

PG 4 NEWS:
SITE
REDEVELOPMENT

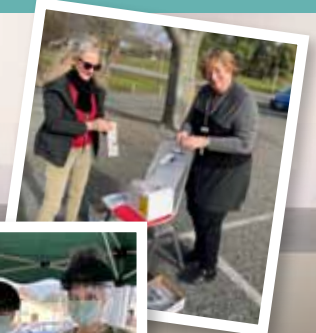
PG 12 PEOPLE:
NEW CONSUMER
COUNCIL MEMBERS

PG 13 QUALITY:
MARS CLINICAL
AUDIT

PG 16 MAORI
LANGUAGE
WEEK



WORKING IN THE NEW NORMAL



FROM THE CEO

Tēnā koutou

COVID-19, compassion fatigue and self-care plan

There is no fortune cookie or crystal ball that could have predicted what 2020 would look like for us. The phrase has been used a lot, but these are unprecedented times. Managing the uncertainty that accompanies such a time is important not only for our own care, but for our ability to provide care for our community.

The Health and Wellbeing Steering Committee have put together some information on compassion fatigue and created a reflective self-care prompt under the Phoenix project. I would like to thank them for their guidance and recommend we all take a moment to stop, reflect and plan.

Nāku noa nā



Nigel Trainor

CHIEF EXECUTIVE

ntrainor@scdhub.health.nz

Compassion Fatigue

As health professionals we experience strong feelings of empathy, deep sympathy at times and even sorrow when patients are stricken by suffering and misfortune due to illness and or trauma.

The expectation that we can be immersed in this suffering and loss daily and not be touched by it is unrealistic. Compassion fatigue has been described as the behavioural response to the “cost of caring” for others in emotional pain (Figley, 1982).

McHolm (2006) defined compassion fatigue as “the emotional, physical, social and spiritual exhaustion that overtakes a person and causes a pervasive decline in his or her desire, ability and energy to feel and care for others. It occurs in situations that include high turnover of patients who are acutely ill, rotating shifts, frequent changes of assigned jobs and crisis situations.

Compassion fatigue produces a low level clouding of caring and concern for others and results in the health professional’s ability to feel and care for others becoming eroded through overuse of their skills of compassion. Compassion fatigue can be the consequence of doing your job well.

Resiliency planning can mitigate the effects of compassion fatigue.

Organisation planning includes open communication and supportive environments. For example: discussing psychological safety in the workplace, opportunities to debrief, supportive supervision, rotating workloads and ensuring regular breaks are taken and providing opportunities for professional development.

Personal strategies include self-care tools related to the holistic view of health and wellbeing and developing self-compassion.

The Professional Quality of Life Scale is one recognised self-evaluation tool for compassion fatigue:

https://proqol.org/ProQOL_Measure_Tools.html.

Frontline Wellbeing Support

0800 820 080

Need To Talk?

1737





Canterbury HOSPITAL HEALTHPATHWAYS

Canterbury extends access to Hospital HealthPathways

The Hospital HealthPathways site was opened up to all NZ DHBs in late March to provide access to the constantly updated COVID-19 guidance in it for hospital-based clinicians. Over the three months from 1 April to 30 June there was a substantial increase in the use of Hospital HealthPathways from around the country.

The most looked at guidance during the three month period has been:

- COVID-19 Assessment and Management
- Acute Coronary Syndrome
- Atrial Fibrillation and Atrial Flutter
- Pulmonary Embolism
- Dabigatran and Riviroxaban
- Acute Heart Failure

Allied Health Appreciation Day

An afternoon tea was held on Friday 14 August to celebrate the work that the Allied Health Professionals do to support the South Canterbury population.

A few of the highlights shared during the hui were the work the Radiology Department has been doing creating a roster to ensure staff wellbeing as they increasingly provide more out of hours access to their essential service.

The Speech and Language Service has had an increase in staffing which is now allowing them to provide additional services to the local paediatric population, enhancing quality of life for many families.

.....
Our Occupational Therapy team have been able to recruit a number of new graduates to the area and have introduced rotational posts to enhance staff development.
.....

The Pharmacy Department is continuing to embrace technology and with a lot of hard work were in the process of seamlessly moving to ePharmacy stock control.
.....

Special mention was made to celebrate the achievements of:

Carolyn Coulter our Pharmacy Manager who has recently contributed two chapters to the Renal Medicine and Clinical Pharmacy textbook.

