

# Canterbury

District Health Board  
Te Poari Hauora o Waitaha

Minutes – 24 August 2018  
Canterbury DHB Disability Steering Group (DSG)

Attendees: Prudence Walker, Gordon Boxall (Chair), Kathy O’Neill, Allison Nichols-Dunsmuir, Jane Hughes, Donna Hahn, George Schwass, Maureen Love, Mark Lewis, Sekisipia Tangi, Paul Barclay, Dave Nicholl, Simon Templeton, Stella Ward, Kay Boone, , Lara Williams (Administrator)

Guests:

Apologies: Kathryn Jones, Hayley Nielsen, Susan Wood, Ngaire Button, Catherine Swan, Mick O’Donnell

	Agenda Item	Summary of Discussion	Action/Who
1.	<p>Karakia Timatanga</p> <p>Apologies to date, as above</p> <p>Previous minutes, matters arising and any conflicts of interest for today’s agenda items</p>	<p>No changes to July minutes.</p> <p>Update from Allison from the July minutes, the Manawa building visit, queries raised haven’t been answered yet.</p>	<p><b>Action point:</b></p> <p>Allison to follow up Washington short questions discussion to be deferred to next month.</p>
2.	<p>Follow up actions to be taken following Pip Stewart’s presentation</p> <ul style="list-style-type: none"> <li>- Implications of DSS system transformation</li> <li>- Perspectives from members of DSG</li> <li>- Identifying Actions to take forward from the discussion</li> </ul>	<p>Pip’s presentation wasn’t circulated with the July minutes.</p> <p>Action point was to send presentation to Mick in Comms (as he wasn’t at meeting) asking for opportunities to feature in WellNow and CEO Update. This has been done, Mick will contact Pip as they know each other.</p>	<p><b>Action point:</b></p> <p>Pip’s presentation to be circulated with minutes. For agenda next month.</p>
3.	<p>Update on AT&amp;R, work that is happening now, future plans.</p> <p>How can DSG help?</p>	<p>Jane Hughes reported with a mixture of progress, featuring positive progress on 4 self-contained units/pods.</p> <p>The pods provide an autism friendly safe environment, an area for retreat if people are not calm. An Architect has been appointed, next step is council consent by</p>	

		<p>end of the year, completion date at end of 2019 or 2020. Modification is the next stage.</p> <p>A further 2 beds will be created through modifications to rear end of the existing facility.</p> <p>Another positive, is we have been able to recruit a psychologist from UK.</p> <p>We are engaging with Ministry of Health on significant challenges in meeting the needs of clients in crisis</p>	
		<p>Positive stories - the purchasing of Vocera unit helps staff to communicate with each other urgently if required. Protective clothing is helping with bite prevention. Increased security has been installed.</p> <p>Gordon mentioned from the DSAC report. How are challenges with ongoing crisis, and is reducing bed numbers creating pressures in the community?</p> <p>Jane – flexibility with community providers is important. Ideally as building improvements come on line, this will enable needs to be better matched to resources. Ability to increase capacity is important. Ability to recruit and retain more staff. It is about building trust with community practitioners.</p> <p>Gordon asked if thought has been given to a community of practice both at a practitioner level and also more strategically so interested parties can contribute to a common model of care based on positive behaviour support, consider joint training, collaboration around crisis prevention and management and to work towards prevention of crises and build capacity of community? NZDSN members keen to progress if CDHB interested.</p> <p>Seki asked what % of Māori &amp; Pacifica numbers are represented? Asked about Pacific Models of Care. Jane replied numbers couldn't be given as there are no Pasifika models known to Jane. Discussion led to how we can address the overrepresentation of numbers?</p>	<p><b>Action Point:</b> Gordon to go to National Leadership Group to get numbers for Jane</p>

		Jane replied about the Compulsory Care Act and how the care of patients are moved to providers. There are no current culturally specific providers.	
		<p>Discussion continued on options to raise disability issues and raise awareness to enable good outcomes? This as a countervoices to the current media coverage.</p> <p>Jane agreed it is always positive to promote good outcomes, adding positive behavioural support model is good example of what could be promoted.</p>	<p><b>Action point –</b>  Communications and P&amp;C to interview and promote positive stories. Donna suggested CCN as a platform for promoting good news.</p>
4.	Accessibility – update presentation Parking	<p>George presented update on siteworks suddenly effecting temporary mobility parks on Christchurch Hospital campus.</p> <p>A meeting with DSG members and the responsible CDHB officer came up with a range of suggestions and George’s circulated report provides the details of what has been achieved. CCC have responded well by agreeing to re-assign some local car parks to mobility and to get these in place by 1<sup>st</sup> September. George emphasised these parks will be mobility parks rather than hospital use mobility parks, they are open for all mobility holders.</p> <p>Full details included in:</p> <ul style="list-style-type: none"> <li>- Mobility parking august 2018 DSG update.pdf</li> <li>- Aerial photo of hospital mobility parks.pdf</li> <li>- Wheelchair shuttle flier.pdf</li> </ul> <p>CDHB has secured the services of a dedicated wheelchair taxi through Gold Band for patient shuttle for the 13 weeks needed.</p> <p>Seen as a good example of the impact and profile of DSG</p> <p>George also gave 1<sup>st</sup> October as new date for Oxford Terrace next stage of opening. ie the area past Pegasus Arms.</p> <p>Simon provided positive feedback from elderly on the parking shuttle service.</p>	<p><b>Action point:</b>  Members to promote wheelchair accessible taxi service by sending <i>wheelchair shuttle flier.pdf</i> to their networks</p>

