	0	0		0	0	0	0	0	0	
5	Total	2	0		0	0	0	0	0	0	
	Asp.sp	0	0		0	0	0	0	0	0	
	Asp. Fumigatus	0	0		0	0	0	0	0	0	
6	Total	0	0		0	0	0	0	2	0	
	Asp.sp	0	0		0	0	0	0	0	0	
	Asp. Fumigatus	0	0		0	0	0	0	0	0	
7	Total	0	0		Not tested	2	0	0	0	Not tested	
	Asp.sp	0	0		Patient sleeping	0	0	0	0	Pt unwell	
	Asp. Fumigatus	0	0			0	0	0	0		
8	Total	2	2		2	2	0	0	2	6	
	Asp.sp	0	0		0	0	0	0	0	0	
	Asp. Fumigatus	0	0		0	0	0	0	0	0	
9	Total	2	0	0	0	0	0	0	0	0	
	Asp.sp	0	0	0	0	0	0	0	0	0	
	Asp. Fumigatus	0	0	0	0	0	0	0	0	0	
10	Total	0	0		0	0	0	4	16	0	
	Asp.sp	0	0		0	0	0	0	0	0	
	Asp. Fumigatus	0	0		0	0	0	0	0	0	
11	Total	0	0		0	2	0	0	0	0	
	Asp.sp	0	0		0	0	0	0	0	0	
	Asp. Fumigatus	0	0		0	0	0	0	0	0	
Nursing Station	Total	0	4		2	2	0	2	2	2	
	Asp.sp	0	0		0	0	0	0	0	0	
	Asp. Fumigatus	0	0		0	0	0	0	2	0	
Treatment Room 2 Inpatients	Total	2	0		2	0	0	0	2	6	
	Asp.sp	0	0		0	0	0	0	0	0	
	Asp. Fumigatus	0	0		0	0	0	0	0	2	
Reception/Corridor	Total	4	0		2	10	2	2	0	4	
	Asp.sp	0	0		0	0	0	0	0	0	
	Asp. Fumigatus	2	0		0	0	0	0	0	0	
Outpatients	Total	2	0		0	0	0	0	2	2	
	Asp.sp	0	0		0	0	0	0	0	0	
	Asp. Fumigatus	2	0		0	0	0	0	0	0	
Corridor Outside Ward	Total	10	14		8	146	12	2	4	36	
	Asp.sp	0	2		0	0	0	0	0	12	
	Asp. Fumigatus	0	2		0	6	0	0	4	12	
Weather		19°C, sunny E	Mean 19°C, sunny, NW	Min 10°C Max 21°C Mean 16°C, overcast, southerly breeze	13°C fresh SW overcast	16°C cloudy calm with rain	13°C mostly cloudy, light easterly winds	12°C sunny, NNE, 11 km/hr	11°C sunny, NE 14km/hr, 83% humidity	Rain, 9°C, light NW wind	

Areas facing ASB Construction site including clean dock and Oncology, in addition Hospital Main Entrance

Room		SP	6/06/2017	4/07/2017	1/08/2017										
Clean	Total	Nil	2	44											
	Asp.sp	Nil	0	0											
Loading Dock	Asp.sp	Nil	0	0											
	Asp. Fumigatus	Nil	0	0											
Oncology	Total	6	6	10											
	Asp.sp	Nil	0	2											
Waiting Room	Asp.sp	4	0	0											
	Asp. Fumigatus	4	0	0											
Hospital	Total	134	76	14											
	Asp.sp	0	0	2											
Entrance	Asp.sp	2	4	6											
	Asp. Fumigatus	2	4	6											
Weather		9°C, humidity 89%, wind 5km/hr	7°C sunny, westerly 10 km/hr	12°C overcast, slight SW wind											

Copies To:

Notes:

Comments regarding Fungal Spore Count testing

- Areas being monitored are the at risk patient areas of BMTU and CHOC and construction facing areas of hospital (Oncology and Clean dock) and the main entry.
- Fungal spore count tested monthly.
- Only the HEPA filtered rooms can be expected to have a count of nil.
- Nursing stations, and treatment rooms should have low general fungal count.
- An increase usually reflect dust.
- If there is an increase, which is often seen in winter period action is taken. This involves asking visitors and staff to take off heavy outdoor jackets and coats and other woollen scarfs and hats before entering the Unit. Other action is repeat cleaning.
- Increase count outside the Unit such as corridors, which is not HEPA filtered cannot be expected to be negative.
- Test results are very good for these busy sites. A few fungi were isolated but surprisingly no Aspergillus.
- Regarding the monitoring of dust organisms from blood cultures there has been no increase. The number is very low.

General Comments

- The Riverside Building can open all windows and while the air supply is filtered it is not usually secured against fungal contamination from the outside air.
- The Parkside and Parkside West has got air conditioning and the filters are of a size which filter out fungi, although it is far from being a HEPA filter. We have secured windows and openings towards the building site.
- At risk patients will get offer of using masks when leaving HEPA filtered areas if they are at risk from normal ventilation.
- At risk patients are often on anti-fungal medication as part of their treatment and will be managed as per normal. (as per Infectious Diseases SMO)
- These documents, guidelines and regular 2 monthly meetings have been operational since the building of CWH in the early 2000

5 Appendices available

The following documents are available on request, these documents show our IP&C guidelines and other documents reflecting our work with building and renovation. This has been a routine since the building of CWH in the early 2000

- CDHB Building Construction and Maintenance – Infection Prevention and Control Guidelines
- CDHB Infection Prevention and Control Construction & Maintenance Work Approval Form
- CDHB Construction and Maintenance Matrix Tool Template
- CDHB Infection Prevention and Control Surveillance Summary report 2014

TO: Hospital Redevelopment Project Group

SOURCE: Māia Health Foundation

DATE: 05 September 2017

Report Status – For: Decision Noting Information

ORIGIN OF THE REPORT

The purpose of this report is to provide an update on the Māia Health Foundation, as requested by the Committee.

2. RECOMMENDATION

That the Committee:

- i. notes the fundraising efforts and outcomes to-date;
- ii. notes the addition of two new business partners and one new founding champion, and the significant contribution of these partners;
- iii. notes the success of the inaugural fundraising dinner;

3. SUMMARY

The Māia Health Foundation is continuing to build on its launch. Additional business partners have signed on with Māia and will contribute [REDACTED] over three years. The inaugural fundraising dinner, the Māia Health Foundation Feast, was held in August and raised over \$250,000, an unprecedented amount from such an event. A campaign is underway to ‘sell’ the parent beds in the children’s rooms in the Acute Services Building. To-date, 13 beds have been sold with a further 47 to go.

4. DISCUSSION

Fundraising

As previously noted to the Committee, Māia is aiming to bring on board 10 Founding Business Partners and 10 Founding Champions. Not only will the contributions from these partners help Māia with Fundraising targets, but they will also provide linkages into the vast networks that these partners have.

Two new business partners have come on-board this financial year. These partnerships are for three years. Forte Health, a private hospital specialising in short-stay surgery, signed in early July. Forte Health liked the opportunity for a private provider to contribute to the public system with many of the doctors working in both the public and private systems. Māia will work with Forte to spread the message about Māia to their patients.

The other new partner is MG Marketing, a leading supplier of fresh produce to New Zealand, Australia and global markets. MG is a cooperative company and has a national reach. They are also involved in the 5+ a day campaign, so work is underway to see how Māia can leverage this.

As noted later in this report Māia has also secured a fourth Founding Champion, Steve and Helen Wakefield. In total our founding business partners and champions, plus EA Networks, will contribute ██████████ to Māia.

One of the projects related to Child Health is the provision of parent beds for the children's rooms. Approximately 60 beds are required at about \$5,000 per bed. These beds are something tangible that donors can fully comprehend, as such we have developed sales tools to approach potential donors. To-date 13 beds have been 'sold', 11 at the Feast and the others to businesses.

Once again Māia is partnering with New Zealand Cup & Show Week (NZC&SW) this year. The overall NZC&SW group is led by the City Council and involves the three key partners, Addington Raceway, Riccarton Racecourse and the A&P Show.

Māia also continues to receive donations on behalf of the Canterbury DHB. Māia is able to provide donors with receipts that enable the donors to claim their donations off their tax. An external trust has also been wound up and the funds transferred to Māia. The funds, approximately \$70,000, are tagged for the provision of nursing scholarships.

In total, funds raised to-date amount to \$4,580,000 and pledged funds amount to \$1,435,000, totalling \$6,015,000. It is worth noting that according to the Fundraising Institute of NZ, of the 27,000 charities in New Zealand only 241 raise over \$1m per annum.

In addition to funds raised and the significant pro-bono contribution from Go Media ██████████ of outdoor advertising space), Māia is also receiving ██████████ of radio advertising schedule from MediaWorks and ██████████ of print advertising from Fairfax Media.

Māia is also working with the West Coast DHB to help them with their own fundraising efforts. Māia has provided the local fundraising committee with advice and guidance. All donations for the rebuild at the hospital in Greymouth are being received by Māia and will be distributed back to the WCDHB when required.

Fundraising Events

On 19 August Māia held its inaugural fundraising dinner, titled the Māia Health Foundation Feast, at the Christchurch Art Gallery. Over 230 guests were treated to a delicious feast-type meal by chef Johnny Schwass and White Tie Catering. The crowd was entertained by MC Jason Gunn (Māia ambassador), music by Bic Runga (Māia ambassador) and speeches by Garth Gallaway (Māia Chair), Jake Bailey (Māia ambassador) and Andrew Allan (a Māia donor).

The fundraising had a number of components to it. A number of items were donated and these were auctioned off (13 packages were auctioned). Approximately \$65,000 was raised during the auction. Young's Jewellers donated a ring which was raffled on the night, raising over \$5,000. Pledge cards were left on the tables for all guests and gave them a number of options: give a dollar a day (\$365); buy a piece of the pad (\$1,000 per year for three years); buy a bed (\$5,000); or make a donation. A total of 11 beds were 'sold' and with the other pledges over \$85,000 was raised. The clear highlight of the night was the significant gift by Steve and Helen Wakefield who now become Māia's fourth 'Founding Champions'.

In total, over \$255,000 was raised and pledged on the night. Importantly, the Māia Health Foundation and the work we are doing was introduced to a large number of influencers. A review of the event will take place in September and planning will commence for the Feast in 2018.

Māia Ambassadors

In addition to Māia's existing ambassadors (Brendon McCullum, Bic Runga and Jake Bailey), the Morrell-Gunn family has come on board as family ambassadors. Jason Gunn and Janine Morrell-

Gunn have a significant profile and have agreed to the use of their image for promotional purposes. Jason was the MC for the Māia Feast, for which he also produced a short video regarding the helipad project. Jason and Janine are also great sounding boards for promotional and fundraising ideas.

5. CONCLUSION

The implementation of the Māia Health Foundation fundraising strategy continues with the successful running of a fundraising dinner and the confirmation that two new businesses and one new family have become partners with Māia. Māia will continue to engage businesses and the public to raise funds and profile for the Health System, including working with the West Coast DHB to aid their fundraising efforts. Maia remains on track to raise \$5.2m by November 2018.

Report prepared by: Michael Flatman, Chief Executive, Māia Health Foundation

Report approved for release by: Jock Muir, Director of Strategic Projects

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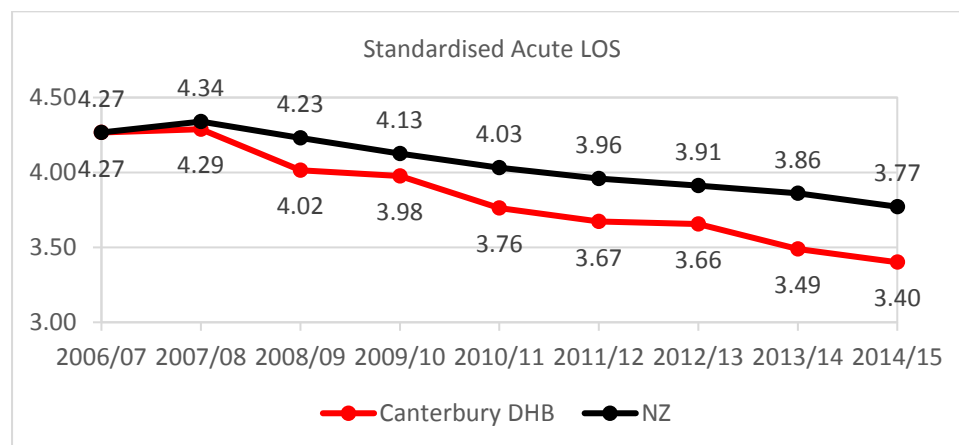
Benefits: Progress against the DBC

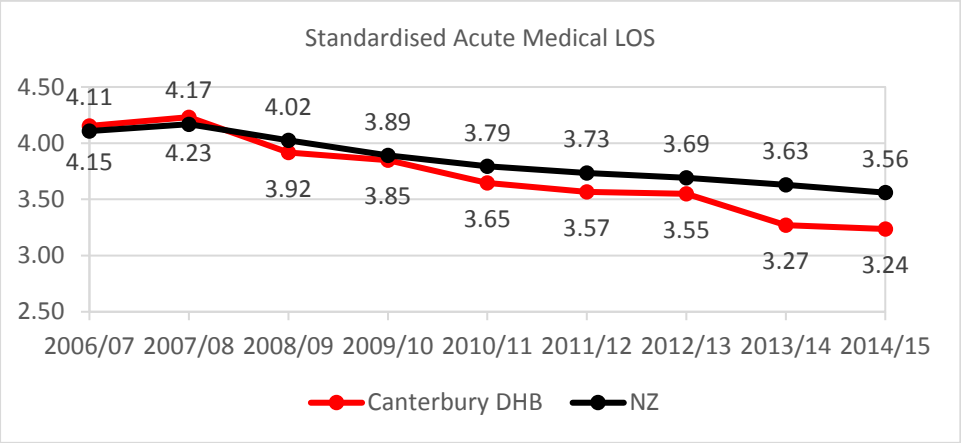
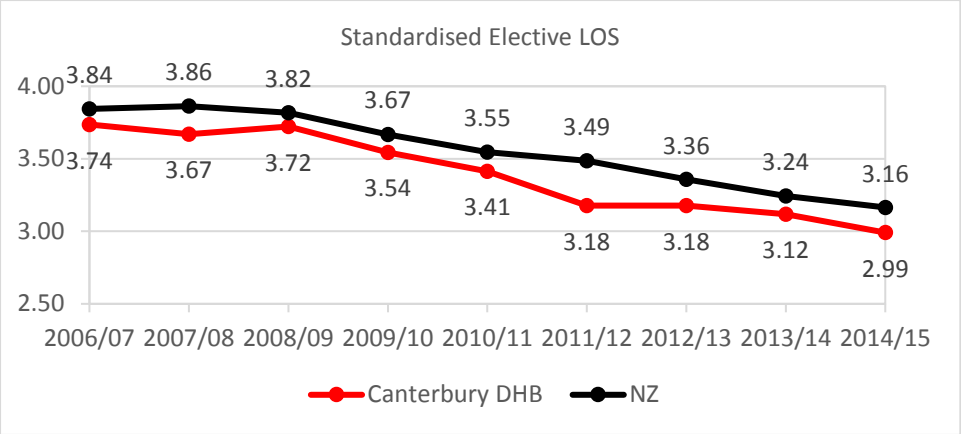
This section provides a summary of three areas of quantifiable benefits in patient care outlined in the Detailed Business Case (DBC). These represent the major benefits that can be addressed through development of the model of care as new facilities are developed. Further details about these are provided in subsequent sections. According to the available data, benefits are updated either annually, quarterly or monthly.

AVERAGE LENGTH OF STAY

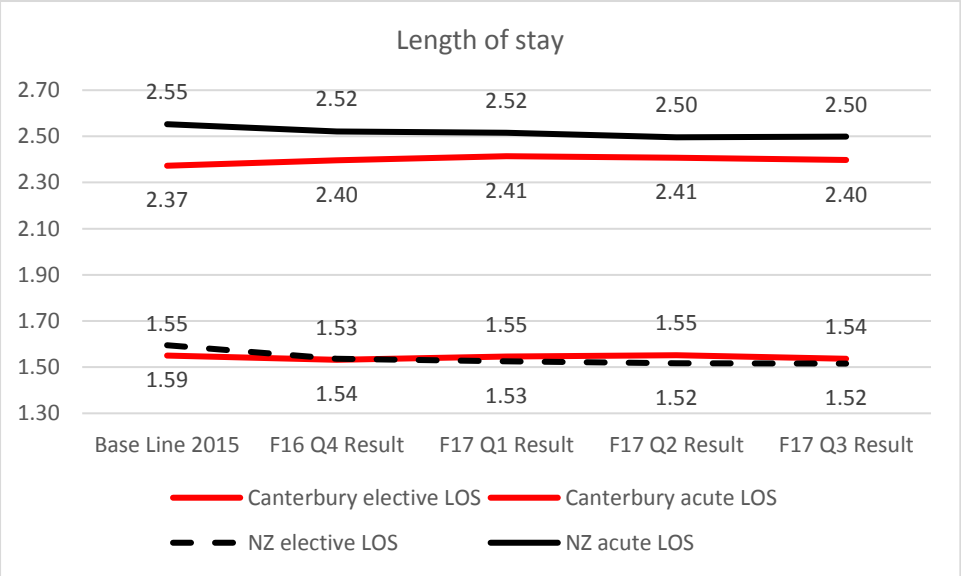
After accounting for demographic growth assumptions in the DBC indicated that demand would be modifiable to create efficiencies in length of stay of five percent for general medicine, cardio/respiratory, acute general surgery, elective general surgery, acute orthopaedic surgery and elective orthopaedic surgery. A further step change of two percent would be achievable in 2019 when both Burwood and Christchurch hospital rebuilds are operational.

In 2014/15 compared with 2011/12 (baseline for the DBC) the standardised acute length of stay had decreased by eight percent, the elective length of stay decreased by 6.2 percent and the acute medical length of stay decreased by 10.2 percent (shown in figures below). This is achieving better than projected benefits and shows stronger performance than national changes.





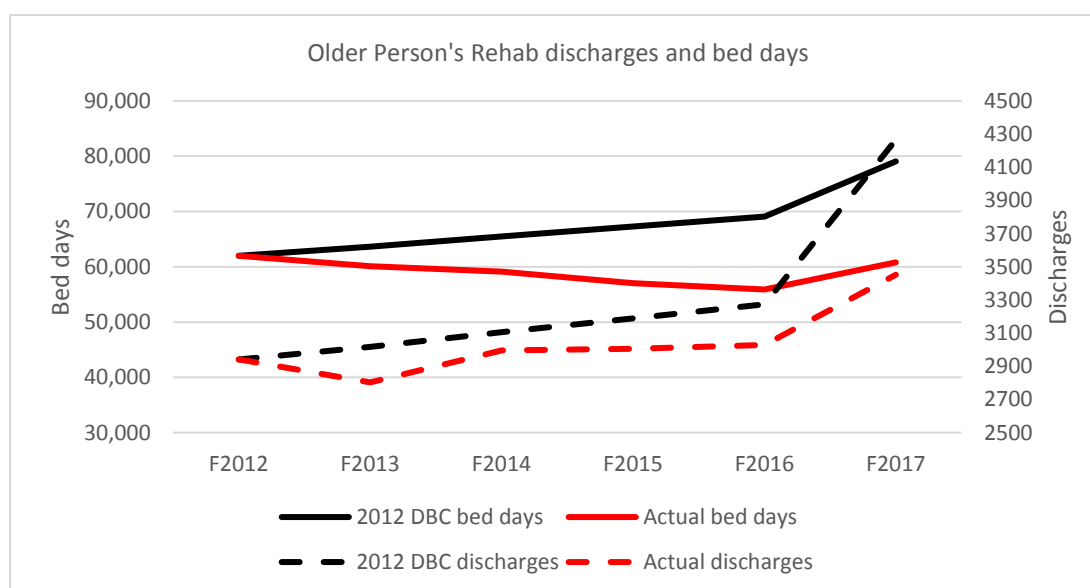
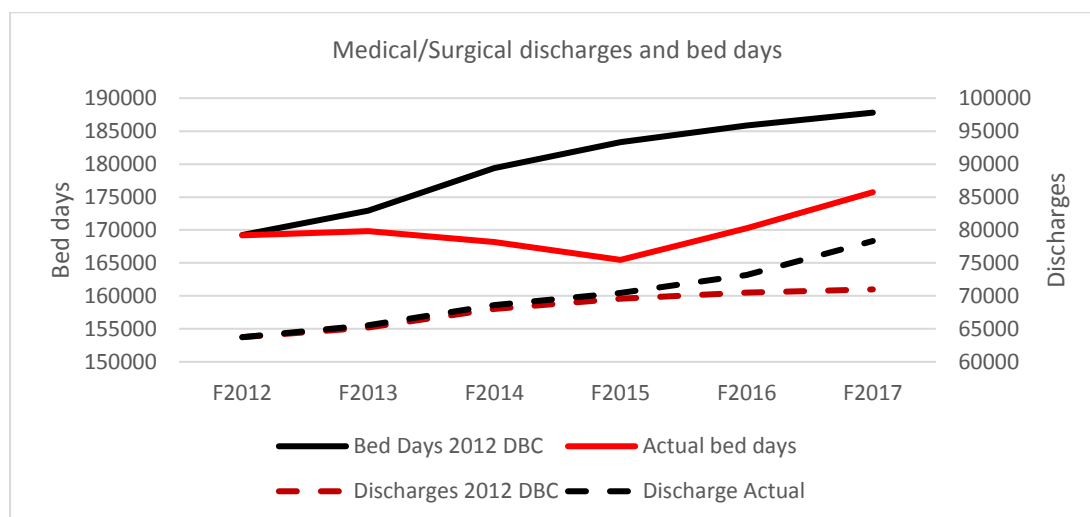
In 2015/16 the national measure for length of stay was altered to account for day cases with limited longitudinal comparison yet available. Progress against this measure continues to be monitored longitudinally with both surgical and medical acute length of stay relatively flat. This will be monitored closely as it appears to be a symptom of demand exceeding capacity.