Social Worker Imelda Orlowski has completed her Calderdale Delegation Clinical Task Instruction: Applying for Disability Allowance project and been awarded her Calderdale Framework Facilitator status.

Rebecca Salwy and Nicola McKissock (below), Rehabilitation Assistants working within the Physiotherapy service, received their NZQA certificates. These ladies were awarded the New Zealand Certificate in Health & Wellbeing having completed 16 educational units enhancing their knowledge base and enlarged the number of delegated tasks that they are able to provide.



Site Redevelopment

The South Canterbury DHB Board have approved the full refurbishment and maintenance programme for the Timaru Hospital at the Board Meeting held in July 2020. The South Canterbury DHB will be spending \$30m (including a new energy source) over the next three years on the Timaru Hospital facilities.

South Canterbury DHB Chief Executive, Nigel Trainor welcomes the refurbishment as the hospital hasn't had any major attention in over 20 years.

"The Clinical Services Building (CSB) was built in 1976 and the last major refit was in 1999. The refurbishment programme is planned to be completed by December 2023. This timeframe allows us to continue delivering a high standard of care to our community as we rollout the phases of construction projects."

The Timaru Hospital's future-proofing began with the emergency and outpatient department, resuscitation area and ambulance bay completed in 2019.

The front of hospital redevelopment which includes a new public and staff café, a new main entrance with an atrium, and an extension to the outpatient's department commenced in June 2020.

"There have been several working groups set up with staff, consumer council and board members as a forum to discuss the redevelopment plans. These working groups were very useful to all parties, as

it gave the staff, consumers and board members the chance to provide feedback and ideas about the changes to the facilities," Nigel said.

The approved refurbishment and maintenance programme will provide:

- Increased patient privacy
- Improved security in the Clinical Services Building
- Increased physical space
- Improved patient flow
- Separate entrance to the Emergency Department
- Significant rehabilitation improvements in the ATR unit
- Increased patient space in the wards and slight increase in bed numbers for the medical ward.
- Improved storage
- A full refurbishment of every single floor which will enable the Clinical Services Building to be utilised for another 15-20 years
- New energy source to replace the current coal fired burners with 100% electricity which will decrease our carbon footprint.





Children and Maternity Refurbishment

The children and maternity refurbishment will be next to commence with a planned start date of February 2021. This redevelopment will include the addition of a new transitional care unit on level 2.

“The South Canterbury DHB were grateful to receive \$2.0m towards the \$3.5m refurbishment cost from Government’s \$300m fund for immediate capital programs,” Nigel said.

The new purpose-built transitional care unit will mean preterm babies that are born at 34 weeks would not have to be transferred to Canterbury District Health Board, and the South Canterbury women can remain in their community.

“The maternity ward refurbishment will include an additional birthing room, a small day assessment unit, and will allow the ward to provide a mix of primary births and high-risk secondary births,” Nigel said.

The children’s ward refurbishment will see an improved layout of rooms and bathroom facilities that will suit young children and their families, through to young adolescents.

“The children’s ward will have improved day ward capabilities with the current neonatal unit moving from the children’s ward to the new transitional care unit,” Nigel said.

“We will also be refurbishing the women’s clinic and relocating the paediatric outpatient clinics to level 2, which will create a women’s and children’s hub on a single floor within the hospital.”

Purpose Built ATR Unit

The new \$3.8m ATR unit will be purpose built for higher level of rehabilitation and is planned to link onto the existing Clinical Services Building.

“The existing AT&R space will become the outpatient’s hub which will include the outpatient department, medical day stay, physio department including a gym and pool, and a reception and waiting area,” Nigel said.

The South Canterbury District Health Board thanks the community for their understanding and patience when they arrive at the Timaru Hospital while refurbishments are taking place. We will continue to provide regular updates as we progress through the refurbishment and maintenance programme.

COMING SOON

ALTERNATIVE ENTRANCE TO THE HOSPITAL

The front of hospital redevelopment project has reached the time for the main entrance of the hospital to be closed, and an alternative entrance to be established.

The alternative entrance will be in place for a period of three months from the 14 September 2020.

Further information and site maps will be communicated later this week with our staff and the community.