		George asked members to look in CEO update coming up, there are bouquets for security staff helping elderly people on transfer from hospital.	
		Allison reported the Accessibility Charter Working group has had their first meeting. The Plan will be drafted for EMT by the end of the year with an 18 month timeframe. Future meetings to front on to DSG.	
5.	Exploring the proposal for inclusion of West Coast into DSG	<p>Kathy O’Neill reported on the West Coast supporting inclusion into their plan through Alliance Leadership Team that Stella chairs. West Coast has unique factors. WC have developed strategy, will be launched soon. Discussion on how transalpine issues are dealt with, together or separate? Stella confirmed EMT, Canterbury and WCDHB meetings are held separately.</p> <p>Prudence and Paul discussed how their own organisations are represented on the Coast and how they deal with resourcing. Paul highlighted the issue on the Coast of staffing with recruitment and retaining staff.</p> <p>Options of how WC could be meaningfully engaged were explored. Agreed to offer to join each meeting or say quarterly when WC issues could help form the agenda</p> <p>It was agreed that Stella and Kathy approach West Coast partners to identify the best way to ensure the Actions remain Trans-Alpine in a way that is relevant and avoids being tokenistic or just an add-on to Canterbury.</p> <p>(31<sup>st</sup> August - This section is with Stella for confirmation)</p>	<b>Action point:</b> Kathy to progress thinking of a quarterly combined Transalpine DSG meeting with West Coast teleconferencing in. Stella will assist to draft a potential agenda.
6.	General Business  Stella - EMT	<p>Stella’s Chief Digital Officer role commences at end of year. Stella will hold the disability portfolio until the end of the year.</p> <p>The incoming Executive Director of Allied Health, Scientific and Technical will take over from Stella as the EMT rep on DSG in the New Year. The appointment was</p>	

		announced by CEO 28 <sup>th</sup> August, see <b>Appendix 1</b> below.	
	P&C Update – Project Search	Linda Leishman at Riccarton High is starting on Monday. Now that Linda is full-time, coordination of training sessions can start. The Working Group hasn't met since Blind Foundation offered financial support. Paul requested a meeting be arranged soon. This is particularly important as trainers are due to be coming over from the USA.	<b>Action point:</b> invite Linda to future meetings.  <b>Action point:</b> Mark to provide update to Paul when Working Group next meets.
	Communication	Mick was unable to attend today. He has sent through a report. Gordon suggested it be deferred with an update to the next meeting as it is important to have Mick's personal input.	<b>Action point:</b> Mick's report attached, see <b>Appendix 2</b> below.
		Kathy and Gordon are featured on the front page of the DPA newsletter.	<b>Action point:</b> DPA newsletter to be circulated with minutes
		Seki asked how can the community improve outcomes? This stems from the report mentioned in Jane/Gordon's DSAC discussion, and other reports in the community. How can we transform when 80% are not accessing service providers such as Etu Pasifika?	<b>Action point:</b> Seki asked for ongoing awareness to continually strive to transform these targets.
		Dave Nicholl - Clinicians' disability awareness, the module on HealthLearn is not being used. Dave sought Mike Ardagh's advice on Hospital HealthPathways. Key point being the content should be advisory on disability awareness, rather than clinical treatment. An example being a patient with Spina Bifida, their disability needs, rather than the clinical treatment for SB. Discussion followed on who could write this content. Are there providers with online content already prepared? Content would need to be key points, 30 seconds maximum.  Where to start – ideally we'd ask groups to provide to us, and we moderate. We	<b>Action point</b> – Mark will reinforce to national action group that there is a need for other content apart from clinical training.

		<p>would then liaise with HHP Clinical Editors.</p> <p>Mark advised this is a national issue and all DHBs meeting to discuss how to progress. CDHB has offered to take a lead but no progress as yet and no resources to pursue.</p> <p>Prudence has offered to provide Subject Matter Expert (SME) advice.</p> <p>This is a priority area which we have struggled to make much progress on. Mark to consider options.</p>	
		<p>Team Leader Older Persons Health will attend the 6<sup>th</sup> September DPA Forum on home care.</p>	<p><b>Action point</b> – Kathy to follow up with TL OPH to see if another Rep could also attend.</p>
		<p>System transformation updates – Prudence has offered to provide regular updates.</p>	<p><b>Action point</b> – To be included in agenda as regular update item</p>
		<p>2019 dates, please bring diaries.</p> <p>Final word from Gordon who requested members to consider agenda items for the next meeting as both he and Kathy not around much between now and then.</p>	<p><b>Action point:</b> Lara will get dates from Stella's PA first</p>
	Next Meeting	<p>10.30-12.30, Room 2.11 Friday September 28<sup>th</sup> 2018 <b>Location, 32 Oxford Terrace At Oxford Terrace, after Accessibility Charter Working Group</b></p>	