BED DAYS ACTIVITY

Bed days are a combination of changes in discharge rate and changes in length of stay. Apart from the DBC assumption of decreased length of stay of five percent across all specialities, assumptions were made for intervention rates with demand efficiencies of five percent for general medicine, cardio/respiratory, two percent for acute general surgery and acute orthopaedic surgery (and 0% for elective general surgery and elective orthopaedic surgery). In all, the combined actual increase in beds days across medical/surgical and older person's rehab from 2011/12 to 2016/17 is 5,309 bed days (2.3%) despite significant population growth. This has resulted from a reduction of 6.9 percent in medical/surgical bed days and 23.1 percent fewer bed days for older person's rehab compared with the 2011/12 DBC. Note: older person's rehab bed days has increased as planned following the opening of the Burwood redevelopment.

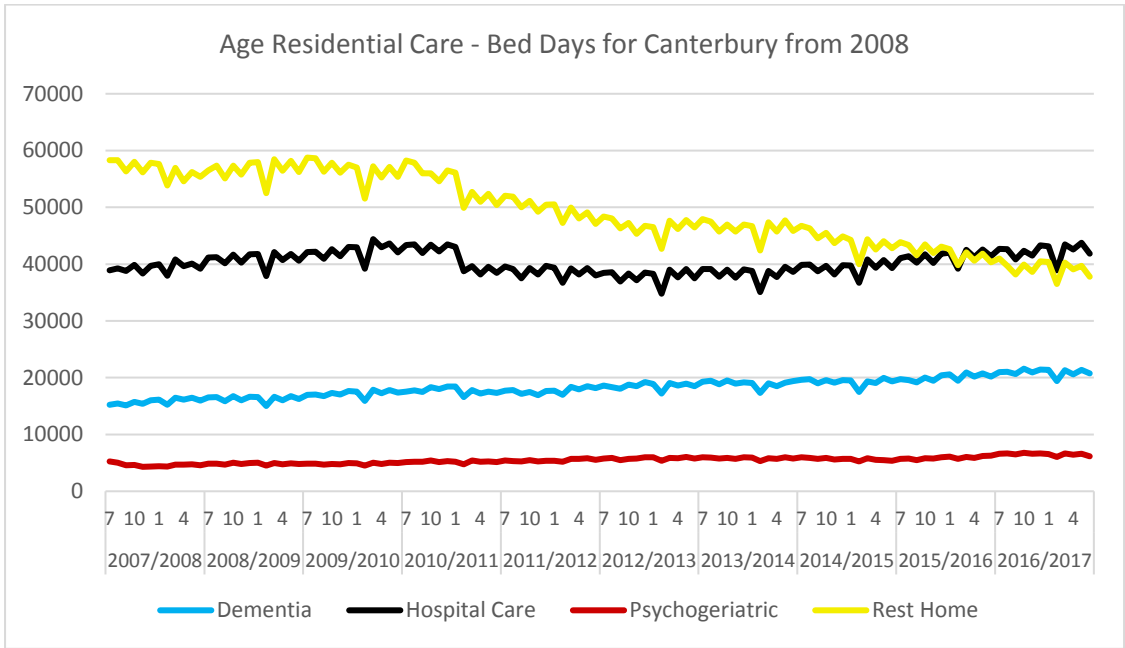
The Canterbury health system has significantly out-performed the DBC bed day assumptions.



AGED RESIDENTIAL CARE UTILISATION

Utilisation of ARC in Canterbury has been high relative to other DHBs. Through a series of interventions the DBC assumes that Rest Home bed days per population will reduce to the national average by 2020. Other ARC bed types are not assumed to reach the national average in the 10 year forecast period.

Rest Home level care has achieved 207,040 fewer bed days in 2016/17 compared with 2009/10, while bed days in Hospital level care have decreased slightly (477). On a population rate basis, Canterbury’s aged residential care utilisation has fallen below South Island rates. Canterbury’s rest home bed utilisation has gone from 4.0% above the South Island rate (including Canterbury) in 2009/10 to 4.3% below in 2016/17 for over 65s. At the same time, Canterbury’s hospital bed day population rate has moved from 10.6% above the whole of South Island rate to 1.3%. The rate of rest home and hospital level bed days have fallen by 41.7% and 16.1% respective between 2009/10 and 2016/17.



Background

This report provides the eleventh three-monthly brief update on the benefits realisation first presented in November 2014 which outlined a series of indicators of the outcomes identified in the investment logic map for Canterbury's major capital investments. This summary presents the indicators and provides commentary on recent trends and the impacts of any changes.

The three key directions in Canterbury's Health Services vision for future health services are:

- Further development of services that support people to take increased responsibility for their health and a change of approach within existing services to support this
- Development of primary health care and community services' capacity and capability to support people in a community based setting and provide a point of ongoing continuity
- Freeing up secondary care based specialist resources to be responsive to episodic events, more complex cases and the provision of advice and support to primary care.

Redeveloping facilities was identified as a necessary enabler to meet the future need of the Canterbury Health System in a 2010 Business Case.

The earthquakes of 2010 and 2011 have had a major impact on the people of Canterbury as well as the Canterbury Health System. While the health system has been able to maintain and deliver innovative services to address the emerging needs of our population, there remain a number of significant challenges and successes; we still have broken buildings, and stretched capacity and we have a population that is more fragile and more likely to require support from our health system, particularly for mental health services. The ongoing delivery of care and services in buildings that don't comply with new building codes while we repair and redevelop our building stock requires balance with the immediate harm caused by denying our population access to services.

The ongoing uncertainty is draining the community's resilience and related health issues are emerging. We face further challenges to meet our population's needs with sub-standard housing, crowded, damp and cold conditions. We look forward to occupying new/redeveloped facilities in the coming months.

The opening and occupation of the redeveloped Burwood Campus has delivered the first major hospital build within the broader investment program. While realising the advantages of this new infrastructure will take time, transition has been smooth and new practices are being established.

REALISING THE BENEFITS

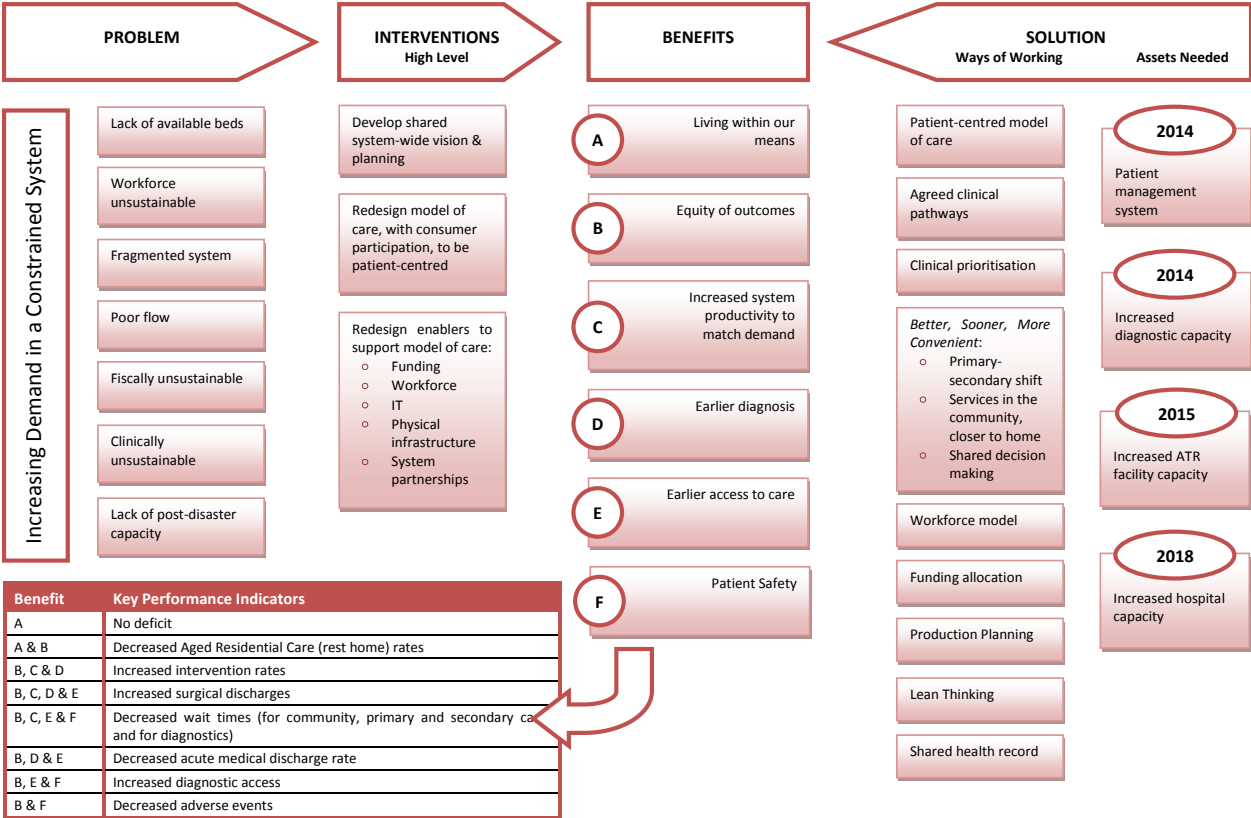
The benefits to be realised from the facilities redevelopment program are directly linked to the objectives for the health system. Benefits realisation focuses on ensuring that the full hypothesised benefits of the projects, primarily improved health service provision, are achieved.

Designing the best-fit benefits realisation approach has been undertaken alongside the development of a 'whole of system' outcomes framework for the Canterbury Health System. The DBC and the associated Investment Logic Map developed to support the Business Case underpin the benefits realisation approach.

It should be recognised that the new facilities are an enabler in a transformational journey that commenced well before the development of the Business Cases and as such will continue after the commissioning of the

new buildings. In this context the benefits should be viewed as accruing from an integrated strategy for transformation that goes beyond the implementation of the new facilities.

Investment Logic Map



What we've achieved

The following section represents a report on the Key Performance Indicators identified in the *Investment Logic Map*. This is in addition to the work we are undertaking to manage the increased earthquake-related demand (especially mental health and emergency services) which were not anticipated in the Business Cases.

NO DEFICIT

Situation

Canterbury has to manage within its financial means in a post-earthquake environment. Although external review of our financials has confirmed that Canterbury was on track to achieve a surplus in 2010/11 prior to the February earthquake, there has been earthquake costs totalling \$107 million over the four years following the earthquake; Canterbury has delivered a cumulative deficit of \$84 million which has been deficit funded by the Ministry of Health.

Since 2015/16 Canterbury's financial position has been explored through two external reviews conducted by PwC which have consistently indicated Canterbury DHB's operating expenditure is well managed but depreciation, interest and capital charge are having and will continue to have a significant impact for the foreseeable future. Stage 2 of the PwC financial review focused on financial and system sustainability has been analysed and a number of strategies have been implemented to ensure operational efficiencies of 0.8% are achieved in 2017/18 (achieving cumulative annual efficiencies of 0.8% each year will be extremely challenging in light of Canterbury's falling share of the national funding pool).

The expected funding path in the DBC has not eventuated as Health has received a lower funding growth rate than advised by the National Health Board in 2012. While achieving operational efficiencies has mitigated the lower funding path, the fall in national share of the funding pool has created a deficit in 2016/17 and forecast in 2017/18.

What did we do about it?

Over the past five years Canterbury has developed new service delivery models, funding and contracting mechanisms that minimise the financial risks and enable the continuation of service delivery despite constrained theatre and bed capacity. Most community services are now capacity contracted and elective services are creatively purchased which in aggregate are 13 to 17 percent below national pricing.

Furthermore the PwC review and other recent analysis has demonstrated Canterbury is relatively efficient in its service delivery in comparison with similar DHBs. This finding is consistent with recent reports from Treasury which ranked Canterbury DHB the fifth most efficient DHB and is within five percent of the best DHB, and the Australasian benchmarking group, Health Round Table, which rated Canterbury as the most efficient of the larger DHBs.

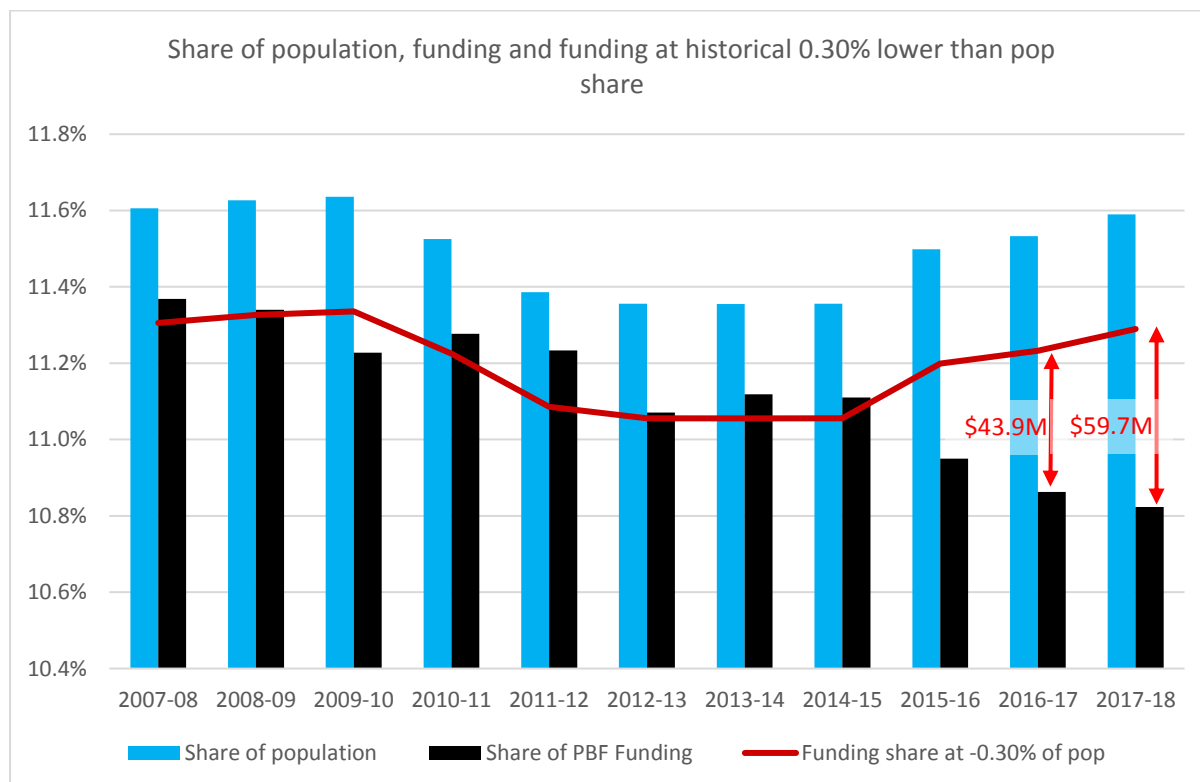
The predicted post-disaster increase in mental health demand has resulted in services running at or over capacity. To meet the mental needs of Canterbury's population, the DHB has continued to develop its model of care with a community focus investing in mental health services from other funding envelopes to better

address the needs with timely intervention. The population's extraordinary post-disaster mental health need has been recognised with the Government providing an additional \$20 million over four years.

Performance against KPI

Canterbury's budgeted deficit for 2017/18 is \$53 million.

While Canterbury's population share has increased since 2014/15 our funding share has significantly decreased; the historical differential of approximately 0.30% between population share and funding share has expanded to 0.77%. This change represents real revenue decreases of \$43.9 million in 2015/16 and \$59.7 million (greater than the deficits in each of these years).



Over the last six years (2011/12 to 2017/18) Canterbury's funding has increased by \$220 million or 19.2%. However, if had increased at the national average of 23.7%, funding over the last six years would have increased by \$292 million.

DECREASED AGED RESIDENTIAL CARE RATES

Situation

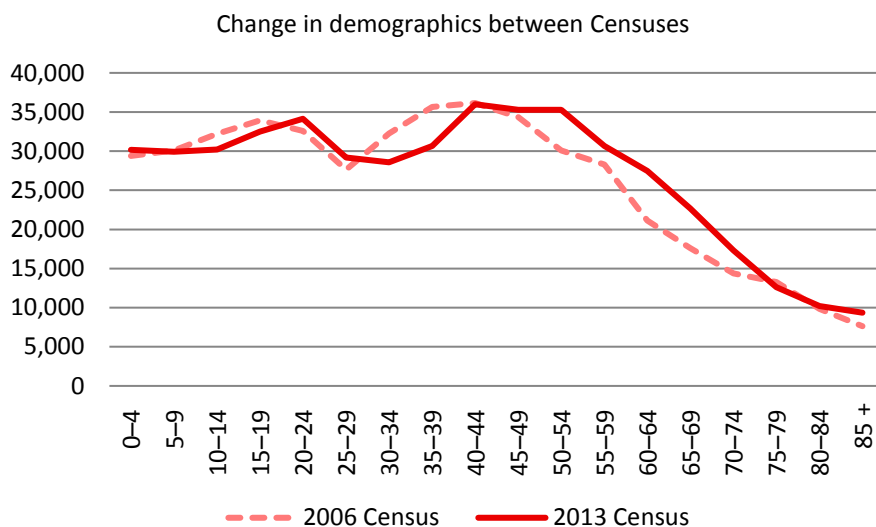
Canterbury lost 635 aged residential care (ARC) beds post-quake. Due to a large scale private investment there is now an oversupply of capacity which has allowed a return of respite capacity. Canterbury has historically had a high proportion of older people in ARC, which was identified as a measure to be reduced as part of our investment logic approach.

What did we do about it?

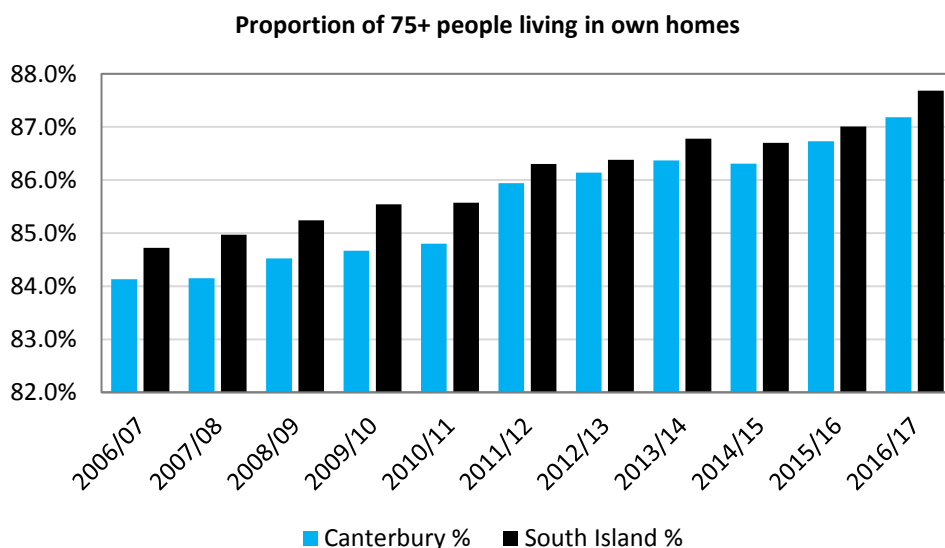
Canterbury has invested in new models of care (integrated district nursing and restorative home-based support and CREST in particular) which had been designed to keep people well and healthy in their own home and reduce the rate of entry to ARC.