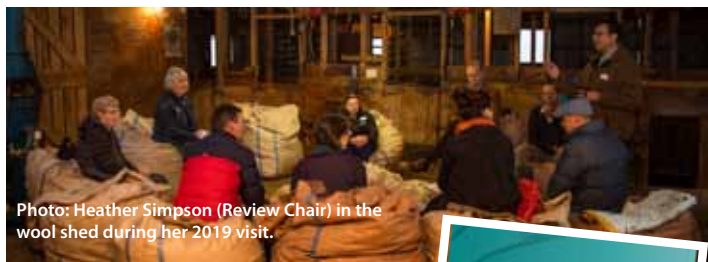
Nursing Snapshot

National Nursing Update

Health and Disability System Review

The outcome of the Health and Disability system review has been released and supported by the government.

<https://systemreview.health.govt.nz/>



This review highlights a number of recommendations that have an impact on the way we deliver care in South Canterbury, particularly the governance and managerial structures. These changes are significant and likely to take place over many years.



Local Update

Professional Development and Recognition Programme

We have seen a rise of PDRP numbers during the lockdown period. This has taken us from 30% in March, to 34% of all nurses completed PDRP in June. The aim is to have 50% completion by June 2021.

Welcome to Anneke Clarke, who is leading PDRP programme implementation through the Learning Hub at SCDHB. This service connects across all sectors of nursing in South Canterbury.

Postgraduate Study Funding

All funds for 2020 are currently allocated, with 32 nurses across the health sector supported with postgraduate study. Primary Health Care nursing features highly in the allocation, followed by aged care.

New Graduates

Our local pipeline has 5 new graduate ENs from Ara graduating from Timaru campus in August. We are hoping to see full employment into our sector in South Canterbury. The local Ara cohort hopes to graduate 12 in December. All funding streams for graduate support has been approved to go direct to the employers that are outside of SCDHB.

Anna Wheeler

Associate Director, Nursing And Midwifery

awheeler@scdhub.health.nz



Name: Judy Cooper

Role: Registered Nurse

Profession: Public Health Nurse, Children's Paediatric Outreach Specialty Nurse and Sexual Assault and Treatment RN

Years in profession: 40

1. Why did you get into nursing/midwifery?

A Public Health Nurse approached me when I had left school and was working as a vision/hearing technician in Dunedin. The Public Health Nurse discussed her role with the option of me considering my nursing training. From that discussion I applied and was successful in being accepted to train as a registered nurse and from there my nursing journey began.

2. Tell us about your current role

Two days are spent working as a Public Health Nurse in Timaru and Twizel schools where I work with families, schools and in other education facilities. I am the Paediatric outreach specialty nurse the other two days and cover all of the South Canterbury region to follow up children in consultation with the paediatricians and paediatric ward.

3. What do you love about what you do?

Being privileged to work with families, listen to their stories and enable the appropriate supports for the family to allow them to achieve the best outcomes for their children. Working with families in their own environment enables one to understand and appreciate their circumstances. It is an honour to work with various South Canterbury families, health professionals and community agencies.

4. What do you think is coming next for the future of nursing/midwifery?

I see it being very specialised with nurses completing the training and then choosing a nursing pathway in their chosen specialty. I certainly enjoy being able to have a student nurse come out with me in the community to complete my nursing assessment with clients / patients in their own environment.





INTERNATIONAL YEAR OF THE NURSE AND THE MIDWIFE

Nurses and midwives play a vital role in providing health services, connecting and caring for the people in our communities.

It is projected that the world needs 9 million more nurses and midwives if it is to achieve universal health coverage by 2030 – a goal set by the World Health Organisation. That is why the World Health Assembly has designated 2020 the International Year of the Nurse and the Midwife.



Nurses working throughout Aotearoa make up the largest health workforce in the country, with more than 56,000 nurses.

The Nursing Now

movement, organised by the International Council of Nurses, is a worldwide campaign to raise the status and profile of nurses, aiming to influence global and national policy.

This campaign coincides with the 200th anniversary of the birth of Florence Nightingale, one of the founders of modern nursing. In New Zealand, Nursing Now, is facilitated through the office of the Chief Nurse, Ministry of Health.



2020
INTERNATIONAL YEAR
OF THE NURSE AND
THE MIDWIFE

We want to celebrate together and acknowledge those excellent nurses and midwives making a difference every day to the health outcomes of our people.

We want to share stories, and acknowledge success and excellence.

Send your photos and stories to awheeler@scdhub.health.nz.