#### ITEMS FOR NEXT MEETING

- Mick's Communications Update
- Action points from Pip at Brackenridge's presentation at July meeting
- Washington Short answer questions from Allison
- Progressing disability awareness in a timely fashion
- System transformation updates – regular updates from Prudence
- Bring diaries for 2019 dates

## Appendix 1

**From:** Mick O'Donnell **On Behalf Of** Internal Email  
**Sent:** Tuesday, 28 August 2018 9:55 a.m.  
**To:** Internal Email <Internal.Email@cdhb.health.nz>  
**Subject:** APPOINTMENT TO THE EXECUTIVE MANAGEMENT TEAM: Executive Director of Allied Health, Scientific and Technical

### Message sent on behalf of David Meates, Chief Executive Canterbury District Health Board and West Coast District Health Board

**Subject:** Executive Director of Allied Health, Scientific and Technical

I am pleased to advise the appointment of **Jacqui Lunday Johnstone** to the role of **Executive Director of Allied Health, Scientific and Technical for Canterbury DHB and West Coast DHB**. This role provides strategic leadership for Allied Health, Scientific and Technical professionals and is a member of the Executive Management Teams for both the Canterbury and West Coast DHBs.

Jacqui was born and raised in Scotland. She is currently Chief Health Professions Officer for the Scottish Government. Her experience spans the public and private healthcare systems in the UK, and includes clinical leadership positions and the founding and running of her own business. Jacqui has many published works covering AHP, Healthcare systems, Occupational Therapy, patient care, change initiatives and reviews.

Jacqui gained her Occupational Therapist Qualification from Queen Margaret University in the UK. She was awarded an Honorary Fellowship from the Chartered Society of Physiotherapy and an Honorary Doctorate from the Queen Margaret University. Currently, Jacqui is completing a Masters in the Humanities at the Open University.

Jacqui has a range of other professional memberships, affiliations, awards and positions, including:

- Honorary lecturer at Glasgow Caledonian and Queen Margaret Universities
- Trustee of the International Council of Allied Health Leaders
- Order of the British Empire (OBE), Queens New Year Honours 2015, for Services to Healthcare and the Health Care Professions.

Jacqui will commence in the role on Monday, 5 November 2018 and we look forward to welcoming her to the Canterbury and West Coast Health Systems.

Regards

David Meates, MNZM

Chief Executive | Canterbury District Health Board and West Coast District Health Board

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## Appendix 2

**From:** Mick O'Donnell

**Sent:** Wednesday, 22 August 2018 3:41 p.m.

**To:** Lara Williams (Administrator) <Lara.Williams2@cdhb.health.nz>

**Subject:** Communications Report for DSG 24<sup>th</sup> August 2018

Gordon, Kathy and I met last month to discuss the poor response rate to the survey that was publicised through WellNow and ways we can strengthen the two way flow of information between the community and the DSG. We don't really know what went wrong re the survey, perhaps the wrong channel, or maybe the survey didn't work for people – I doubt if it's the latter, or I'd have expected to see lots of surveys started but not finished. We agreed to work with CCS Disability Action via Pru before re-publicising an improved survey – I haven't yet acted upon this.

Following that meeting, and at Gordon's request, I investigated an open 'blog' type of communication so we could share ideas with a wider group more effectively, and hear back from them. I made some enquiries and suggested a closed Facebook page to Gordon which included protocols for publicising it and how it might be used. He considered it over the weekend and decided he had a strong preference for a monthly video newsletter.

A captioned vlog is doable, but there would be a modest cost and like a newsletter, it's need regular input from the DSG and other parties. There is also the challenge of where it is hosted and how it is distributed – for example we can host a video on a site like Youtube or Vimeo but need a way to distribute the link to it. At the moment, I have a pretty basic list of 100 or so interested people/parties made up from those who were consulted in the drafting of the DAP – that list and network would be very much strengthened if non-DHB DSG members would agree to cascade information through their own networks so that it reaches a much wider audience. As an alternative to hosting on a neutral video site, we can embed videos on a website, but which one, and how do we signpost it?

I met with Stella to talk about these options, including those that might require resources. She was open to all of these options, but first wanted it broached/discussed at DSG.

My sincere apologies to the group that I can't be there to lead the discussion this time around and for my recent absences, but I'm afraid it's the nature of the job that we deal with the unpredictable. Your options now, through Gordon, are to discuss it without me today or to wait until the next meeting when I am (ever) hopeful of being there.

**Regards,**

**Mick O'Donnell**

**Communications Team Leader**