Performance against KPI

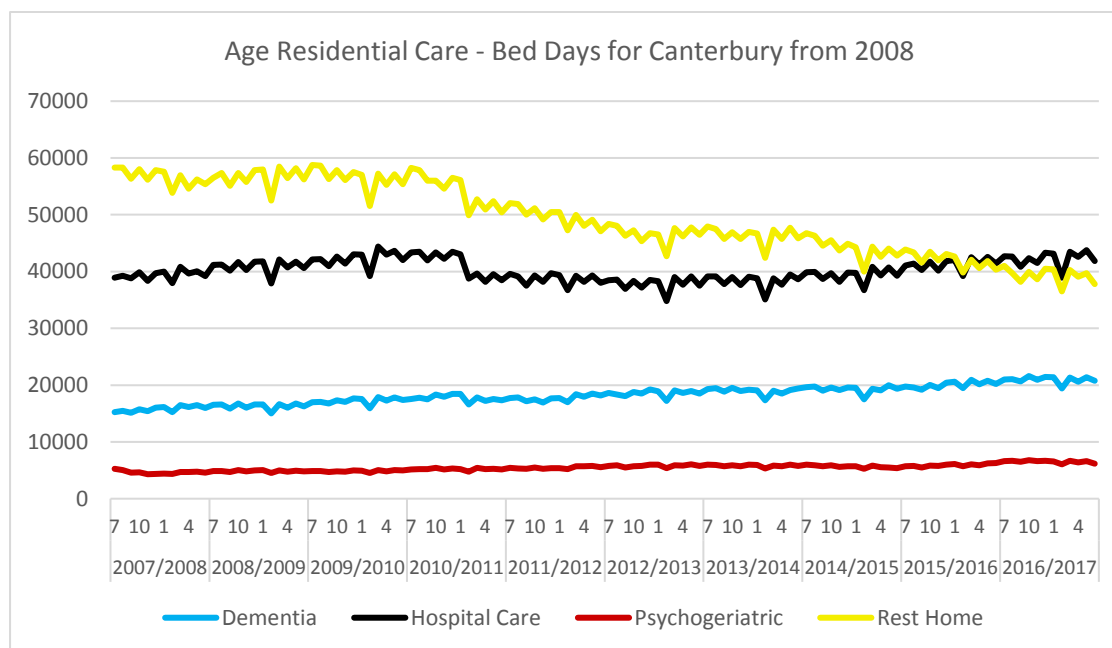
Canterbury continues to have an increasing aged population and has the largest DHB populations of over 65 years and over 75 years in absolute numbers, however while remaining above average these proportions of national share have slightly reduced as the national population also ages.



However the rate at which people are entering aged residential care has declined and there are over 560 fewer people in rest home and hospital level care than in 2009/10. This represents a reduction in the proportion of people aged over 75 years in institutional care as well as a reduction in absolute numbers.



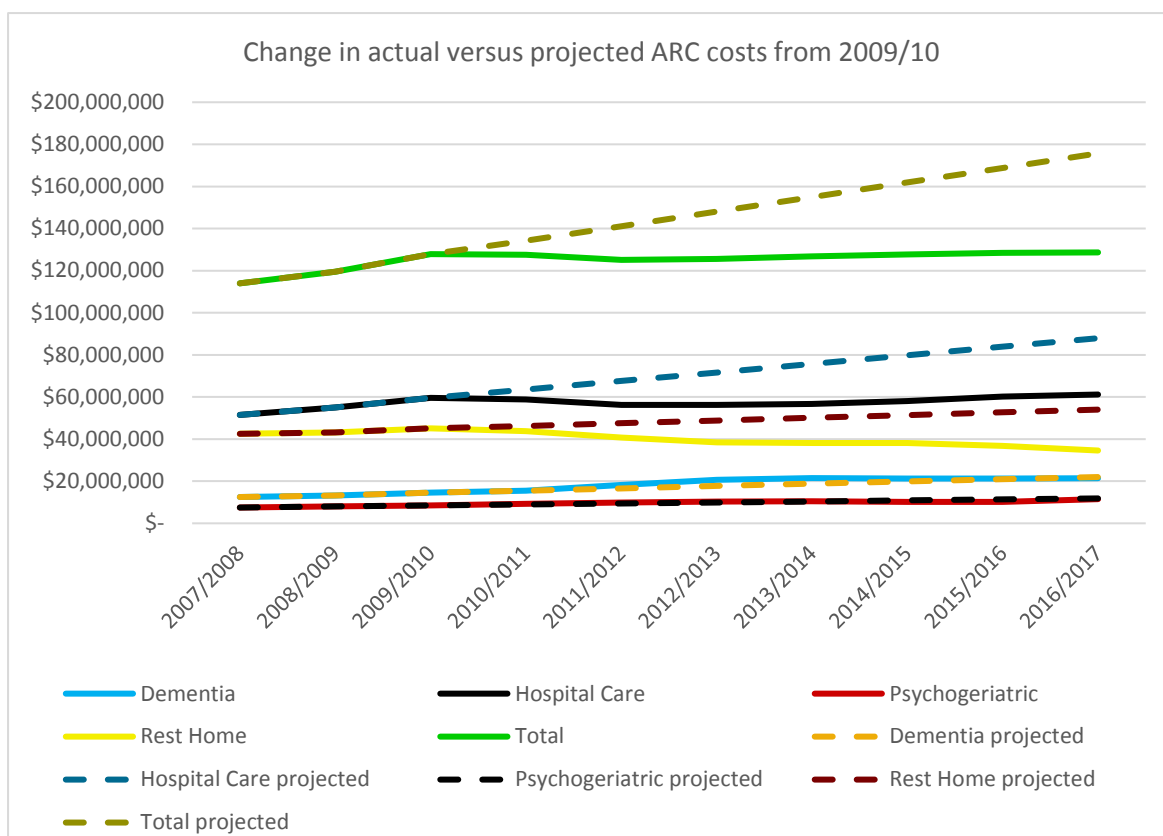
The length of stay on entry has also reduced from 50% remaining in care at 26 months in 2006 to 50% being in care under 12 months.



What does this mean?

The combined interventions have meant expenditure on Aged Residential Care has plateaued since 2010 despite price increases each year. The annualised foregone expenditure for 2017 were \$26.7M for hospital level and 19.4M for rest home level based on projections from 2009/10.

The Detailed Business Case proposed Canterbury would decrease Rest Home bed days from 27% above the national average in 2011/12 back to the national level by 2020. This has been achieved in advance.



INCREASED INTERVENTION RATES

Situation

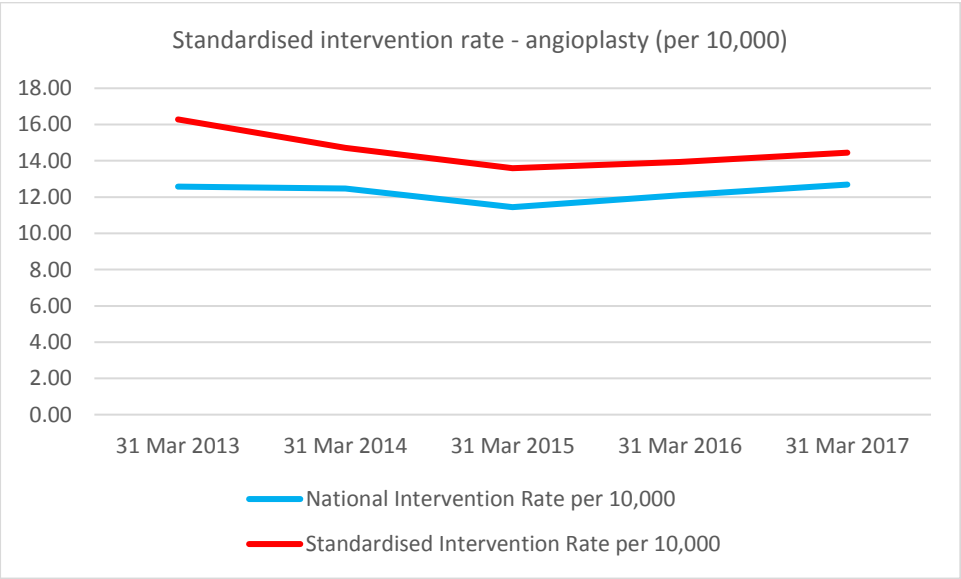
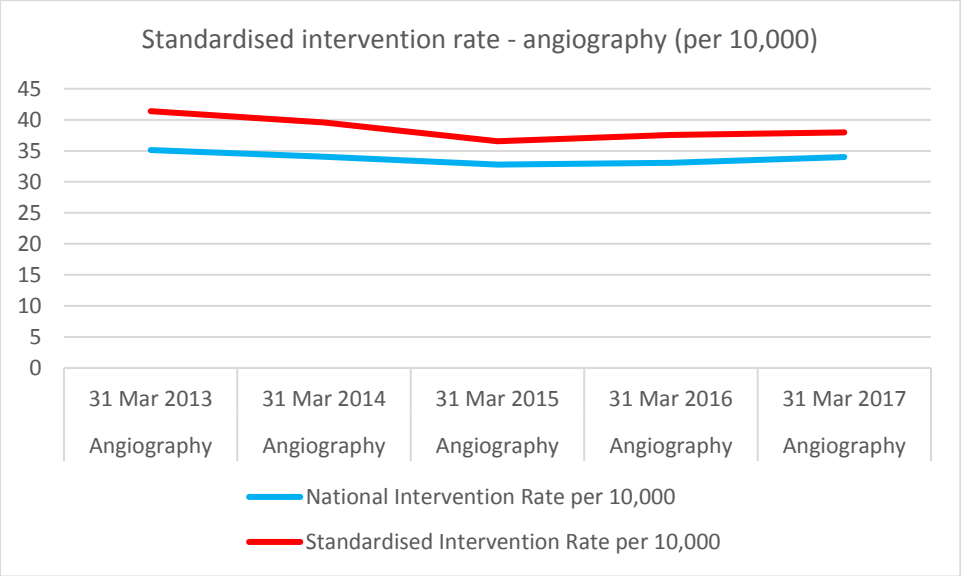
Ensuring an increasing focus on planned care underpinned the investment logic map, particularly over winter when acute demand is highest increasing the risk of cancelling surgery. This has been addressed by increasing the range and level of community interventions (e.g. Acute Demand Management Services, CREST, Medication Management, and Community Falls Prevention) to reduce acute admissions and allow greater planned activity.

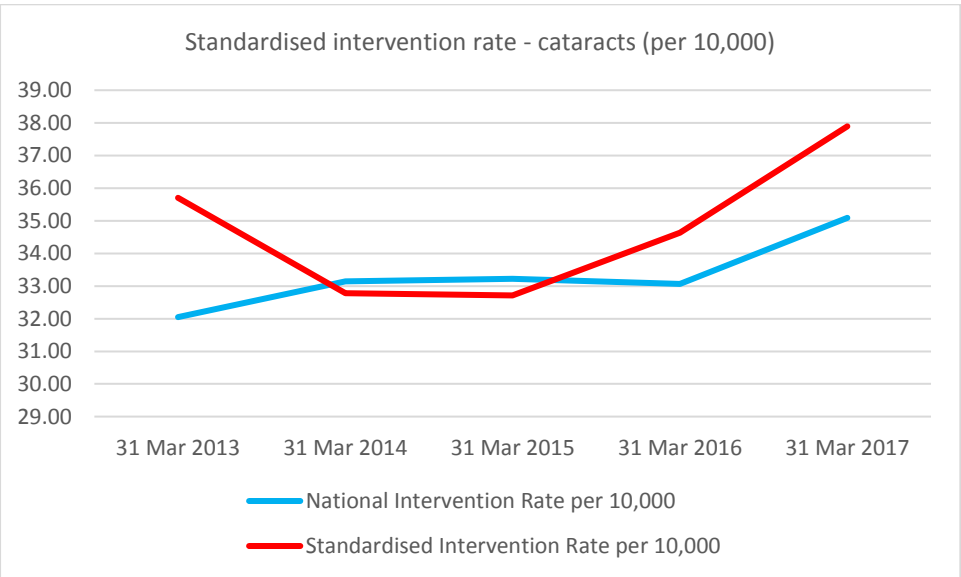
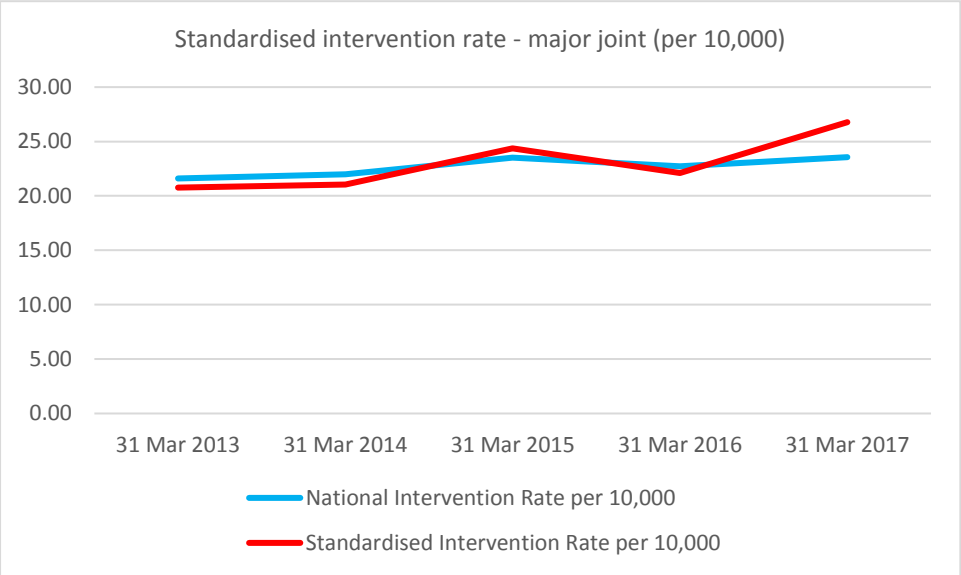
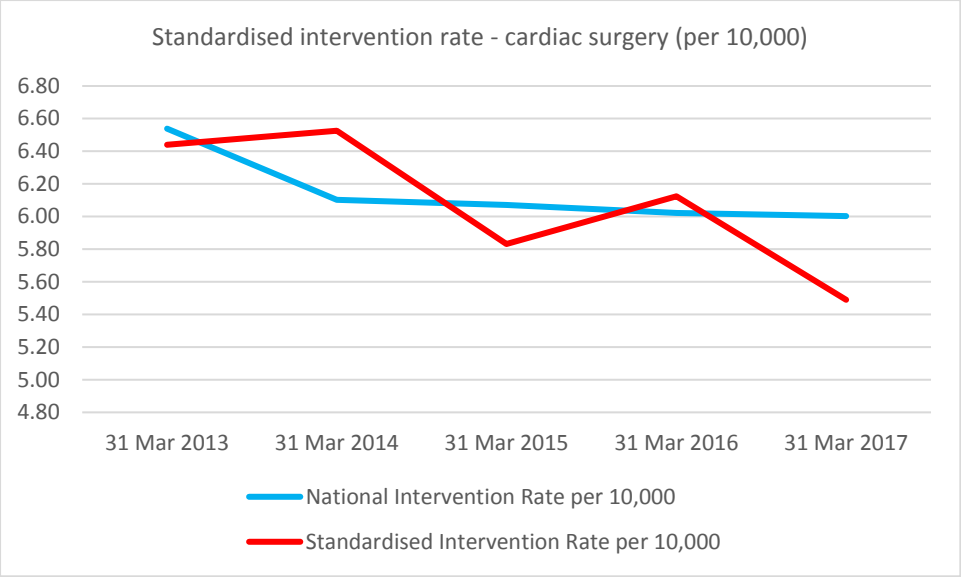
What did we do about it?

Canterbury is severely constrained by the number of theatres available for surgery. The Electives Recovery Programme outsourcing was established to ensure sufficient theatre time and capacity in key areas to improve intervention rates. In house theatre utilisation has been maximised resulting in annual growth in the proportion of outsourcing (now 14% of all elective surgery) to guarantee improved intervention rates. However this ability to further increase outsourcing is now being limited by the complexity of surgery that means it cannot be performed in the private system. Increased attention on important pathways such as fractured neck of femur and major joint surgery have been the focus of new approaches under the enhanced recovery after surgery initiative.

Performance against KPI

Canterbury’s intervention rates are significantly above national rates for angiography, angioplasty, cataracts and major joints (which has improved in recent years). Only cardiac surgery is below national intervention rates.





What does this mean?

Canterbury's intervention rates have meant people in Canterbury have better access to elective surgical services resulting in Canterbury DHB achieving the Health Target volumes each year.

INCREASED SURGICAL DISCHARGES

Situation

Bed capacity at Christchurch Hospital was reduced post-quake resulting in increased risk of cancelling surgery over winter (as above).

The Intensive Care Unit is running at maximum capacity, preventing some elective surgery and blocking patient flow.

What did we do about it?

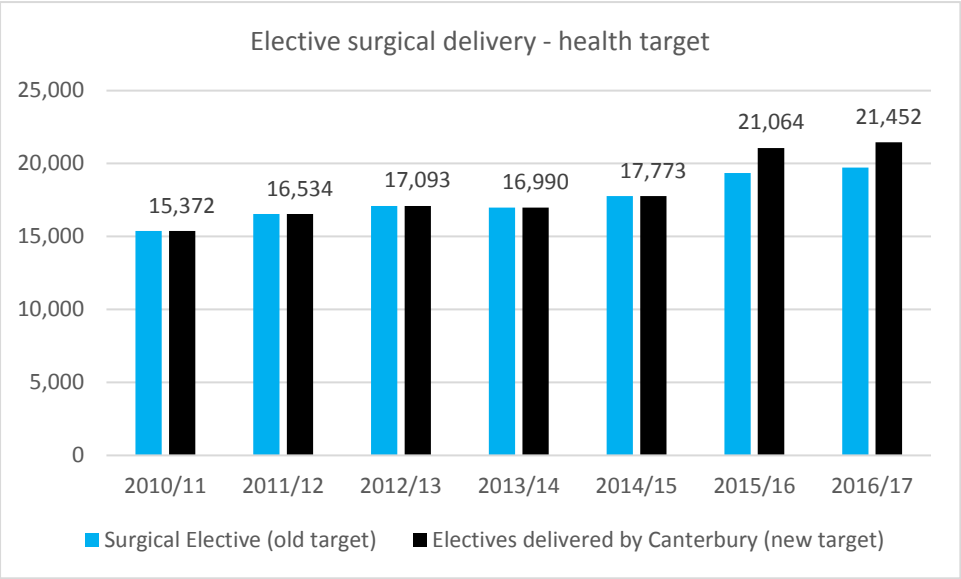
Our Electives Recovery Programme was implemented, including establishing outsourcing contracts for elective surgery with private hospitals including leased theatres where our staff perform the surgery.

We introduced the Orthopaedic Non-Weight Bearing Model of Care for non-weight bearing patients (after neck of femur, or NOF, surgery). Access to dedicated acute theatre lists for orthopaedics was increased to reduce pre-operative waiting (especially for fractured NOFs). This has reduced the requirement for beds and delivered a better outcome for patients by providing faster access to surgery and less time in hospital.

More recently, our focus has been on developing Enhanced Recovery After Surgery (ERAS) processes for hip and knee replacement which have resulted in improved patient pathways and less waiting.

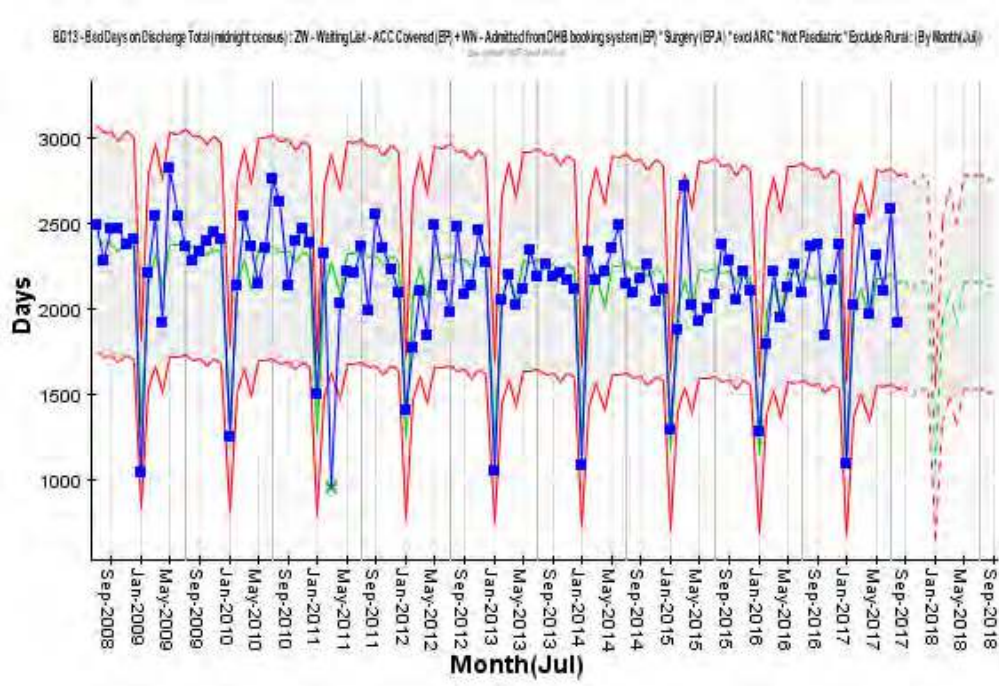
Performance against KPI

Canterbury has delivered more elective surgery to its population. This has been achieved despite the substantial removal of minor interventions such as Avastin and simple skin lesions from the analysed elective surgery volumes.