Name: Marc Guledew

Role: Registered Staff Nurse for the Medical Ward

Profession: Registered Nurse

Years in Profession: 7 years

1. Why did you get into nursing/midwifery?

I wanted to work in the medical field so I decided to take up nursing and have loved working as a nurse.

2. Tell us about your current role as an EN/RN/RM

As an RN my role is to make sure my patients receive the proper care they need.

3. What do you love about what you do?

I love seeing my patients get better and help them get back on their feet because it really feels good doing something for others.

4. What do you think is coming next for the future of nursing/midwifery?

With what is happening today around the world with the pandemic showing how vulnerable nations are. I do hope everyone's focus, governments around the world, would be more on enhancing or staffing their health care system, to prevent this kind of disaster happening again.



Learning Hub

Inspiring Meaningful Learning

Ka whakamanawatia te akoraka whai tikaka

Learning Hub Update

Professional Development and Recognition Programme (PDRP)

We are currently sitting at 34% - and will be at 40% by the November submission.

E-portfolios are being rolled out with 25 people having completed the Healthlearn course and linked into the Mahara platform.

If anyone would like to discuss PDRP or e-portfolios they can contact me at aclarke@scdhb.health.nz or on 6872344.

Personal Protective Equipment (PPE)

PPE sessions are being run as needed.

We completed a session last week at Talbot and had approximately 20 attend. There will be two more sessions at Talbot on Tuesday 15 and Tuesday 22 September.

Teams can request bespoke refresher training. The photo opposite is from a session we ran with the dietitians. ATR have also requested sessions to be delivered in the ward. Simply reach out to Meron at the Learning Hub.

Cannulation

There has been a huge uptake of cannulation and venepuncture trainings.

A large number of those doing the training have been new graduates which has shown a fantastic commitment from new staff to increase their abilities. Ka pai!



Orthopaedic Study Day

The Surgical Ward are holding an Orthopaedic Study Day for their junior staff in the Learning Hub to increase the knowledge around caring for those with orthopaedic issues.

Acute Care Course

Megan has been running Acute Care Courses for staff that are wanting to up skill themselves in terms of acute care needs.

There have been great attendances for these sessions with 18 people in each session so far. If you are interested in Acute Care update days please contact the Learning Hub.

Anneke Clarke

NETP Support and
PDRP coordinator

aclarke@scdhb.health.nz

Megan Stark

Learning Hub Advisor

mstark@scdhb.health.nz

Lippincott Survey

Lippincott New Zealand Instance was first introduced into the Midland region in 2012. The South Island followed in 2015 and over the past five years a further six DHBs plus a large number of primary and community organisations have also joined.

With education providers also providing access to Lippincott for their students, its use has become embedded throughout the health sector.

As a way of evaluating the impact of Lippincott New Zealand Instance a survey was undertaken in 2016 involving all participating organisations.

These online clinical procedures have now been available in New Zealand for over 8 years and with the increased number of users it is timely to again ask users about their experiences with Lippincott.

By undertaking this survey again we can see if there has been any change in these benefits and opportunities.



www.surveymonkey.com/r/WCHSCL2

What's on?

Mahuru / September 2020

All courses/sessions held in the Learning Hub unless otherwise stated

Rāhina Monday	Rātū Tuesday	Rāapa Wednesday	Rāpare Thursday	Rāmere Friday
	1	2 Level 2-3 Life Support 1230-1530 	3	4 Education Fair 1130-1330 
7 Tongan Language Week Perineal Suturing 1300-1700 HCA Safety Watch Training 1300-1700 Library Drop-in: Intro to UpToDate, 1000-1100	8 Immediate Life Support, all day healthLearn Drop-in: 1400-1500, Staff Library	9 CVAD Workshops 1030 & 1300 Learning Hub	10	11
14 Maori Language Week New Born Life Support, all day Maori Language Moment 1200 midday	15 	16 Advanced Care Planning Level 1A training - all day	17 Library Drop-in: Intro to UpToDate, 1000-1100	18 
21 Advanced Life Support, all day 	22 Calderdale CTI: 'When to Stop' 1330-1430	23 	24 healthLearn Drop-in: 1400-1500, Staff Library	25
Mental Health Awareness Week – HE TIROHANGA ANAMATA - REIMAGINE WELLBEING TOGETHER				
28 Tuvalu Language Week	29 ENSIPP Mid-year programme orientation	30		

Please contact the Learning Hub if you require any further information on 8355

Contrast Enhanced Ultrasound (CEUS)

What is it?