Updated with new (2015/16) health target definition

There has been an overall 39.6% increase in health target elective surgery delivery between 2010/11 to 2016/17. The planned electives have increased 28.3% during this period which has been accomplished with a 3.0% reduction in bed days.



Despite difficulties earlier Canterbury achieved its elective target of a 550 target uplift and surpassed this by over 400 electives in 2016/17. However, achieving the increasing demand remains challenging due to system constraints – there are insufficient theatres and hospital beds in Canterbury to deliver the services for our population until the opening of the Acute Services Building. In addition, we are reaching limits for outsourcing both in terms of capacity and ability to cope with complexity among our private sector partners. Canterbury aims to achieve targets this year by increased outsourcing.

What does this mean?

The large increase in elective surgery maintained within a similar bed day level demonstrates internal efficiencies of over 40% across this time.

REDUCED WAITING TIMES

Situation

Capacity constraints in all parts of the system put pressure on achieving wait times. This applies to theatre capacity, bed capacity, outpatient capacity and diagnostic capacity.

What did we do about it?

HealthPathways, ERMS (electronic request management system) and more recently HealthOne have contributed to ensuring that only priority people are referred to secondary care and much of the required care is now delivered in a community-based setting. These tools support a model of care with improved triage and enables hospital clinicians to provide advice without seeing the patient face-to-face.

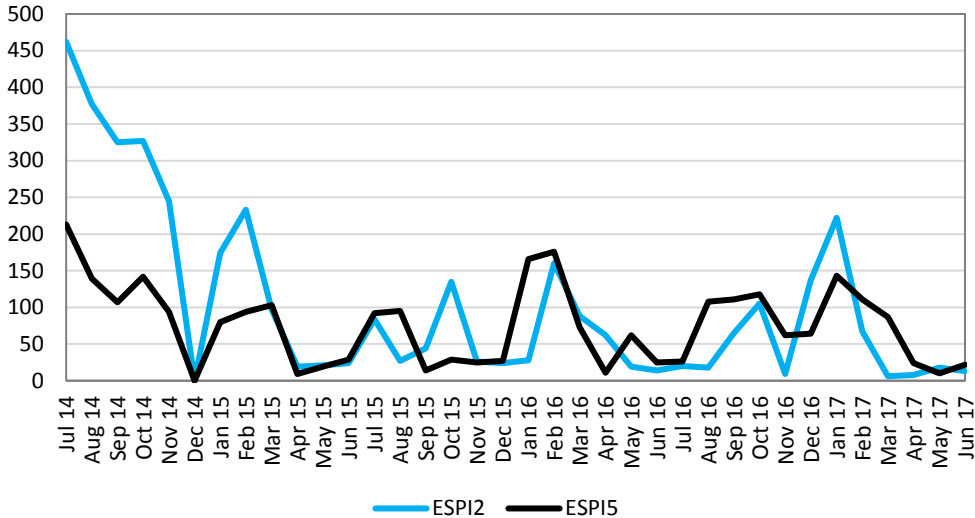
The impact of these initiatives so far is:

- Medical specialists see 79 people for FSA for every 100 people seen nationally and 31% of all recorded virtual FSAs are conducted in Canterbury – a more efficient use of time
- Surgical specialists see 77 people for FSA for every 100 people seen nationally and deliver 25% of all virtual FSAs
- Almost 11,000 procedures were delivered in general practice in 2016/17 funded by the DHB
- General practice accessed 45,227 radiology investigations delivered free in the community without their patients needing an FSA.

Performance against KPI

Aligned to national direction Elective Services Performance Indicator (ESPI) Waiting Times in Canterbury have been reduced with fewer patients waiting 120 days for First Specialist Assessment and Treatment (ESPI 2) and resulting treatment (ESPI 5).

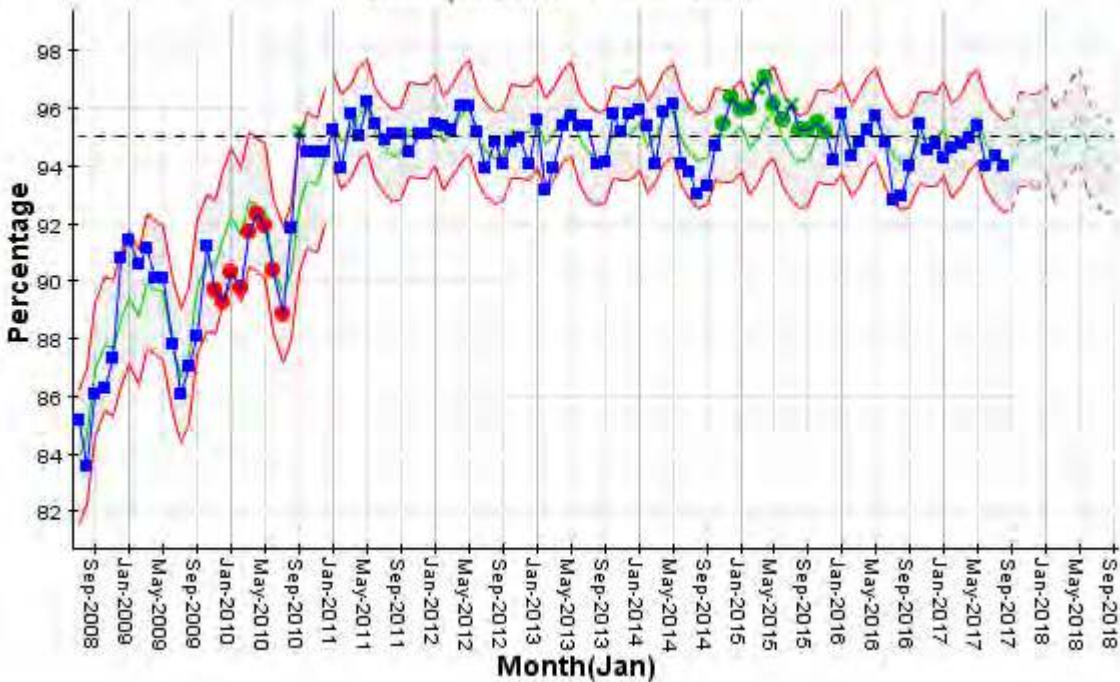
ESPI 2: Number of people waiting >120 days for FSA



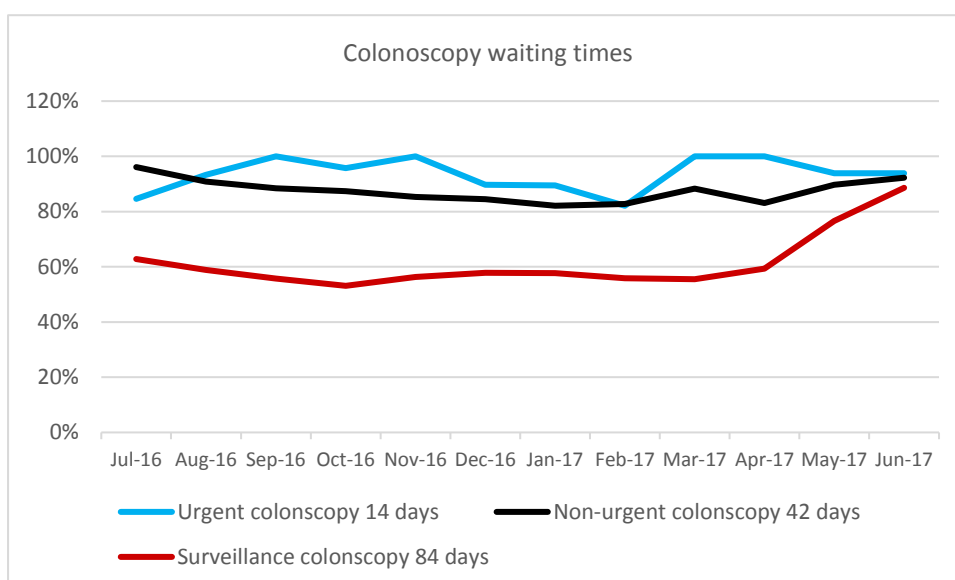
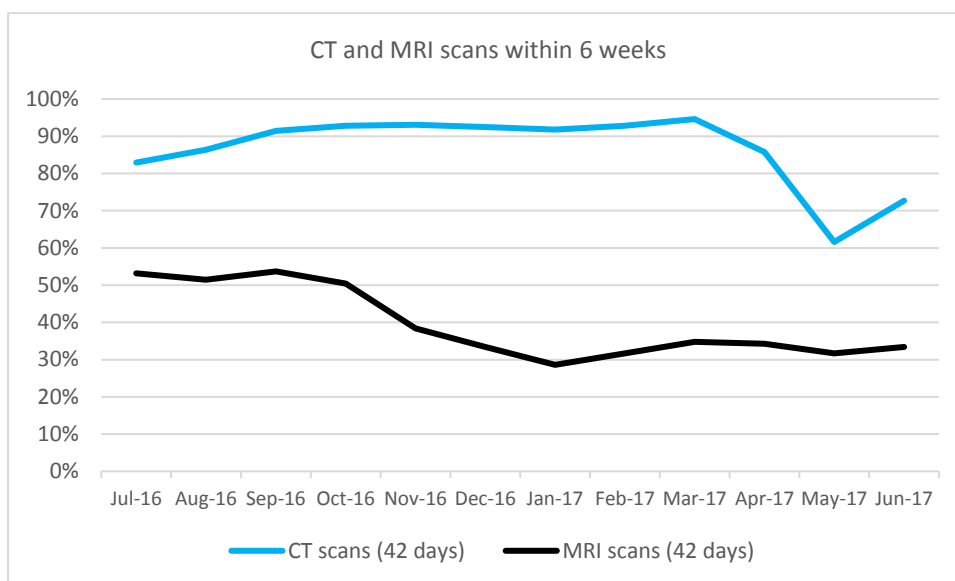
In all but a few quarters since 2010 Canterbury achieved the ED Waiting Time National Health Target of 95% of people either discharged or admitted within six hours.

EDC - % of all patients in ED within 6 hours : (By Month(Jan))

Data Updated: 2017-09-04 06:03:41



Canterbury has focused on high productivity in the provision of diagnostics to our population. Waiting times for non-urgent CT and MRI scans have been under pressure as volumes have grown and recruitment of staff has long lead times. Colonoscopy waiting times have shown improved performance.



What does this mean?

People in Canterbury are being seen quickly. This approach is 'best for patient, best for system' meaning timely treatment, less waste and rework and greater potential for people to regain functional abilities in their lives. More rapid access also impacts on the anxiety people have while waiting for their diagnostics and increased trust in the system.

DECREASED ACUTE MEDICAL DISCHARGE RATE

Situation

After the 2011 earthquakes, there was a reduction in medical beds. While some capacity has been restored, there are fewer total hospital beds today than pre-quake. Our ARC capacity was also under pressure with

frequent blocked patient flow from Assessment, Treatment and Rehabilitation (AT&R) which in turn blocked flow from General Medicine, stretching the capacity of the entire system.

The lack of flow meant unplanned medical services (or acute demand) put at risk delivery of planned health care (e.g. electives). Meanwhile, services had to prepare for post-quake populations with greater health need as a result of increased deprivation, poor housing and winter.

The importance of managing acute demand is recognised in the IPIF program with acute bed days being one of the four system level measures being monitored from July 2016.

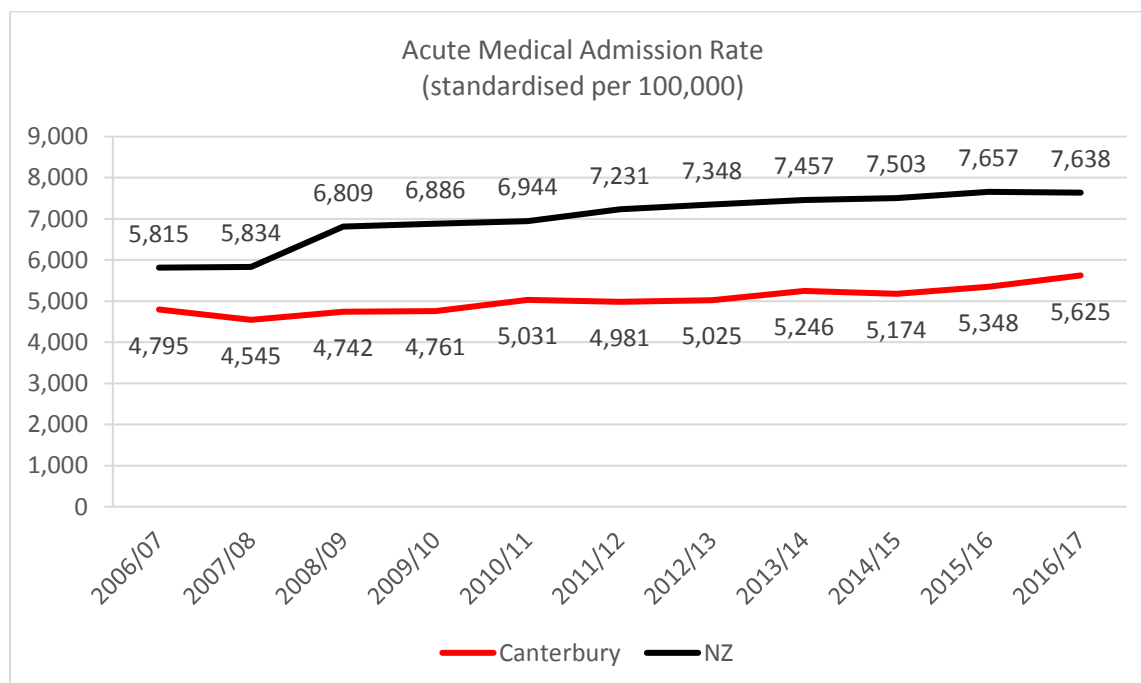
What did we do about it?

Our Acute Demand Management Services (ADMS) were enhanced and ramped up to increase community capability and capacity to manage acutely unwell patients and reduce unplanned admissions and bed demand. Medical ward beds were reconfigured and AMAU was extended as key strategies to cope with acute medical admissions.

The Community Rehabilitation Enablement and Support Team (CREST) was introduced to increase supported discharge options and reduce acute and ARC admissions and readmissions – particularly among the older population. A new triage and diversion system was designed to send Ambulance and ED patients to the primary care After Hours Clinics to further decrease acute demand from people who could be better supported in the community.

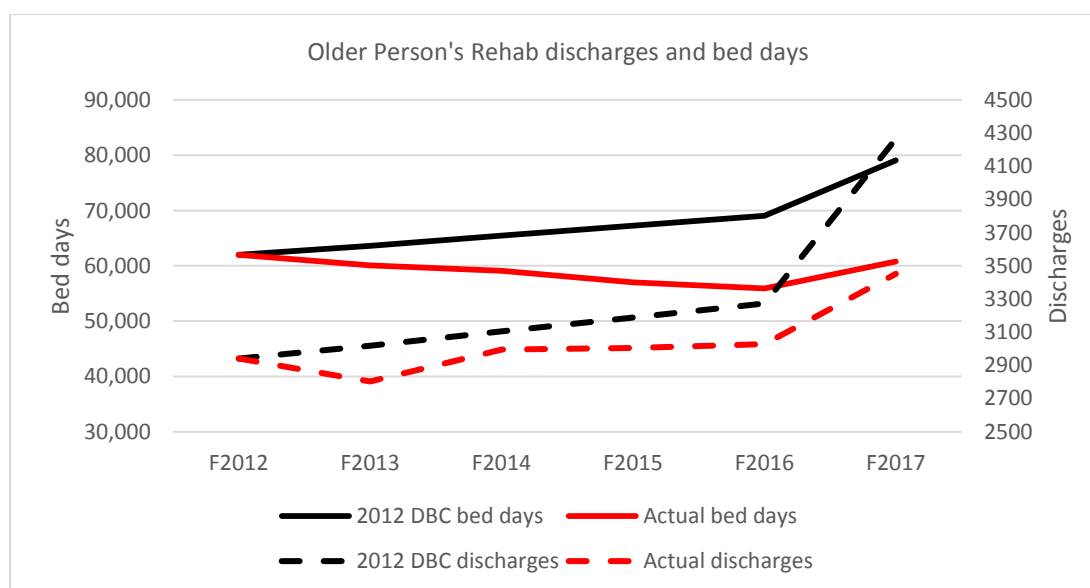
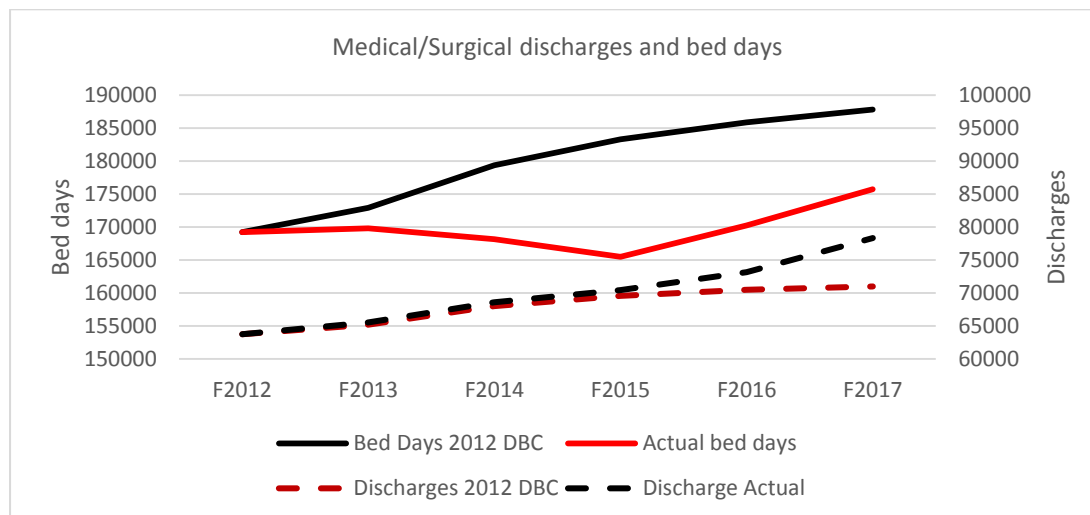
Performance against KPI

Canterbury has continued to maintain its relatively low rate of acute medical admissions. While national acute admission rates have grown significantly, increases in Canterbury have been modest.



There has been a reduction in unplanned occupied beds (medical, surgical and AT&R) since the earthquakes, while the associated discharges have increased indicating greater efficiency within our services.

The assumptions about growth after accounting for demographic growth in the detailed business case (DBC) relied on modified demand efficiencies for intervention rates of 5% for general medicine, cardio/respiratory, 2% for acute general surgery and acute orthopaedic surgery (and 0% for elective general surgery and elective orthopaedic surgery) and length of stay efficiencies of 5% for all specialties, with a further step change of 2% in 2019.



What does this mean?

The ability to prevent or slow unplanned demand growth is a strength of the Canterbury Health System and an outlier nationally. Between 2006/07 and 2016/17 acute medical admissions grew by 17 percent in Canterbury compared with 31 percent nationally. If Canterbury performed at the national average there would be approximately 13,000 more acute medical admissions.

The financial impact of an increased admission rate can be modelled; assuming an average national length of stay of 3.56 days (excluding day cases), 109 additional beds would be required, equating to approximately \$30M in 2016/17.

Against the ambitious DBC assumptions, Canterbury admissions to medical/surgical were higher in 2016/17 than forecast by 10.3 percent, however to medical/surgical bed days were 6.9 percent below forecast (and had only grown 3.9% since the 2011/12 DBC baseline). In addition, admissions to older person's rehab were 19.1 percent lower in 2016/17 than forecast and bed days were 23.1 percent below the DBC forecast (and had decreased by 2.0 percent since the 2011/12 DBC baseline). This represents a total decrease of 1,212 bed days since 2012 despite the opening of more capacity at Burwood Hospital.