Clinical explanation: CEUS involves intravenous administration of a small amount of microbubble contrast agent. The ultrasound machine then uses harmonic subtraction techniques to suppress conventional echoes and display echoes specifically attributable to the contrast agent. The enhancement is often dramatic and the spatial resolution of ultrasound surpasses that of other imaging modalities (e.g. CT or MRI). Once injected, the contrast agent degrades within 5-10 minutes. The shell is biocompatible and is metabolised away. The gas is exhaled.

What are the advantages over other modalities?

- No ionising radiation
- Not nephrotoxic
- Extremely low contrast allergy risk (<1:10,000 cases)
- No need to check liver or renal function prior to imaging, by way of blood tests
- Characterises lesions indeterminate on conventional US
- Identifies lesions undetectable on conventional US
- Characterises pathologies indeterminate on CT and MRI
- Low cost compared to CT or MRI
- Reduces demand on CT and MRI
- Can be performed as a portable examination (e.g. bedside)
- Real-time, dynamic, continuous observation
- Patient movement does not affect imaging (patients must be still for CT or MRI)



- Higher spatial resolution than CT or MRI
- Characterises lesions that are too small for CT or MRI
- Suitable for patients with renal impairment, CT contrast allergy, claustrophobia, cannot lie flat, on ventilator, in isolation or cannot hold breath as for CT and MRI.
- No need to sedate children prior to imaging like MRI
- Excellent guidance modality for biopsy or intervention
- Allows monitoring of cancer therapy, inflammatory diseases

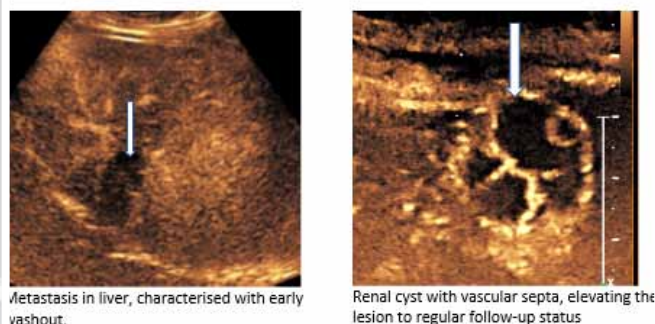
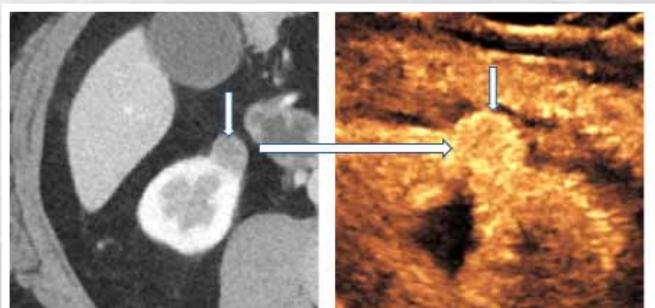
What are its uses?

There are many uses including:

- First-line investigation of incidental liver lesions
- Characterisation of indeterminate liver findings encountered on conventional ultrasound, CT or MRI
- Investigation of renal lesions including hypodense cysts on CT
- Surveillance of known masses or surveillance post cancer treatment
- Assessment of lesion vascularity prior to thermal (RFA, microwave) ablation
- Investigation of EVAR endoleaks

Is it safe?

The contrast, 'Definity' is very safe. It can be used in adults as well as children. Severe allergic reactions are extremely rare and have been estimated at <1:10,000. The only contraindications are pregnancy (for reasons of clinician anxiety, not for reasons of known risks) and known hypersensitivity to perflutren (previous contrast reaction to Definity).



Laura Horton
Sonographer

lhorton@scdhb.health.nz

South Canterbury Joins National Register

Why join the Breast Cancer Foundation National Register?

Being included in a national register will give us a greater understanding of the burden of breast cancer for the women of South Canterbury and to ensure that they are getting the same treatment that they would have received if living in a bigger city.

We also will have access to long term outcomes by joining this nationwide database and it will give us access to longitudinal outcomes – even if women move away from the area. It will mean we can see at a snap shot, what stage of disease South Canterbury women (and occasionally men) are diagnosed with, and if it differs to elsewhere around the country.



It will also allow us to easily compare what treatment they end up having and whether this has any effect on survival. We want to ensure treatment here is standardised.