The reduced demand for acute medical beds has averted significant capital expenditure costs in the hospital redevelopment programme.

INCREASED ACCESS TO DIAGNOSTICS

Situation

Following a rationalisation of private providers post-quake, the expectation of delivery of radiological diagnostics continues to increase. The need to repair the facilities of the remaining provider over time put the maintenance of service delivery at risk.

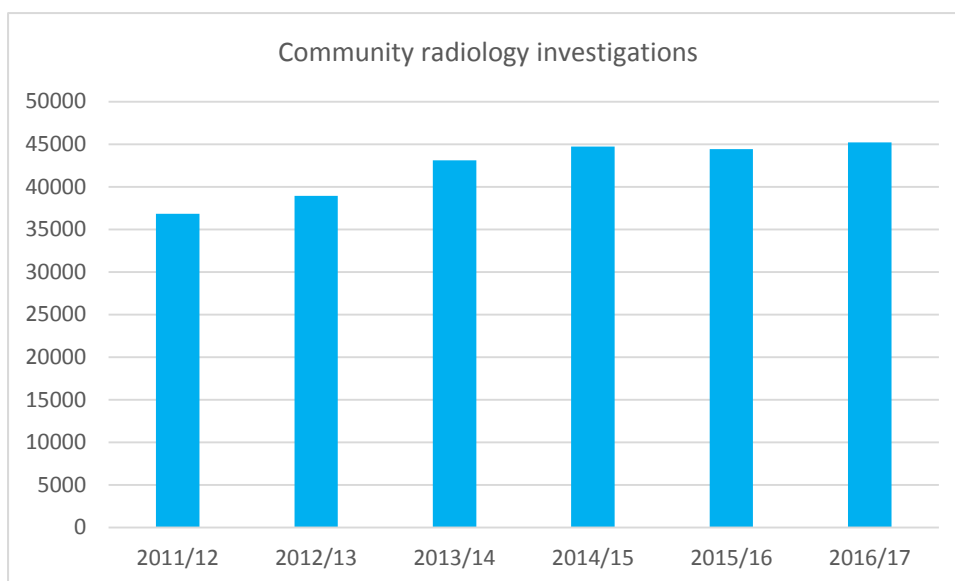
What did we do about it?

We purchased the kit (at book value), took over the lease and employed the staff from the closing private radiology provider. This provided much needed staff resources and a second MRI machine as well as other useful equipment. The ability to deliver diagnostics from a second site has been invaluable in maintaining access to outpatient and community referred diagnostics. HealthPathways has provide an agreed mechanism for ensuring appropriate access to radiology services.

With the Burwood Hospital redevelopment, expanded radiology services will be provided from this site using both new and existing kit as well as staff from Merivale.

Performance against KPI

Direct access to community radiology via general practice has been a strength of the Canterbury Health System with over 40,000 investigations now conducted each year.



What does this mean?

Direct access to radiology from general practice (through an active referral triage process) has been enabled by HealthPathways to support clinical practice and reduce wait times resulting in better outcomes.

DECREASED ADVERSE EVENTS

Situation

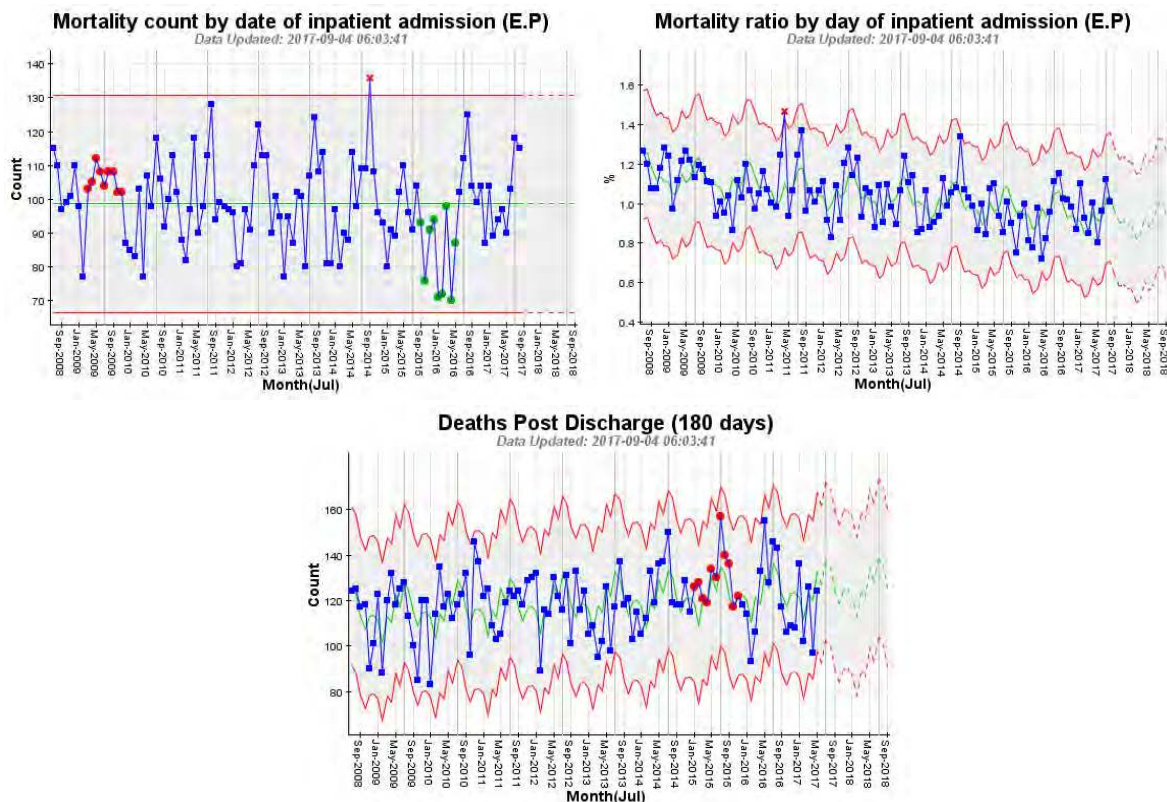
Capacity constraints in all parts of the system, building damage and the complexity of delivering services in broken buildings, temporary accommodation with associated moves and decanting across multiple sites has put pressure on reducing adverse events.

What did we do about it?

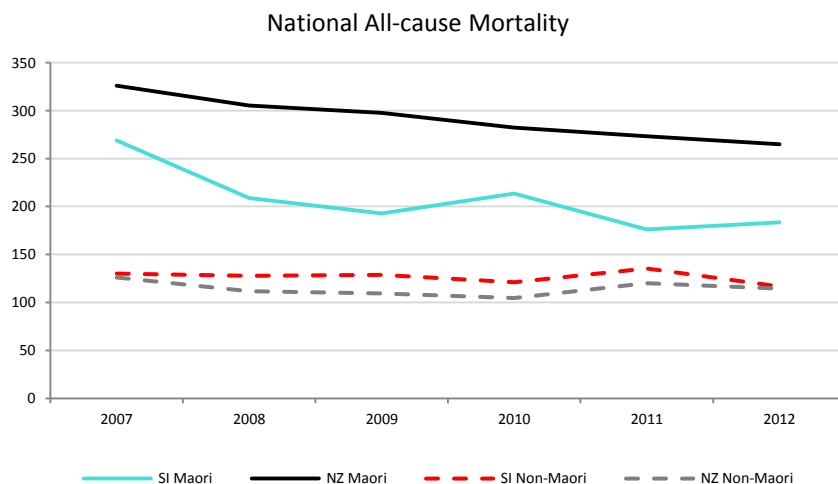
Canterbury has been a leading participant in all of the national quality and safety improvement programmes.

Performance against KPI

Mortality KPIs have been closely monitored over time.



Rate of all-cause mortality under 65 (age-standardised) demonstrates Canterbury Maori are better off than Maori in other parts of New Zealand while non-Maori have similar rates.



What does this mean?

The balancing metric of mortality is important to the Canterbury Health System due to the focus on community care. The low acute medical admission rate means there is a concentration of acuity in our hospitals as only those who require hospital level care are admitted and those less complex patients remain in the community. To date hospital mortality measures do not reflect unintended effects despite greater risk and increased complexity.

Monitoring community mortality will also provide warning signs as we push the boundaries of what can be treated in the community.

OVERVIEW SUMMARY OF CDHB EARTHQUAKE REPAIRS PROGRAMME OF WORKS REPORT

TO: Hospital Redevelopment Partnership Group

SOURCE: Canterbury District Health Board

DATE: 22 September 2017

Report Status – For: Decision Noting Information

1. ORIGIN OF THE REPORT

Based on the June 2014 Cabinet agreed extension of the role of the Hospital Redevelopment Partnership Group to oversee the CDHB Earthquake Repairs Programme of Works, this paper is generated as a quarterly update on the Programme of Works.

2. RECOMMENDATION

That the Hospital Redevelopment Partnership Group (HRPG);

- i. Notes the August 2017 Quarterly Earthquake Programme of Works report (as outlined in Appendix A) has been noted by the CDHB Facilities Committee at the 5th September 2017 meeting and has been provided as information to the CDHB Board at the 21st September 2017 meeting and the report includes:
 - o the Cover paper to CDHB Facilities Committee and CDHB Board and the appendices:
 - o appendix 1: Quarterly Programme of Works Summary
 - o appendix 2: Facilities update summary by campus
 - o appendix 3: Detailed project status reports for major projects that are underway including project safety report
 - o appendix 4: MoH feedback on Relocation of Specialist Mental Health service from TPMH IBC
- ii. Notes that the monthly facilities update with the detailed project status reports that are provided to our CDHB Facilities Committee on a monthly basis, are also provided to HRPG on a monthly basis;
- iii. Notes the major changes are:
 - item “R1a - Energy Centre” - at the May 2017 meeting, CDHB Board considered the recommendations in the Fuel Resource Study Report and the Deloitte Energy Centre options analysis report from MoH and supported the woody biomass option based on lower ongoing operational supply risk and environmental impact, noting the whole of life costs are similar but the additional capital cost of [REDACTED] will further exacerbates the current PoW funding gap;
 - item “R2 – ChCh Hospital Campus master plan” - CDHB has approved [REDACTED] to develop the implementation plan for restraining the Parkside external panels, to mitigate the potential health and safety risks. Contributing to the urgency is the proposed ASB link which will result in access restriction to the panels in this vicinity;
 - item “R3 – Mental Health relocation from TPMH” – independent clinical review organised by MoH has been completed. Updated IBC which included addressing the questions raised by MoH in Dec 2016, has been approved by CDHB Board for submission to MoH. We understand it has subsequently been approved by the Capital Investment Committee (refer Appendix 4);

- item “C31 – ASB Carpark” – at the July 2017 meeting, CDHB Board approved the [REDACTED] of funding for ASB on-grade carpark, as per HRPG approved recommendation. As the DHB only has [REDACTED] budget in the capital intention strategic unapproved, the remaining [REDACTED] is to be funded from the already currently oversubscribed Earthquake PoW, increasing the PoW funding gap;
 - item “C37 – St Asaph Street Substation” – completed with actual spend of [REDACTED] compared with [REDACTED] of approved budget;
 - item “C45, C46 & C47 – Labs staircases & external panels” – completed except for remaining Stair 3 & 4 and associated panels. Due to various unplanned issues and challenges of working within an operational Laboratory site and after re-review of various design options for the remaining work as part of value engineering exercise, an additional funding of [REDACTED] is required. The Facilities Committee has recommended this request to the Board for approval at the 21st September 2017 meeting, to address the remaining critical structural weaknesses;
 - item “B40 – Tapper Accommodation” – completed with forecast final spend of [REDACTED] compared with [REDACTED] of approved budget;
 - item “H6 – Laundry Building (new)” – at the July 2017 meeting, CDHB Board approved for Canterbury Laundry Service to commence the procurement process for lease option. This item with an indicative budget requirement of [REDACTED] is no longer required;
 - item “A2 – Ashburton OP, Therapy & Theatres demo” – this has been completed with final spend of [REDACTED] compared with [REDACTED] of approved budget;
 - item “A5- Rangiora Health Hub” – at the July 2017 meeting, the CDHB Board approved an additional [REDACTED] to enable completion of Stage 3, which is to relocate and re-use the single storey portion of Hagley OP building on Rangiora Health Hub campus, for relocation of the remaining services currently in the existing Rangiora hospital building;
- iv. Notes that the indicative funding gap within the PoW budget is about [REDACTED] (a reduction from the last quarterly report of [REDACTED] shortfall); and
- v. Notes that the Reprioritisation Framework for the Earthquake PoW has been developed and has been presented to a Special Meeting of the Facilities Committee on 29 August 2017. This framework has been submitted to the 21st September 2017 Board meeting for approval.

3. **SUMMARY**

Budget approved to date, total spent to date (Aug 2017) and the remaining yet to be approved budget is as outlined below:

	STRATEGIC PROGRAMME OF WORKS (POW) (NOTE 1)
	\$'000
Approved Projects - Formal Approved Amount	[REDACTED]
Less: Total Spent to Date - Approved Projects	[REDACTED]
Balance Yet to Spend - Approved Projects	[REDACTED]

APPROVED AND YET TO BE APPROVED AMOUNT	\$'000
Approved Projects - Formal Approved Amount	██████████
POW Amount Yet to Be Formally Approved <i>(This included the \$70 m of funding gap which will require review of the remaining requirements and risks, to inform the reprioritisation process.)</i>	██████████
TOTAL STRATEGIC PROGRAMME OF WORKS SCHEDULE	██████████

Some POW projects approved by the Board during the current reporting month may not have been issued with a project code and hence excluded from above - timing matter only

4. APPENDICES

Appendix A:

Facilities / Earthquake Repairs Programme of Works Summary Report (as submitted to 5 September 2017 CDHB Facilities Committee meeting and 21 September 2017 CDHB Board meeting)

Report approved for release: Mary Gordon, CDHB EDON & EMT lead for Facilities

CANTERBURY DISTRICT HEALTH BOARD

Project Safety Review Report – July 2017

Report completed by Simeon Lucas, Lucas Safety Ltd as at 31st July 2017

Executive Summary

1 project inspected this period

No issues on the Christchurch Hospital EQ work with Fletcher Construction. Nil incidents reported this period.

Summary Safety Audit Results

Earthquake Works Christchurch Hospital			
Date	Location	Contractor	Audit Score
20/07	Christchurch Public Hospital	Fletcher Construction	98%
Comment			
Weekly site inspections to be completed, last completed 30/06/17			

Site Incident Stats / Industry Benchmarks Frequency Stats

Refer to data below

Number of Incident Events for Period

Refer to graph and table below – events recorded for this period

CDHB Project Incident Stats Jan - Jul 2017

Incident Frequency Rates

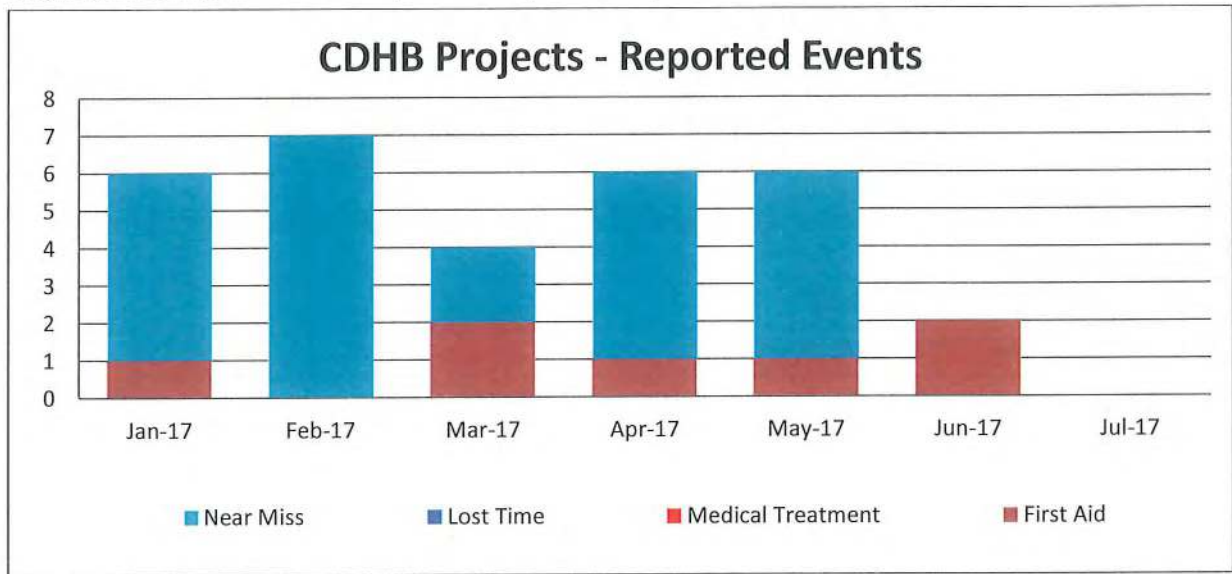
	Hours Worked to date	Near Miss Events FR	First Aid Incidents FR	Medical/Treatment Incidents FR	OCC Illness FR	Lost Time Incidents FR	FATAL FR
Industry Benchmark		102.76	6.79	1.54	0.01	0.64	0
Site Events to Date							
Ash Hospital Upgrade	3080	0	0	0	0	0	0
Frequency Rate for Period to date per 200,000 hrs worked		0.00	0.00	0.00	0.00	0.00	0.00
CH Hosp EQ Repairs	36131	17	7	0	0	0	0
Frequency Rate for Period to date per 200,000 hrs worked		94.10	38.75	0.00	0.00	0.00	0.00
St Asaph St Demo	9610	5	0	0	0	0	0
Frequency Rate for Period to date per 200,000 hrs worked		104.06	0.00	0.00	0.00	0.00	0.00
Note project completed Feb 2017							
CH Hosp Flood Mitigation	3860	2	0	0	0	0	0
Frequency Rate for Period to date per 200,000 hrs worked		103.63	0.00	0.00	0.00	0.00	0.00
Burwood Tapper Units	0	0	0	0	0	0	0
Frequency Rate for Period to date per 200,000 hrs worked		0.00	0.00	0.00	0.00	0.00	0.00
Other Misc Projects	0	0	0	0	0	0	0
Frequency Rate for Period to date per 200,000 hrs worked		0.00	0.00	0.00	0.00	0.00	0.00
All Projects	52681	24	7	0	0	0	0
Frequency Rate for Period to date per 200,000 hrs worked		91.11	26.58	0.00	0.00	0.00	0.00

Note - Frequency rates benchmarked from NZ Business Leaders Health and Safety Forum Benchmarking Report Published May 2016

FR Frequency Rate per 200,000 hours worked

Note:

Only project running under CDHB Project team inspected this period is the Fletcher EQ Repairs Ch Public Hospital.