Anecdotally, we know rural women and women who live outside centres where radiotherapy isn't available

on site, like at Timaru hospital, when they are given a choice of treatment, some women will chose treatments that avoid the need to travel for radiotherapy. This usually means that when an individual can have a choice in surgical treatment, they will choose to lose the whole breast over surgery that is less disfiguring, like keeping their breast and having only the cancer removed – this sort of surgery needs to be coupled with post-operative radiotherapy to make sure the risk of recurrence and survival is the same as for someone who opts for mastectomy.

For many, the thought of travelling to Christchurch and spending three weeks or more getting radiotherapy treatment there, is not appealing. As a surgeon, knowing that this is part of the decision-making for patients, is disappointing.



Dr Magda Sakowska

General Surgeon

msakowska@scdhub.health.nz

SNAPSHOT

Update from the Clinical Board

“Giving expert advice and exhibiting leadership on clinical matters”

Clinical Board met 28 July, 2020. Discussions included the following:

- Update on Paediatric Credentialing recommendations was received. The planned renovation of the second floor CSB will support development of this service aligned with credentialing recommendations.
- Restraint devices, inclusive of the seclusion room, personal limb holder and bedrails, were reviewed for supporting processes.
- Clinical board progressing fluoridation initiative to support dental services with SCDHB board.
- Clinical governance framework and clinical board terms of reference were reviewed. Clinical governance is defined as an organisation wide approach to continuous quality improvement of clinical services. To achieve this, the clinical board requires a focus on;
 1. clinical effectiveness and quality
 2. consumer/whānau engagement and participation
 3. an engaged effective workforce
 4. patient safety and continuous quality improvement.

IVRT Update Committee

Great news. The peripheral intravenous therapy policy has been updated.

Refresh your knowledge of the policy to keep your patient's safe and reduce the risk of complications.

Go to iHub -> Policies/Fact sheets -> Clinical service practice manual -> peripheral intravenous therapy (CSPMPOL2244)

IV Link Staff in your area have been focusing on the following:

1. Labelling of lines
2. Sterile caps on intermittent infusion sets

Kai and Kōrero

To celebrate and support the use of te reo Māori in our DHB, we are having informal kai and kōrero (eat and talk) sessions every Thursday at lunch time.

Lots of us are keen to learn te reo Māori, but struggle to find ways to apply it in our everyday conversations. We hope that over time we'll build a core of te reo speaking kaimahi (workers) who will help te reo Māori find a home in all areas of the DHB. Supported by Joseph and Kera, the group is casual, self-managing and designed to be fun – in our first couple of weeks we've worked on simple greetings and how to name the different parts of our body.

Come along and join us, whether you know a few words or a few hundred you'll be welcome at Kai and Kōrero! 12 Noon on Thursdays, in the café, bring your lunch or buy some there.

Got a question? Call Barb on ext.8292 or Lisa on ext.8736 to find out more.

Barbara Gilchrist
Nurse Coordinator Quality and Risk
bgilchrist@scdhb.health.nz

Consumer Council

The Consumer Council doubled its numbers recently with the addition of six new members.

Bringing a broad range of experience, the new members have completed a half day orientation session and along with their first meeting, and are ready to get involved in activity across the DHB. You'll come across members of the Consumer Council on many projects and other activities, such as credentialing, where they give a valuable consumer perspective on the services we provide.

Pictured below are (left to right): Neil Kiddey, Bridget Duff, Gareth Ford, Andrew Humphrey, Joy Sylvia, Kylie Douglas, Shannon Hansen, Jill Merritt, Katrina van den Broeke, Julie Patterson. Absent from the photo are Katrina Whiu and Mark Rogers.





MARS

Clinical Audit – Measurement, Analysis and Reporting System

Don't you wish you had access to up-to-date data to drive improvement and celebrate your hard work?

You're in luck – MARS (Measurement, Analysis, and Reporting System) has just landed!

MARS is your go to for data, detail and direction at the click of a button. A soft launch of the in-patient generic audit tools is planned for September/October to enable staff to test the system and trial the audit tools. Let's make sure the information we are capturing is meaningful.

Planned outcome – 'Life on MARS'

Kaye Cameron

Nurse Coordinator Quality and Risk

kcameron@scdhb.health.nz



CCDM PROGRAMME

Care Capacity Demand Management

Care Capacity Demand Management (CCDM) at South Canterbury District Health Board (CCDM) is currently governed by a CCDM council.