Summary of Events for this period

Project	Location	Date	Type	Detail
Nil this period				

Simeon Lucas, Lucas Safety Ltd

CDHB Project Audit Schedule – 2017

ASB Site Safety Inspection / Audit

Frequency Legend

Lucas Safety - Monthly Scheduled Site Safety Audits

Monthly

Completed Audits



JULY 2017						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

SEPTEMBER 2017						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

NOVEMBER 2017						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

AUGUST 2017						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

OCTOBER 2017						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

DECEMBER 2017						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						



Lucas Safety Ltd - CDHB Project Safety Audit

conducted for

Christchurch Public Hospital

Lucas Safety Ltd - Site Safety Inspection

CDHB Fletcher EQ Repairs

Location:

Christchurch

Main Contractor

Fletcher Construction Co

Conducted on

20/07/2017, 02:42 PM




Prepared by





Simeon Lucas

Score

252/257 - 98.05%

Site Safety Inspection - 252/257 - 98.05%

Question	Response	Details
Systems & Facilities		Score (138/143) 96.5%
Site Safety Administration		
Is there as site specific safety plan in place	Yes	Women's stairs all good
Hazard board up to date and displayed	Compliant	
 <p style="text-align: center;">Appendix 1</p>		
Is the site sign in register in use and up to date	Compliant	
 <p style="text-align: center;">Appendix 2</p>		
Are site-specific inductions being carried out for all site personnel including visitors	Compliant	Completed 18/07/17 Advanced personelpainter
 <p style="text-align: center;">Appendix 3</p>		
Is a Task Analysis / SWMS being completed significantly hazardous works	N/A	No new task completed

Question	Response	Details
Are Site Toolbox Meetings taking place	Compliant	Completed 20/07/2017
 <p>Appendix 4</p>		
Is there are permit to work system in place	Compliant	Last completed 20 /05/17 noise permit
  <p>Appendix 5 Appendix 6</p>		
Are Weekly Site Safety Inspections being completed	Partial Compliance	Last completed 30/06/17
 <p>Appendix 7</p>		
Has Notifiable work been notified to WorkSafe NZ	N/A	
Are there arrangements to deal with visitors to site i.e. additional PPE	Compliant	
Is there adequate site signage	Compliant	
Subcontractors		
Have site inductions been completed for all subcontractors	Compliant	
Are subcontractors completed Task Analysis / SWMS for hazardous work	N/A	
Is the subcontractor's Site Specific Safety Plan in place and agreed	Compliant	

Question	Response	Details
Is subcontractor hazard ID and control being carried out	Compliant	
Have subcontractors notified WorkSafe NZ of notifiable work	N/A	
Do subcontractors have a current Site Safe Passport	Compliant	
Accident Investigation & Reporting		
Is there an accident/incident register	Compliant	Nil to report
Is there a detailed description of what happened	N/A	
Has the actual cause of the accident/incident been established	N/A	
Has the future preventative action been agreed	N/A	
Has the preventative action been completed and the report completed and closed off	Compliant	
Are near misses being reported	Compliant	
Emergency Procedures		
Are emergency procedures in place	Compliant	
Has an evacuation drill been completed in the last 6 months	N/A	
Are emergency procedures displayed	Compliant	
Are fire extinguishers on site and up to date	Compliant	
Facilities		
Site offices clean and tidy	Compliant	
Site sheds / containers clean and tidy	Compliant	
Toilet areas clean and tidy	Compliant	
Lunch room and food prep area clean - hand washing facilities provided	Compliant	

Question	Response	Details
First aid kits in place and well stocked	Compliant	
Temporary electrical installation tagged	Compliant	
Adequate lighting	Compliant	
General Safety		Score (83/83) 100%
Housekeeping		
Work areas clean and tidy	Compliant	
Access ways clear (including stairs)	Compliant	Areas very tidy and well controlled
 <p>Appendix 8</p>		
Materials stacked safely	Compliant	
Rubbish bins provided	Compliant	
Combustible materials stowed	Compliant	
Hazardous materials controlled	Compliant	
All vertical reinforcing steel bars capped	N/A	
Enclosed material waste chutes	N/A	
Nails in timber made safe	N/A	
Slips and trips controlled	Compliant	
Adequate lighting	Compliant	
Public protection adequate	Compliant	
No radios in the place of work	Compliant	
Personal Protective Equipment (PPE)		
Hard hats worn	N/A	
Safety glasses/goggles worn	Compliant	

Question	Response	Details
Respirators or masks worn	Compliant	
Hearing protection worn	Compliant	
Protective clothing worn	Compliant	
Hi visibility clothing worn	Compliant	
Adequate safety footwear worn	Compliant	
Fall arrest harness worn	N/A	
Excavations & Trenches		
Are there excavations and trenches on site	N/A	
Falsework / Formwork		
Design and supports for shuttering checked	N/A	
Formwork checked with plan before pour	N/A	
Adequate bearing for all supports	N/A	
Support frames/props plumb	N/A	
Props tied laterally	N/A	
Correct pins in props	N/A	
Forkheads for bearer support	N/A	
Bearers wedged centrally in forkhead	N/A	
Screw jacks within maximum extension allowed	N/A	
Attached scaffold platforms supported	N/A	
Attached scaffold platforms have handrails	N/A	
Welding & Gas Cutting		
Is welding and/or gas cutting being undertaken	N/A	
Health		
Hazardous substances identified (lead, asbestos)	Compliant	

Question	Response	Details
MSD sheets available on site	Compliant	
Air monitored in confined spaces	N/A	
Confined space management plan in place incl.permit	N/A	
Protection from excessive noise, dust and toxic contaminants	Compliant	
No smoking on site	Compliant	
Work at Height		Score (10/10) 100%
Height - General		
Are fall hazards controlled	Compliant	
Guardrails / toe boards in place where required	N/A	
Holes and floor penetrations covered or barricaded	N/A	
Anchors / static lines designed and installed correctly	N/A	
Harnesses used and fitted correctly	N/A	
Rescue plan in place and appropriate	N/A	
Ladders		
Are ladders in use	N/A	
All Scaffolds		
Are scaffolds in use	N/A	
Elevated Work Platforms		
Are there elevated work platforms on site	N/A	
Tools & Plant		Score (19/19) 100%
Transport & Mobile Mechanical Plant		
Drivers / operators properly trained	N/A	

Question	Response	Details
Vehicles securely loaded	N/A	
Reversing vehicles are controlled	N/A	
Fitted with operator protective structures	N/A	
Protective structure in good repair	N/A	
Seat belt effective and in good repair	N/A	
Equipment & Machinery & Tools		
All machinery set up properly and secured in place	Compliant	
Tool guards secured and in good order	Compliant	
Bench saw - riving knife and hood guard in good order	N/A	
Drop saw in good order and guards working freely	N/A	
Compressed air - matched and secured connections	N/A	
Cranes & Lifting Appliances		
Are there cranes and lifting appliances on site	N/A	
Powder Actuated Tools (PAT)		
Are there PAT's on site	N/A	
Electrical		
Lifeguard units tagged 3 monthly	Compliant	
Tools tagged 3 monthly	Compliant	
Leads tagged 3 monthly	Compliant	
Main switchboard door locked	Compliant	
Leads protected in traffic areas	Compliant	
Commercial splitter boxes in use with RCD	Compliant	

Question	Response	Details
RCD protection used with internal power points	Compliant	
Leads clear of water and elevated	Compliant	
Environmental		Score (2/2) 100%
Environmental Issues		
Is there an environmental plan in place	Compliant	
Is there a silt control plan in place	N/A	
Is there spill control in place	N/A	
Is dust controlled	N/A	
Is construction waste being controlled	N/A	
Is construction noise being controlled	N/A	
Wash area provided for paint, plaster and concrete	Compliant	
Traffic Management		
Is there a TMP for this site	N/A	
Is there a copy of the TMP on site	N/A	
Is traffic signage as per the TMP	N/A	
Is the site set up correctly	N/A	
Is there a truck tyre wash system in place	N/A	
Is there a qualified Traffic Controller on site	N/A	
Other		
Other Items		
Additional item:	N/A	
Additional item:	N/A	
Comments / Notes		
	Minors works in progress, no issues	

Media



Appendix 1



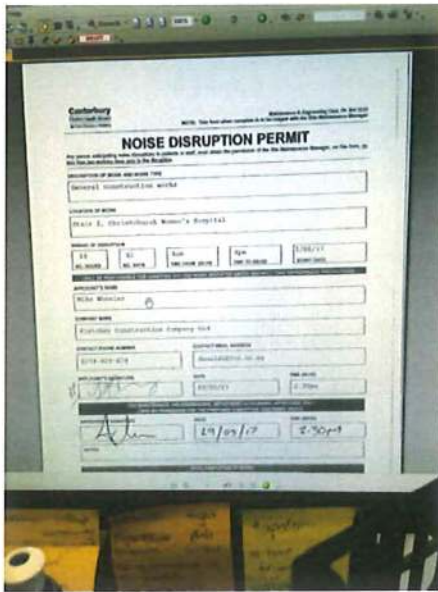
Appendix 2



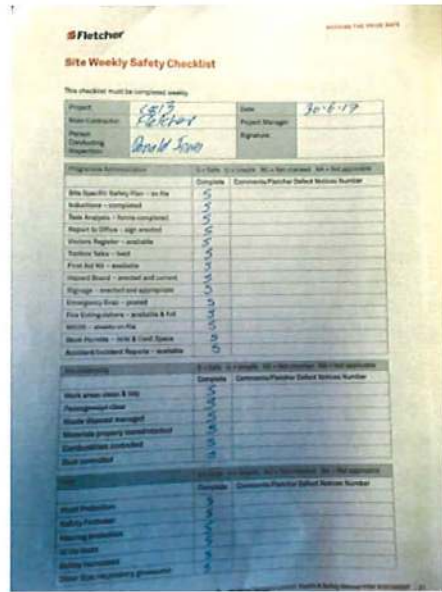
Appendix 3



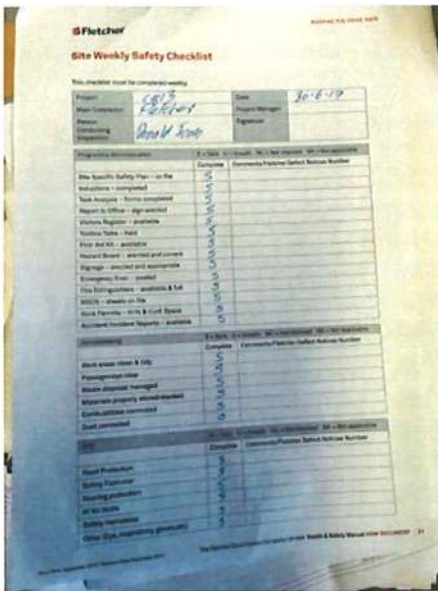
Appendix 4



Appendix 5



Appendix 6



Appendix 7



Appendix 8

PROJECT STATUS REPORT

Canterbury

054

Project Name: Ashburton Hospital Redevelopment
 Project Manager: [REDACTED]
 Project ID: 0970-8150-Q3902

District Health Board
 Te Poari Hauora o Waitaha

	Financial Year to Date			Project Final Costs		
	Actual YTD	Budget YTD	Variance YTD	Business Case	Project Forecast	Var. to Bus. Case
OPEX Costs (\$)	-	-	-			
CAPEX Costs (\$)						
Total Costs (\$)						
Schedule Progress	0%	0%	0%			

PROJECT CASH FLOWS

Period	Actual/Forecast	CAPEX Expenditure	
		Current	Budget
to date June 15	Actual	\$	
July 15	Actual	\$	
August 15	Actual	\$	
September 15	Actual	\$	
October 15	Actual	\$	
November 15	Actual	\$	
December 15	Actual	\$	
January 16	Actual	\$	
February 16	Actual	\$	
March 16	Actual	\$	
April 16	Actual	\$	
May 16	Actual	\$	
June 16	Actual	\$	
July 16	Actual	\$	
Aug 16	Actual	\$	
Sep 16	Actual	\$	
Oct 16	Actual	\$	
Nov 16	Actual	\$	
Dec 16	Actual	\$	
Jan 17	Actual	\$	
Feb 17	Actual	\$	
Mar 17	Actual	\$	
April 17	Actual	\$	
May-Jul 17	Actual	\$	
Total			
Prior Years			
15 - 16 Year			
16 - 17 Year			
17 - 18 Future Years			
Total Project			

PROJECT MANAGER'S COMMENTARY

Last Updated: 23/08/2017






Financials

Project Milestones	Due	Status	Completed	Milestone Commentary
New Building construction	End April 2016	Completed	Completed	Stage 1: New AAU/Theatre Building Stage 2: Refurbishment of existing Blocks C & D
Existing Building refurbishment Stage 1	End June 2015	Completed	Completed	The scope of works for Stage 2 was reduced from the original scope to minimise project cost overrun, and the building consent was amended. The Stage 1 build works were completed in late November 2016 and occupied in early December. Final siteworks are now complete.
Existing Building refurbishment Stage 2	End November 2015	Completed	Completed	
Stage 2: Block C Ground Floor	End December 2016	Completed	Completed	
Stage 2: Ambul Bay demo	End December 2016	Completed	Completed	
Stage 2: Blocks C & D Foundation works	End November 2016	Removed from scope		The Stage 2 Block C works are complete to both First and Ground Floors. The Ground floor is now occupied by Ward 1. The First floor is now unoccupied and will remain so until the completion of some additional bathroom works by Ashurton Hospital. A CPU is in place while the final documentation is being submitted for a Code of Compliance.
Install new Lift	End April 2016	Completed	Completed	
FF&E	End June 2016	Commenced		
Decant	End July 2016	Completed	Completed	
Contingency	Budget	Actual	% of Budget left	Health & Safety
				Lost time incidents near misses
				0

John My

Approved projects are progressing as planned with the main updates since the previous report as outlined below.

General EQ Repairs Within Christchurch Campus

- Injection grouting of floors and walls. As new work commences additional grouting is being identified. This will be addressed accordingly.
- A business case to develop a design solution for EQ prone Parkside Panels has been approved. The work has some urgency as some panels must be removed prior to construction of the ASB Western Link Bridge.
- Clinical Service Block roof strengthening above Nuclear Medicine: The business case has been approved and a Project Manager has been identified. We are currently awaiting confirmation of delivery of the Spec CT to confirm programme dates.
- Clinical Service Block: Ground floor fire protection to Bone Shop side of corridor due for completion end August.
- Design and planning underway for Labs Stair 3 (south-west corner). Business case for remaining work to stair 3, stair 4 and panels being considered at 5 September Facilities Committee meeting.
- Concept Design for strengthening of Parkside link to CSB is complete and is currently being priced by the Quantity Surveyor.

Christchurch Women's Hospital

- Stair 1 repairs: Complete.
- Stair 2: Cost analysis underway.
- Level 4: Crack injection around core to be undertaken, parents room, kitchen and toilet areas complete. Difficulties gaining access to area due to patient levels.
- Level 5: Small amount of work to corridor. Unable to commence due to operational constraints (NICU). Working with teams to identify a suitable time.
- Level 3: All areas complete except Reception, which is to be done at same time as stair strengthening to minimise disruption.

Other Christchurch Campus Works

- **Main Campus Fire Engineering.** Design for Database to include tagging and permits progressing. Using access to systems in UK and USA for information gathering prior to final design for CDHB system. The final design has been completed for test rig and work will commence mid-August, on construction, at the Design Lab.
- **Christchurch Hospital Campus Energy Centre:** This is managed by the Ministry of Health (MoH). Tunnel works contract awarded to Dominion Constructors. Diesel boilers commissioned so demolition of services in tunnel can commence. Tunnel completion end Jan 2019. Energy Centre concept design report due.
- **235 Antigua St and Boiler House.** No work to be undertaken until boiler requirements have been resolved for the new energy centre.
- **Parkside renovation project to accommodate clinical services, post ASB (managed by MoH):** Health planners appointed and planning underway. This project is being managed by the MoH with close stakeholder involvement from the CDHB. Still waiting on advice from MoH as to outcome of master planning process.

- **New Outpatient project (managed by MoH).** Structural steel 95% erected. Concrete floors being progressively poured. First fix services commenced. Final report on safety incident issued to MoH. Façade elements in Christchurch awaiting installation.
- **Avon Generator Switch Gear and Transformer relocation.** Feasibility work underway.
- **Christchurch Hospital campus flood mitigation and lateral spread requirements:** Practical completion has occurred. New stairs for the ED carpark are complete and final asphaltting is underway. Landscaping partially complete with balance to occur in early spring once Lyttelton Engineering vacate site. Adjustment to kerb line to accommodate larger BOC oxygen tanker currently underway. Final account for cost allocation to MoH still to be agreed.
- **3rd Feeder.** DHB campus works complete. Orion Street works complete. Changeover delayed by Maintenance and Engineering as they did not want to reconfigure the network during the Orion control period months. This delay has added approx. \$10K to the cost. Work scheduled for September / October.
- **Otakaro / CCC Coordination.** Otakaro ARP works Oxford Terrace commenced. Otakaro have recently issued dates for balance of construction activity for Oxford 'Gap' Antigua Street and other works on St Asaph Street. Further discussions with Otakaro, then contractor, CDHB and other projects in area required. Oxford Gap design dependent on Otakaro consultation submission discussions with CCC, CDHB and other parties.

Burwood Hospital Campus

- **Burwood New Build:** Handover from MoH to Site Redevelopment to manage defects liability period has commenced. Practical completion and code compliance have both been achieved.
- **Burwood Admin old main entrance block:** Feasibility of minimally invasive ground improvement is currently being investigated. Options for new build for Mini Health precinct also being developed, along with redevelopment of top floor of Old Surgical Block.
- **Tapper & Milner Units:** Documentation issued to Council for removal of EQ prone notice received 11 July 2017. Both have now been removed from EQ list held by CCC.
- **Drainage repairs:** 95% complete. Expected completion is now November 2017.
- **Spinal Unit:** Design and user group process continues. Detailed design commenced. CLG approval received.
- **Burwood Birthing/Brain Injury Demolition:** Methodology to be agreed. Reviewing work required to demolish building whilst maintaining a service duct located under the building. Existing switch board servicing other parts of the campus will need to be relocated and or re-routed to allow demolition to commence. Price being received from market with diversion work to start shortly.
- **2nd MRI Installation:** Design work and planning underway. Equipment being ordered to relocate MRI scanner from Merivale to the 2nd scanner room in Radiology in Burwood. Serious issues are being experienced due to subcontractor performance around the Faraday cage installation and the general building works required for installation of the MRI. RFP being prepared to seek alternative suppliers.

Hillmorton Hospital Campus

- **Earthquake works:** No earthquake works currently taking place. This will be reviewed once the outcome of the TPMH mental health business case has been advised.
- **Food Services building.** On hold at present.
- **Cotter Trust** on-going occupation being resolved as part of overall site plan requirements.

- **Mental Health Services** – Review of all Forensic services including PSAID, AT&R, Roko being completed, including refurbishment verses rebuild cost and logistic process. Awaiting results of clinical review. Business case completed and contract signed off for AT&R high care extension concept design. Concept design for AT&R received and in review with SRU/Clinical teams. Site visit to Wellington in September to see new AT&R facility.

The Princess Margaret Hospital Campus

- West Spoke for Older Persons Health (OPH) community team relocation – options still being investigated by the service.
- Mental Health Services relocation – revised indicative business case has been resubmitted to the MOH for approval.

Ashburton Hospital & Rural Campus

- **Stage 2:** Building works are complete. Final claim to be received from builder.
- **Stage 1:** The building is completed and operational. With final claim for this separable portion submitted for approval.
- **Tuarangi Plant Room:** upgrade of access and egress systems. Discussion with specialist Health and Safety consultant has revealed that further analysis is required around the concerns of M&E personnel. Once completed a design can then be drawn up and costs calculated.

Other Sites/Work

- **Akaroa Health Hub.** Detail design is nearing completion and Building Consent will be lodged shortly. Resource consent decision is expected within a couple of weeks. Registrations of Interest for main contractor are currently being advertised on GETS and The Christchurch Press.
- **Kaikoura Integrated Family Health Centre:** Code compliance received. Scoping of cosmetic damage due to November's Earthquake is complete. Estimates provided to Corporate Finance. Final design works for remedials to adjoining neighbours drives have now started. These had been stalled due to EQ issues in the area.
- **Rangiora Health Hub:** Planning commenced for the next stage, which involves the relocation of the single story outpatient's facility to Rangiora. Commencement dates are subject to confirmation from MoH regarding the completion of the new Outpatients building. At this time the Hagley building is required to be off the Christchurch Hospital Campus before 31 March 2018 to meet MoH ASB project time frames. However, this cannot happen until St Andrews Outpatients is complete and occupied.
- **Former Christchurch Women's Site:** Evaluation of Park and Ride options complete. No other work currently being undertaken.
- **Home Dialysis.** Concept plan has now been costed by QS. Business case to be prepared.
- **SRDU.** Project Management Office manuals re-write and systems overview. Approximately 25% complete.
- **Seismic Monitoring:** Business Case being prepared. RFP documentation being developed.

Project/Programme Key Issues

- Additional peer reviews of Parkside and Riverside structural assessments are being undertaken by the MoH. This is further pushing out the already protracted master planning process. This continues to push out the programme for work generally, which continues to add risk outside

the current agreed Board time frames. Planning for key high risk areas of panel replacement is underway.

- Access to NICU to undertake EQ repairs to floor continues to push out due to access constraints. Restricted access has been given to one area.
- Passive fire wall repairs continue to be identified. Repairs to these items are being completed before the areas are being closed up, but the budget for this has not been formalised. On-going repairs of these items, while essential, continue to put pressure on limited budgets and completion time frames.
- General consultant performance for structural assessment and design is slow and is being affected by recent earthquakes in other regions. SRDU are actively chasing consultants to improve performance.
- Uncertainty of delivery of MoH projects is affecting our ability to programme projects and allocate resources efficiently. (Rangiora is one example in this space).
- Proposed ASB Western Link – a number of constraints and issues have been identified by CDHB and these are being worked through with assistance from SRU. The requirements of additional decant space, the responsibility for undertaking the work and payment of costs is still to be addressed by the MoH as they are an ASB related project work face.
- Burwood 2nd MRI. Looking at alternative suppliers to complete this work due to poor performance from current sub-contractor. The use of an alternative contractor will create additional budget pressure due to existing agreements. The recovery of costs from the Faraday cage in the CSB needs to be considered with any new subcontract proposal.

CDHB EARTHQUAKE REPAIRS / FACILITIES PROGRAMME OF WORKS

REPORT: DEFERRED OR EXCLUDED PROJECTS (August 2017)

(Included projects that are no longer valid or required)

Ref	Campus	Site /Building	Project Dependencies	Budget (1st May 2014)	Approval Requirement	Status	Progress Report
CHRISTCHURCH HOSPITAL CAMPUS							
C10	Christchurch	41 St Asaph vacating TEMP Afternoon carpark on brewery	✓ (to enable St Asaph Carpark)		CDHB	No longer required	Completed. (by clearing of site project)
C16	Christchurch	33 St Asaph St vacating - Remaining services (Lab admin, M&E, Mobility, IS Technicians, Fire & Security)			CDHB	No longer valid	<i>Items C16 & C17 are all related to vacating 33 St Asaph st. Item C16 is further broken into 3 subprojects - C16a, C16b & C16c</i>
C21	Christchurch	New Outpatient:Ophthalmology			CDHB	No longer valid (Combined into item C21a)	<i>Refer to Item C21a New Outpatient</i>
C22	Christchurch	New Outpatient: Diabetes			CDHB	No longer valid (Combined into item C21a)	<i>Refer to Item C21a New Outpatient</i>
C23	Christchurch	New Outpatient: other services			CDHB	No longer valid (Combined into item C21a)	<i>Refer to Item C21a New Outpatient</i>
C29	Christchurch	Carpark Staff Antigua Street- Additional Floors			CDHB	No longer required (Not cost effective)	Initial concept costing showed that this option is not cost effective. This is no longer a viable option.
C32	Christchurch	Link Tunnel/ new Air Bridge			CDHB	No longer valid (Now item R1b)	Refer Item R1b Tunnel
C33	Christchurch	New ChCh Boiler House / Energy Center (including conversion to MTHW & demo of existing)			CDHB & CIC	No longer valid	Refer Item R1a
C33a	Christchurch	New ChCh Boiler House / Energy Center - Design only			CDHB	No longer valid	This was for the design stage but tender was put on hold, as this is now a MoH managed project. Refer Item R 1a
C34	Christchurch	Existing Boiler House Demolition			CDHB	No longer valid (Combined into item R1a)	approved for asbestos survey of existing boiler. Demo now included in R1a.

Ref	Campus	Site /Building	Project Dependencies	Budget (1st May 2014)	Approval Requirement	Status	Progress Report
C36	Christchurch	TEMP Switchgear protection (during carpark demo) + Carpark Demo			CDHB	No longer valid	The risk of demolition with the essential switchgear within the building is confirmed unacceptable. New substation required elsewhere and existing switchgear decommissioned, prior to demolition. Temporary switchgear protection is no longer required.
C42	Christchurch	Food Services kitchen floor repair			CDHB	Funded by Annual M&E capital budget	Based on June 2014 Holmes report, there appears to be further propagation of reinforcement corrosion due to water egress. This item is added to the PoW to show the other repair work for this building. [REDACTED]
C49	Christchurch	Canterbury Health Lab & Endocrine refurbished/new facility			CDHB & CIC	Funding from reprioritised non-PoW plan in the outer years	The new build for Lab has been reprioritised to be funded from non PoW budget in the outer years. It was noted that the Facility for Lab will need to follow the various stages of the Better Business Case process and require CIC approval – which will take a few years. Capital investments have been approved in the short to medium time to address the Lab IANZ compliance issues [REDACTED] for the relocation of Molecular Path Lab and Cytogenetics to provide adequate space and the workflow to cope for the short to medium term.
C50	Christchurch	Endo Labs EQR			CDHB	Low priority - Funding reprioritised	These are cosmetic repairs requirements that are low priority to be deferred and funded from annual capital budget, if required.
C52	Christchurch	Parkside - upgrade & remaining EQ	✓ (Access for repair after ASB)			No longer valid (Combined into Item R2)	Refer item R2 ChCh campus master plan
C53	Christchurch	Parkside Renovation (redevelopment)	✓ (Access for renovation after ASB)			No longer valid (Combined into Item R2)	Refer item R2 ChCh campus master plan
C62	Christchurch	Riverside Internal EQ repair (excl west)	✓ (ASB to enable Riverside decanting)		CDHB	No longer required (to be demolished)	Repair to the internal of Riverside is not budgeted, as Riverside is to be demolished. Repair strategy is continually being reviewed, as dependent on timing and engineering monitoring.

Ref	Campus	Site /Building	Project Dependencies	Budget (1st May 2014)	Approval Requirement	Status	Progress Report
C63	Christchurch	Riverside External EQ repair	✓ (ASB to enable Riverside decanting)		CDHB	No longer required (to be demolished)	Repair to the external of Riverside is not budgeted, as Riverside is to be demolished. Repair strategy is continually being reviewed, as dependent on timing and engineering monitoring.
C64	Christchurch	Riverside CSW	✓ (ASB to enable Riverside decanting)		CDHB	No longer required (to be demolished)	Upgrade is not required as Riverside is to be demolished. Engineering assessment underway on any critical needs if demolished in 2020/21
C65	Christchurch	Riverside West Demo (Phase 1)	✓ (For campus circulation after ASB)		CDHB	No longer valid (Combined into Item R5)	Refer Item R5 Riverside Demolition
C66	Christchurch	Riverside East & Central Demo (Phase 2)	✓ (ASB to enable Riverside decanting)		CDHB	No longer valid (Combined into Item R5)	Refer Item R5 Riverside Demolition
C69	Christchurch	Lateral Spread - Christchurch Hospital campus	✓ (Escalated due to ASB VIE requirement)		CDHB	No longer valid (Budget used for item C70)	Work brought forward, due to the requirement of the ASB Development. See item C70 and C68.
C72	Christchurch	Health Research Education Facility (Not PoW funded)				No longer valid (Fit out of leased building - not PoW)	CDHB Capital funding (not PoW budget)
C73	Christchurch	Social Workers Child Protection permanent re-location			CDHB	Low priority - Reprioritised to be deferred after 2021	These clinical teams are in temporary portacoms in location within walking distance to the hospital campus. Although not ideal, this is manageable. Considering the other priorities, the relocation to permanent location can be deferred accordingly.
C74	Christchurch	Out buildings EQR			CDHB	No longer valid	This is for cosmetic repair and not tagged to specific building. This budget allowance is no longer valid, as part of reprioritisation.
C75	Christchurch	Other ChCh upgrades			CDHB	No longer valid	This is not tagged to specific buildings as is a provision for unknown. As part of reprioritisation, this budget is used to accommodate the other requirements
BURWOOD HOSPITAL CAMPUS							
B12	Burwood	BWD Boilers replacement (brought fwd)			CDHB	No longer required	Budget is included in Item B11 the "BWD Boiler house, boilers and equipment" project.

Ref	Campus	Site /Building	Project Dependencies	Budget (1st May 2014)	Approval Requirement	Status	Progress Report
B13	Burwood	New wood handling equipment			CDHB	No longer required	Budget is included in Item B11 the "BWD Boiler house, boilers and equipment" project.
B18	Burwood	Physical Medices (offices)			CDHB	No longer required	This item is no longer valid, as now replaced by the item below
B20	Burwood	BWD Links & Corridors EQ upgrade			CDHB	Low priority. Budget reprioritised for higher priorities	The links are 100% IL2 or 67% IL3, thus low priority for further upgrade. Budget reprioritised accordingly.
B26	Burwood	Engineering services EQ Upgrade			CDHB	Low priority. Budget reprioritised for higher priorities	██████████ was estimated for upgrade from 77% IL3 to 100% IL3 (based on Concept Design QS estimate). As this is already 77% IL3, this has been reprioritised for other higher priorities.
B28	Burwood	Spinal Unit Ensuites (BAU)	✓ (Timing depend on new Wards for decanting)		CDHB	No longer required (as BAU Funded)	Funded from BAU but to be timed with EQ repairs
B32	Burwood	Sou + SCU upgrade			CDHB	No longer valid (Included in item B31)	Budget for SoU & SCU upgrade now included in Item B31 Surgical Services building. SoU, SCU and Surgical Services building are to be managed as one project.
B34	Burwood	Admin main entrance (canopy)			CDHB	No longer valid (Included in item B33)	Refer Item B33 (Burwood Admin main entrance)
B37	Burwood	Allan Bean Centre EQ repair & upgrade			CDHB	No longer valid (Demolished)	This is no longer valid as building had to be closed and services vacated.
B41	Burwood	BWD Mini Health Precinct			CDHB	No longer valid (Replaced by B33)	Master plan (accommodation, health precinct and IFHC) completed. April 2014 Board informed of the master plan. Due to the high cost estimate, this accommodation is going to be provided within existing facilities. Refer Item B33.
B42	Burwood	BWD IFHC (Private development)			CDHB	No longer valid (No immediate plan)	Master plan (accommodation, health precinct and IFHC) completed. No immediate plan for IFHC
B43	Burwood	BWD Other Facilities upgrade			CDHB	No longer valid Budget reprioritised	This is not tagged to specific buildings as is a provision for unknown. As part of reprioritisation, this budget is used to accommodate the other requirements

HILLMORTON HOSPITAL CAMPUS

Ref	Campus	Site /Building	Project Dependencies	Budget (1st May 2014)	Approval Requirement	Status	Progress Report
H6	Hillmorton	Laundry building (new) ** new item as at Aug 2017			CDHB & CIC	No longer valid	At the 20 July 2017 meeting, CDHB Board approved for CLS to commence the a procurement process for a lease option. This item PoW H6 is no longer valid. SRU now assisting CLS with the design and procurement process
H21	Hillmorton	Other HM upgrades			CDHB	No longer valid	Campus allowance now included in C71 CSW contingency
H13	Hillmorton	SI Regional Forensic Plan (Crown)			CDHB & CIC	No longer valid	
H16	Hillmorton	Te Awakura EQ repairs			CDHB	Low priority Budget reprioritised for higher priorities	Cosmetic repairs only - low priority. Funding to be reprioritised.
H20	Hillmorton	Oral Health Clinic EQ repairs			CDHB	Low priority Budget reprioritised for higher priorities	Cosmetic repairs only - low priority. Funding to be reprioritised.
TPMH Campus							
P3	TPMH	Mental Health services (Mothers & Babies, Eating Disorder, Child & Youth, High & complex needs - Seager) relocation	✓ (Enable vacating TPMH)		CDHB	No longer valid (Included in Item R3)	Refer Item R3 Mental Health Relocation from TPMH
ASHBURTON HOSPITAL CAMPUS & RURAL HOSPITALS							
A3	Ashburton & Rural	Ashburton Switchgear Basement			CDHB	No longer required	No longer linked to Theatre rebuild project. This is funded from annual BAU capex budget.
A6	Ashburton & Rural	Ashburton IFHC (Private)			CDHB	No longer valid (No immediate plan)	No immediate plan
A14	Ashburton & Rural	Elizabeth offices EQ repairs			CDHB	No longer required (Low priority . Budget reprioritised)	Due to increase in Theatre/AAU redevelopment and the demolition cost, this cosmetic repair requirement has been reprioritised accordingly. To be funded from annual capital budget, if required
A15	Ashburton & Rural	Ashburton Chapel EQ repairs			CDHB	No longer required (Low priority . Budget reprioritised)	Due to increase in Theatre/AAU redevelopment and the demolition cost, this cosmetic repair requirement has been reprioritised accordingly. To be funded from annual capital budget, if required

Ref	Campus	Site /Building	Project Dependencies	Budget (1st May 2014)	Approval Requirement	Status	Progress Report
A16	Ashburton & Rural	Ashburton Radiology EQ repairs			CDHB	No longer required (Low priority . Budget reprioritised)	Due to increase in Theatre/AAU redevelopment and the demolition cost, this cosmetic repair requirement has been reprioritised accordingly. To be funded from annual capital budget, if required
A17	Ashburton & Rural	Ashburton others			CDHB	No longer required (Low priority . Budget reprioritised)	This is not tagged to specific building. Due to increase in Theatre/AAU redevelopment and the demolition cost, this has been reprioritised.
COMMUNITY SITES AND OTHER SITES							
O9	Other Sites (& Community)	173 Riccarton Road EQ repairs			CDHB	No longer valid (Low priority . Budget reprioritised)	Cosmetic damages only. Low risk. Building leased to Comcare for the next few years, with Comcare completing the upgrade and repair is being considered. This arrangement will also allow the Mental Health service to assess the facility, as a spoke.
O11	Other Sites (& Community)	Community Dental various EQ repairs			CDHB	Low priority. Budget reprioritised for higher priorities	Cosmetic damages only, to be deferred and funded from annual capital fund, if required. . DEE reports will be required.

**CDHB EARTHQUAKE REPAIRS / FACILITIES PROGRAMME OF WORKS
PROJECT PROGRESS SUMMARY REPORT**

REPORT: COMPLETED PROJECTS (August 2017)

(Noting that for some Completed Projects, the costings are still being finalised)

Approved Projects - Legend				
	On Track	S: Start		On Track
	Action required	F: Finish		Action required
	Budget increased			Delayed
	Completed			Completed

Ref	Campus	Site /Building	Project Dependencies	Approval Requirement	Status	Approval Date	Approved PoW Budget	Projected /Final Cost	Planned Timeline	Forecast / Completed Timeline	Progress Report		
PRIORITY AND CRITICAL PROJECTS													
R4	Christchurch	Interim Paediatric Outpatient relocation (Interim for up to 5 years)		CDHB	Completed	Board Aug 2016 HRPG Aug 2016 (Noting)				S: Jun 2016 F: Dec 2016		S: Jun 2016 F: Apr 2017	SMOs relocated to LGF CWH; CHOC / Hydro pool area for SMO and seminar rooms. Works have been completed. Costing yet to be finalised.
		Subtotal for Priority Ringfenced Projects											
Christchurch Campus													
C1	Christchurch	Riverside Wards (Interim)		CDHB	Completed	Management June 				F: Aug 2013 (Phase 1) F: Sept 2013 (Phase 2)		F: Aug 2013 (Phase 1) F: Sept 2013 (Phase 2)	Completed
C2	Christchurch	Lab Admin Interim Relocation (releasing space for clinical service)		CDHB	Completed	Management July 2013				F: Sept 2013		F: Sept 2013	Completed.
C5	Christchurch	CHOC Interim (including Physio relocate)	✓ (pending ASB)	CDHB	Completed	Board June 2013				S: Jan 2014 F: Dec 2014		S: Jan 2014 F: Jan 2015	Completed.
C6	Christchurch	ICU Interim expansion (Parkside)	✓ (pending ASB)	CDHB	Completed	Board Nov 2013 (\$2.53m) Board July 2015 (Increase to 				S: Sept 2014 F: Dec 2015		S: Nov 2014 F: Nov 2015	Completed 2/11/2015. Projected final cost includes risk which will come down.
C7	Christchurch	DHB wide EQ repairs (1314 Campus budget)		CDHB	Completed	Board Oct 2013				S: July 2013 F: June 2014		S: July 2013 F: June 2014	EQ repairs works for 2013/2014 completed TPMH: Complete Hillmorton: Refer item C8 Burwood: Refer Item C8 CHCH: Refer item C8
C9	Christchurch	45 St Asaph Demo (including filling and asbestos removal)	✓ (to enable St Asaph Carpark)	CDHB	Completed	Board Feb 2014				F: Sept 2013		F: Sept 2013	Completed
C11	Christchurch	41 St Asaph vacating TEMP Social Workers & Child Protect. Portacoms on afternoon carpark	✓ (to enable St Asaph Carpark)	CDHB	Completed	Management Oct 2013			Included in C12	S: Apr 2014 F: Sept 2014		S: Apr 2014 F: Sept 2014	Portacoms on site. Items C11 & C12 are linked.
C12	Christchurch	41 St Asaph vacating TEMP: Fit out of portacoms on afternoon carpark for Social Workers, Child Protection and Maori Health workers	✓ (to enable St Asaph Carpark)	CDHB	Completed	Management Feb 2014				S: Apr 2014 F: Sept 2014		S: Apr 2014 F: Oct 2014	Forecast final cost for Item C11 & C12 is \$1.95m. Items C11 & C12 are linked.
C13	Christchurch	41 St Asaph vacating TEMP CSSD to CLS	✓ (to enable St Asaph Carpark)	CDHB	Completed	Management Feb 2014				S: Jan 2014 F: Aug 2014		S: Jan 2014 F: Aug 2014	Completed.

PROJECT PROGRESS SUMMARY REPORT

REPORT: COMPLETED PROJECTS (August 2017)

(Noting that for some Completed Projects, the costings are still being finalised)

Approved Projects - Legend				
	On Track	S: Start		On Track
	Action required	F: Finish		Action required
	Budget increased			Delayed
	Completed			Completed

Ref	Campus	Site /Building	Project Dependencies	Approval Requirement	Status	Approval Date	Approved PoW Budget	Projected /Final Cost	Planned Timeline	Forecast / Completed Timeline	Progress Report
C37	Christchurch	Substation New St Asaph street	✓ (to enable demo of Tuam st Public Carpark)	CDHB	Completed	Board Oct 2014 (Enabling works) Board Dec 2014 (██████████)	██████████	● ██████████	S: Apr 2015 F: Oct 2015	● S: Apr 2015 F: July 2016	Project complete. Handed over to M&E. Some costs and final account yet to be confirmed.
C38	Christchurch	14, Tuam St Public Carpark demolition	✓ (to enable St Asaph Carpark)	CDHB	Completed	Board Oct 2014 (\$3m) HRPG Dec 2015 (endorsed Deloitte business case) Board Dec 2015 (noted Deloitte business case) Board June 2016 (revised to ██████████)	██████████ ██████████	● ██████████	S: Dec 2015 F: Jan 2016	● S: April 2016 F: Nov 2016	Re-prioritised budget and forecast cost has been combined for item C18 & C38, as at Nov 2016 Linked with 33 St Asaph St demolition. See C18.
C43	Christchurch	Oncology remaining EQ repairs	✓ (depend on ChCh master plan)	CDHB	Completed	Board Oct 2014	██████████	● ██████████		● Refer Item C8	This is part of the required structural work to be completed for 15/16. To be managed as part of the 15/16 Campus Earthquake repair project. Budget included in Item C8. Complete
C46	Christchurch	Canterbury Health Lab - removal of remaining external full height panels	✓ (depend on clinical service for accessibility)	CDHB	Completed	Board Oct 2014	██████████	██████████		Refer Item C8	This is part of the required structural work to be completed for 15/16. To be managed as part of the 15/16 Campus Earthquake repair project. Budget included in Item C8.
C47	Christchurch	Canterbury Health Lab - plant room panels		CDHB	Completed	Board Oct 2015	██████████	██████████		Refer Item C8	This is part of the required structural work to be completed for 15/16. To be managed as part of the 15/16 Campus Earthquake repair project. Budget included in Item C8. Complete
C67	Christchurch	Nurses Chapel Upgrade (as part of land swap)	✓ (Part of Land Swap)	CDHB	Completed		██████████	██████████	NA	NA NA	Land swap completed. DHB has requested for the Council to seek funding from the Council's insurance.
C68a	Christchurch	Flood Mitigation - Christchurch Hospital campus Preliminary & Detailed Design		CDHB	Completed	Refer C68	██████████	● ██████████	S: Aug 2015 F: Dec 2015	● S: Aug 2015 F: Dec 2015	Preliminary & detailed design completed. See item C68.
Christchurch Campus - Subtotal							██████████	██████████			
Burwood campus											
B1	Burwood	300 BWD Road Demo (MoH Project managed)	✓ (Enable BWD development)	CDHB & CIC	Completed	Dec 2012 (DBC)	██████████	● ██████████	Project Timeline	● Project Timeline	Demolition managed by Redevelopment Project
B2	Burwood	TEMP Low Vision to BOPU & Portacomms (MoH Project managed)	✓ (Enable BWD development)	CDHB & CIC	Completed	Dec 2012 (DBC)	██████████	██████████	Project Timeline	● Project Timeline	Decanting managed by Redevelopment Project
B3	Burwood	TEMP BOPU to old theatre block	✓ (Enable BWD development)	CDHB	Completed	Board Aug 2013	██████████	● ██████████	S: Sept 2013 F: Nov 2013	● S: Sept 2013 F: Nov 2013	Completed
B4	Burwood	TEMP BIRS to BOPU (MoH Project managed)	✓ (Enable BWD development)	CDHB	Completed	Dec 2012 (DBC)	██████████	● ██████████	Project Timeline	● F: Nov 2013	Completed. Decanting managed by Redevelopment Project

PROJECT PROGRESS SUMMARY REPORT

REPORT: COMPLETED PROJECTS (August 2017)

(Noting that for some Completed Projects, the costings are still being finalised)

Approved Projects - Legend			
● On Track	S: Start	● On Track	
● Action required	F: Finish	● Action required	
● Budget increased		● Delayed	
● Completed		● Completed	

Ref	Campus	Site /Building	Project Dependencies	Approval Requirement	Status	Approval Date	Approved PoW Budget	Projected /Final Cost	Planned Timeline	Forecast / Completed Timeline	Progress Report
B5	Burwood	TEMP Pain Management to portacoms (MoH Project managed)	✓ (Enable BWD development)	CDHB & CIC	Completed	Dec 2012 (DBC)		● ██████████	Project Timeline	● F: May 2014	Completed. Decanting managed by Redevelopment Project
B6	Burwood	TEMP Adult Community Team to HR/Finance area Finance to old reception (MoH Project managed)	✓ (Enable BWD development)	CDHB & CIC	Completed	Dec 2012 (DBC)		● ██████████	Project Timeline	● F: Sept 2013	Completed. Decanting managed by Redevelopment Project
B7	Burwood	Social Workers to Physical Med (permanent relocation) (MoH Project managed)	✓ (Enable BWD development)	CDHB & CIC	Completed	Dec 2012 (DBC)		● ██████████	Project Timeline	● Project Timeline	Project to be managed by Redevelopment Project
B8	Burwood	Burwood Hospital Redevelopment (MoH Project managed)	✓ (BWD development)	CDHB & CIC	Completed	Dec 2012 (DBC)		● ██████████	Project Timeline	● S: Aug 2015 F: July 2016	Project managed by Redevelopment Project. Occupied by CDHB but facilities yet to be handed over to CDHB. Practical completion or code compliance timeline yet to be confirmed by MoH.
B9	Burwood	Club 304 to 183 Linwood Ave (EQ)	✓ (Enable BWD development)	CDHB	Completed	Management Oct 2013		● ██████████	S: June 2014 F: Aug 2014	● S: June 2014 F: Aug 2014	Completed and handed over to service. Budget is overspent by about ██████████
B10	Burwood	Club 304 Demo (MoH Project managed)	✓ (Project funded & managed demo)	CDHB & CIC	Completed	Dec 2012 (DBC)		● ██████████	Project Timeline	● S: Aug 2015 F: May 2016	Demolition to be managed by Redevelopment Project. This is dependent on vacating Club 304 (item B9).
B11	Burwood	BWD Boiler House , boilers & equipment (MoH Project managed)	✓ (Project manage the new BWD Boiler House)	CDHB	Completed	Board Oct 2014 Board May 2015 CEO Sep 2015 Board Feb 2016		● ██████████	Project Timeline	● Project Timeline	CDHB contributed a total of ██████████ (compared with initial approved budget of ██████████ With Redev Project contributing ██████████ this provides a total Project budget of ██████████. Boiler house is operational but facility is yet to be handed over to CDHB Works completed but still awaiting as built and formal handover.
B14	Burwood	Additional Boiler (MoH Project managed)	✓ (Project manage the new BWD Boiler House)	CDHB & CIC	Completed	Dec 2012 (DBC)		● ██████████	Project Timeline	● Refer B11	Project to be managed by & funded ██████████ from Redevelopment Project, as part of the new BWD boiler house. This is linked to Item B11
B16	Burwood	Beacon House : vacating Paed Therapy to Montreal House (ex Lyndhurst)	✓ (Enable BWD carpark)	CDHB	Completed	Board Dec 2013 Board Dec 2014		● ██████████	S: Oct 2014 F: Dec 2014	● S: Jul 2015 F: Mar 2016	Construction was completed at the end of November 2015. Remedial works planned for 2017 have been completed.
B17	Burwood	Beacon House Demo	✓ (Project manage demo)	CDHB	Completed	Board Dec 2013 Management Dec 2014 Management Dec 2015		● ██████████	Project Timeline	● S: Mar 16	Demolition to be managed by Redevelopment Project. DHB contributing demolition cost. This project is dependent on Item B16 . Request for further increase of ██████████ in demolition cost approved. (Paper submitted to 10th Dec 2015 HRPG and 27th Jan 2016 HRPG) Complete.
B22	Burwood	Ortho Rehab Unit EQ Repairs		CDHB	Completed	Nov-14		● ██████████	Refer Item C7	● Refer Item C7	Completed as part of the DHB wide earthquake repair budget
B23	Burwood	Ortho Rehab unit (ORU) Upgrade Phase 1	✓ (Timing depend on BWD Redevelopment)	CDHB	Completed	Management Nov 2014		● ██████████	S: Nov 2014 F: Jan 2015	● S: Nov 2014 F: Jan 2015	This project is split into 2 phases - Item B23 & B24. Phase 1 is complete.

PROJECT PROGRESS SUMMARY REPORT

REPORT: COMPLETED PROJECTS (August 2017)

(Noting that for some Completed Projects, the costings are still being finalised)









Approved Projects - Legend				
	On Track	S: Start		On Track
	Action required	F: Finish		Action required
	Budget increased			Delayed
	Completed			Completed
















Ref	Campus	Site /Building	Project Dependencies	Approval Requirement	Status	Approval Date	Approved PoW Budget	Projected /Final Cost	Planned Timeline	Forecast / Completed Timeline	Progress Report
B25	Burwood	Engineering services EQ Repairs		CDHB	Completed				Refer Item C7		Completed as part of the DHB wide earthquake repair budget
B38	Burwood	Allan Bean Centre - Temporary services relocation		CDHB	Completed				F: 2014		Building had to be closed and services vacated.
B39	Burwood	Allan Bean Centre demo		CDHB	Completed	Management Mar 2015			S: Jun 2015 F: Jul 2015		Demolition complete. Final cost of [redacted]
B40	Burwood	Tapper Accommodation		CDHB	Completed	Board June 2016			S: Sept 2016 F: Jan 2017		Structural strengthening and refurbishment of patient rehab/transition accommodation. Practical Completion achieved May 2017 - currently in defects period.
B40a	Burwood	Milner Accommodation upgrade		CDHB	Completed	Management Nov 2015			S: Dec 2015 F: Jan 2016		Milner Units were vacated for H&S reasons. Due to the low indicative cost of upgrading and refreshing Milner Units upgrade option was recommended. Budget increase approved from [redacted] Work complete. Units are now 100% of Building Code.
B44	Burwood	BWD cafeteria fit out and kitchen equipment <i>(MoH managed, CDHB funded)</i>		CDHB	Completed	Board Aug 2015			Project Timeline		DHB has approved contribution of up to [redacted] to fit out the Burwood cafeteria including kitchen equipment. This project is managed by the Burwood Redevelopment Project. CDHB has occupied this area but facility has yet to be handed over to CDHB.
Burwood Campus - Subtotal											
Hillmorton Campus											
H1	Hillmorton	Old Surgical Block Roof Replacement	✓ (Enable ASB Project)	CDHB	Completed	Management Sept 2013			Refer item H2		Complete (for roof replacement only). Items H1 & H2 are linked.
H2	Hillmorton	Old Surgical Block Office Refurb (to house Dental from ChCh campus, to enable ASB and co-locate dental lab with main service)	✓ (Enable ASB Project)	CDHB	Completed	Board April 2014 Board Sept 2015 (Budget increase)			S: Jul 2014 F1: Oct 2014 F2: Nov 2014		Completed. Oral Lab service operational in this facility. This project was completed at a fast track pace, as a result there have been some unplanned /unbudgeted items that have arisen during the implementation process. A further [redacted] has been approved at the 17th Sept 2015 Board meeting. Final forecast cost of [redacted] Minor Invoices outstanding. Items H1 & H2 are linked.
H3	Hillmorton	Cluney Villa demo		CDHB	Completed	Management Aug 2014			S: Apr 2015 F: Jul 2015		Asbestos removal completed. Demolition completed. Final forecast cost of [redacted]
H4	Hillmorton	Chapel Demo (include quite room option)		CDHB	Completed	Management Nov 2014			S: Jul 2015 F: Sept 2015		Demolition of Chapel completed. Forecast final cost of [redacted] compared with approved budget of [redacted]
Hillmorton Campus - Subtotal											
TPMH Campus											
P1	TPMH	Cafe & Servery	✓ (repair strategy linked to vacating TPMH)	CDHB	Completed	Board July 2013			S: Oct 2014 F: June 2014		Completed

PROJECT PROGRESS SUMMARY REPORT

REPORT: COMPLETED PROJECTS (August 2017)

(Noting that for some Completed Projects, the costings are still being finalised)









Approved Projects - Legend				
	On Track	S: Start		On Track
	Action required	F: Finish		Action required
	Budget increased			Delayed
	Completed			Completed













Ref	Campus	Site /Building	Project Dependencies	Approval Requirement	Status	Approval Date	Approved PoW Budget	Projected /Final Cost	Planned Timeline	Forecast / Completed Timeline	Progress Report	
P2	TPMH	PMH Block A B (CSW)	✓ (repair strategy linked to vacating TPMH)	CDHB	Completed	Board Sept 2013			S: May 2014 F: June 2014		S: May 2014 F: June 2014	Completed
P4	TPMH	OPH&R Community Services Relocattion (East and South Spoke)	✓ (Enable vacating TPMH)	CDHB	Completed	Management April 2015 - East & south only		NA	F: June 2016 (East) F: Oct 2015 (South)		F: June 2016 (East) F: Feb 2016 (South)	Work is still progressing for the remaining outstanding West spoke and Hub. South Spoke - in discussion with landlord to complete defects - not affecting occupation.
P5	TPMH	Corporate Services Relocation	✓ (Enable vacating TPMH)	CDHB	Completed	Board Oct 2015 Board Dec 2015 (Funding in excess of \$3m from BAU) Board Dec 2015			S: Dec 2015 F: Aug 2016		S: Dec 2015 F: Aug 2016	Building now complete with minor commissioning issues being resolved. All staff from TPMH relocated.
		TPMH Campus - Subtotal										
Ashburton & Rural												
A1	Ashburton & Rural	Ashburton Theatres, Wards AAU		CDHB	Completed	Board May 2013 Board Aug 2014 (\$9.085m) Board Oct 2016 (\$9.543m of which \$0.458m is from BAU)			S: Dec 2014 F: Sept 2016		S: Feb 2015 F: Dec 2017	New build completed late November 2016 (Stage 1). Further works on Ground Floor of Block C (Stage 2) are to be completed by the end of May 2017. As previously noted, budget increase of [redacted] approved (total budget [redacted] funded from BAU capex (not PoW), predominantly driven by asbestos, unknowns in the old theatre corridor area, unavoidable additional scope of refurbishment (i.e. electrical upgrade for compliance) and consultant design errors. Final forecast cost is [redacted]
A2	Ashburton & Rural	Ashburton OP , Therapy & Theatre Demo		CDHB	Completed	Board May 2013 (\$0.451m) Board Oct 2014 (+\$1.298m)			S: Oct 2013 F: Dec 2013		F: Jun 2014 (OP& Therapy) F: Oct 2015 - Demo F: Oct 2015 - contamination	Demolition completed for OP& Therapy buildings. Old Surgical block has been demolished and the ground contamination issue has been resolved. The asbestos issues had resulted in cost increase and the delay in the project timeline. Costing to be finalised.
A4	Ashburton & Rural	Kaikoura IFHC		CDHB & CIC	Completed	Board April 2014 (\$10m + \$3.4m from community)			S: Jun 2014 F: Feb 2016		S: Jun 2014 F: Mar 2016	The Hospital officially opened on April 15th. Building complete, Landscaping complete. Signage erected. Final work to neighbours driveway following Kaikoura Earthquake, to be completed.
A12	Ashburton & Rural	Akaroa Demo		CDHB	Completed	Management Jul 2015			S: Aug 2015 F: Oct 2015		S: Aug 2015 F: Oct 2015	Complete
		Ashburton Campus - Subtotal										
Other sites												
O1	Other Sites (& Community)	BDU (exiting Hazeean business park) to Print Place		CDHB	Completed	Management Sept 2013			F: Dec 2013		F: Dec 2013	

PROJECT PROGRESS SUMMARY REPORT

REPORT: COMPLETED PROJECTS (August 2017)

(Noting that for some Completed Projects, the costings are still being finalised)

Approved Projects - Legend				
	On Track	S: Start		On Track
	Action required	F: Finish		Action required
	Budget increased			Delayed
	Completed			Completed

Ref	Campus	Site /Building	Project Dependencies	Approval Requirement	Status	Approval Date	Approved PoW Budget	Projected /Final Cost	Planned Timeline	Forecast / Completed Timeline	Progress Report
O2	Other Sites (& Community)	SIAPO (exiting Hazeledean business park) to 586 Wairakei Road		CDHB	Completed	Management Sept 2013			F: Jul 2013	 F: Jul 2013	
O3	Other Sites (& Community)	230b Antigua refit (for Site Redevelopment)		CDHB	Completed	Management Oct 2013			S: Sept 2014 F: Dec 2014	 S: Mar 2015 F: Jul 2015	
O4	Other Sites (& Community)	Decision Support (exiting Hazeledean business park) to PMH - Temporary		CDHB	Completed	Management Sept 2013			F: Dec 2013	 F: Dec 2013	
O5	Other Sites (& Community)	Canterbury Initiative (exiting Hazeledean business park) to PMH - Temporary		CDHB	Completed	Management Sept 2013			F: Dec 2013	 F: Dec 2013	
O6	Other Sites (& Community)	1 Durham St refit		CDHB	Completed	Management Sept 2013			S: May 2014 F: Sept 2015	 S: May 2014 F: Sep 2015	Completed Forecast cost to be finalised.
O7	Other Sites (& Community)	Ex-Totara House on Bealey Avenue Demo		CDHB	Completed	Management Sept 2013			F: 2013	 F: 2013	Completed.
		Other Sites Campus - Subtotal									

TOTAL		
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1 Date

11th September 2017 - for period 22nd August – 11th September 2017

2 Status Summary

Christchurch ASB

- FFE process continues with ongoing, iterative process anticipated right up to occupation. Full FFE report to go to CDHB CLG on 15/9/17 to review priorities against budget.
- Correction of remaining design documentation errors is at risk due to budget status.
- Weekly Construction Interface (CIM) meeting regarding construction works on the Christchurch Hospital site (with CPB, Leighs, Southbase, Dominion and MedCar [at times] CDHB Site Redevelopment, CDHB Maintenance & Engineering) working well at coordinating and managing a very busy site and surrounds.
- Workforce Preparedness see full quarterly report submitted this month.
- CDHB advised in PCG that Food Services link now omitted due to lack of funds.
- Radiology procurement finalised – one potential door issue related to space in room and manoeuvring bed into room
- MOH progressing appointment of migration consultant

Christchurch Campus Health Facility Planning

- Awaiting updated programme for completion of IBC from MOH. CLG has expressed concern around the lack of progress and the risk to service continuity.
- Planning for docks continues – awaiting feedback on fire evacuation strategy and sign off by NZ Fire Service
- Still finalising detail of link as information becomes available to CDHB.

Outpatients

- FFE and weekly construction interface meeting as above for ASB
- Responding to minor design queries
- Workforce Preparedness: see full quarterly report submitted this month.

General

- CDHB Governance Group continues, moved to fortnightly schedule, (BWD, ASB and OPD). Outpatients and ASB PCGs continues monthly, CHCH Campus PCGs cancelled.
- Manawhenua ki Waitaha (MKW) meetings continue at regular intervals to update on progress and seek ongoing input. Working with carver on options for Christchurch Hospital (ASB) and Outpatients sites.
- Procurement – the following procurement status is outlined
 - Purchase Orders complete – Surgical Lights, Parent Beds, Medication Safe, Pendants, Medical Services Panels, Sanitisers, Refuse Bag holders, Network clocks, Procedure and Examination Lights, Boot Cleaners,
 - Recommendation in sign off – Sterile Services has now been signed off
 - In Negotiation – AV, Imaging
 - Trials being undertaken – Physiological monitors
 - RFP in progress – Hybrid, Shelving,
 - RFP being drafted – Scopes and Towers, Office Furniture
 - Specifications being developed – Operating Tables, Ice Machines, Trolleys and Drug Fridges, Patient Beds, Warmers
 - Existing contracts – diagnostic sets, suction, flowmeters and PACS workstations
 - RFP in signoff- Domestic Appliances/ TVs
 - Contract in signoff – Brackets
- Migration – See ASB and OPD sections, initial planning only at this stage.
- ICT: see full quarterly report submitted this month

3 Current Requests for Change

Christchurch:

- Endorsements by CLG – nil this period for the project

Outpatients:

- Endorsements by CLG – nil this period for the project

Canterbury DHB Facilities Development Report

CLG continue to monitor any change requests noting change requests for both ASB and OPD have now closed.

4 Key Issues and Risks

Acute Services Building (ASB):

- Resolution of ongoing error/omission 'changes' arising from coordination issues and review of construction drawings
- Possible floor vibration issue on theatre floor – unknown until occupation
- Commissioning of ASB link (dock establishment and possible people decant required prior to achieve) in timely manner for ASB opening and services gantry in time for ASB commissioning
- Food services link has been omitted (as advised in PCG minutes) due to funding – will need a strategy to reestablish the food services link regarding delivery of food to patients in ASB as this is necessary operationally
- Note advice from experts to MOH that Energy centre programme will not affect commissioning of ASB
- Need to agree with MOH design and cost of Distribution Centre for presentation to CDHB Facilities Committee then CDHB Board for funding approval (awaiting outcome of campus planning)
- Delay to occupation due to construction delays

Outpatients:

- Possible floor vibration issue in OPD for Ophthalmology, mitigation progressed but unknown until occupation
- Possible delay to occupation due to construction delays
- Note advice from experts to MOH that Outpatients can be commissioned when needed regardless of energy centre timelines
- Impact of roadworks including delays and surrounding projects on ability to complete and occupy OP

Energy Centre:

- Maintaining critical services ie data, steam etc during enabling tunnel works
- Status and timing of Energy centre and impact of any delays of same
- Possible issue with boiler sizing for campus in terms of efficient operation and appropriate capacity. Note retention of existing facilities may impact projections

Christchurch Campus Health Planning:

- Concern around timelines for completion of the master planning process and development of IBC; government sign off timelines now passed
- Uncertainty around anticipated delivery timeframes and impact on bed and theatre demand – CHCH campus will 'run out' of beds before facility developments are completed at end state. This risks impacting on service delivery.
- Impact of earthquakes on existing buildings and infrastructure and health planning options requiring extended use of these facilities
- A range of risk mitigation strategies for existing buildings have been undertaken in response to delays in other facility decisions

Mental Health

- MOH led clinical review occurred on 14 June 2017 to be followed by MOH coordinated regional model of care review. IBC has been endorsed by CDHB Board and MOH. IBC approval is welcome news to clinical teams.

Facilities Development Programme Operational Transition Project Acute Services Building (ASB)

- 1 **Date:** September 2017
- 2 **Status Summary** On track – detailed timeline for operational transition to ASB expected by end November 2017
 Progress against each action is recorded below.

Phase	Stage	Approach	Progress	Status
Initiation	Stage 1	Governance Team established – 2 monthly Programme Team formed- 2-4 weekly Change Model selected – RT2C	Complete	
	Stage 2	Communications plan Timeline for work stream Business planning for each service against goals for service delivery completed	In progress – Grand Round launch completed Being drafted by OTPT. Underway via dual pathways of Surgical Service Alliance and OTLT	
Implementation Planning	Stage 3	Redesign of organisational processes and systems – using RT2C methodology. Roles and functions defined for each space and service Each service is engaged in determining the staff requirements and models of care for compiling for decision on KPIs and planning	In progress – Wards completed programme, ICU working on Model of Care and ED in progress also. Theatre Design Lab modelling completed – detail on repeating rooms in progress. Senior nursing structure in preparation for release after election Profiles and projected staffing for all areas in progress. Draft all wards and AMAU in final draft, ICU, ED and theatre in drafting process	

Facilities Development Programme Operational Transition Project Acute Services Building (ASB)

Phase	Stage	Approach	Progress	Status
		Workforce decisions progressed to RALT	Concept papers completed for orderlies, nursing and surgical services – detailed cases to follow.	
	Stage 4	Detailed migration planning.	Forming structure for service liaison to governance. Expected to complete by end June 2018 Migration planner – expressions of interest in progress.	
Migration	Stage 5	Execution and monitoring of plans, risk management, issues resolution and reporting.	Sign off on final plans expected 8 weeks before confirmed moving date.	
Closure	Stage 6	Implementation review of the project, lessons learned; arrange completion of benefits realisation report timelines and KPIs integrated into practice.	To be commissioned post move and completed at 3, 6 and 12 months after physical migration.	

Key:

Status	Code
On track	
Behind time	
Concern	