The group membership includes representatives from SCDHB, Health Unions, and Safe Staffing Healthy Workplaces (SSHW) who work together in a partnership model to govern the implementation and activity of CCDM.

Local Data Councils (LDCs) are held monthly within the clinical areas. These groups are chaired by the CCDM champion for the area, and facilitated by the CCDM Co-ordinator. Reports of activity at the LDC inclusive of projects aimed at improving CCDM activity are reported to CCDM Council on a monthly basis, LDCs also provide a forum for staff to discuss CCDM.

Lisa Dobson

CCDM coordinator

ldobson@scdhb.health.nz

Below: Karen and Angela enjoying the lockers achieved from the Surgical Ward local data council.



New Security Card System

Existing staff (and contractors) should by now have been issued with their new ID Security System Access Card.

If anyone has not been issued with a replacement card as yet, please consult with your Line Manager in the first instance who will provide you with an ID Approval Form to take to HR in order to have a new card produced. (Please note this will necessitate you signing for the new card and its security terms upon it being issued to you).

Please be aware; HR is NOT permitted to issue any new or replacement ID cards, unless an approval form is provided on each occasion. This is to ensure the integrity of the system by controlling the number of cards in active use by any individual or contractor.

Right: Shelley Scott tests the new card in Gardens Block



EMPLOYER BRANDING PROJECT

HR is currently working with our Recruitment Advertising Agency to develop an 'Employer Value Proposition' (EVP) which will help focus our future employer branding (i.e. how SCDHB seeks to promote/market itself as an Employer of choice).

After conducting initial staff focus groups across a range of staff/professions and then seeking multiple group feedback on the various EVP proposals, we have now finally agreed upon our tag-line. The tagline "This moment is yours!" purposefully ties in nicely with our existing values statement of "Every Moment Matters".

HR are now moving to have our Agency create the associated recruitment collateral (Imagery, Advertising layouts, font styles/colour use, generic wording for adverts that expands upon this messaging, video production, see mock-up example below).

We wish to reflect the diversity of our staff and the functions of our DHB (across both Primary and Secondary Services). We are hoping to be able to capture a range of imagery of staff (both video and photos) in the workplace and also involved in non-work/social/family/sporting activities locally.

**THIS MOMENT IS
yours!**

Joshua, our recruitment specialist, may "shoulder tap you" or approach you for ideas/suggestions to see who may have any willingness to become a face of the SCDHB in some aspect of their work or play, so we would be very grateful if people could be willing to assist in this way (obviously use of anyone's image would be subject to their approval).

It's an important investment for SCDHB to get this right in order to stand out from the crowd (particularly in this social media driven world) so any support will be greatly appreciated.

At this stage filming is planned to occur over the two day period of Wednesday 23 and Thursday 24 September 2020.

Joshua Sim Yu Jin
Recruitment Specialist
jsimyu@scdhb.health.nz



WE NEED YOUR HELP

As part of the proposed Recruitment Video and related static imagery production, we are looking to use real staff (not actors or stock imagery) to inject a sense of genuine reality across our promotional material.

Holiday Compliance Act

South Canterbury DHB has engaged Ernst & Young (EY) to carry out the audit for the review phase. EY will look to:

- Carry out a review of SCDHB payroll system configuration to confirm non-compliance against the Baseline document and MBIEs MoU
- Develop and agree sampling methodology (process & sample size) using the guidance in the Framework document
- Analyse the sample against the requirements of the Baseline document
- The key objectives of the SCDHB review phase and liability quantification will be:
- The assessment of compliance covers all areas of the organisation and considers the key employee groups.
- The selection of employees to be part of the sample across SCDHB is documented and agreed.
- Any areas of non-compliance (compared to the Baseline document) are appropriately identified and understood.
- An appropriate methodology is developed and validated for key judgements not included in the agreed Baseline document (i.e. what is regular or irregular payments for ordinary weekly pay).

Next Steps

The review report is expected by the end of September 2020. Once the review stage is complete and the issues have been identified the next stage, rectification, deals with fixing the issues. And thirdly, the remediation stage deals with any underpayments that might have arisen. This entire process is likely to take 18 months to complete.

Stacey Scott
Project Manager
Holidays Act Compliance Team

IN BRIEF

Unions and DHBs have been working in partnership on a national approach to identifying, rectifying and remediating any non-compliance with the Holiday Compliance Act.

Phased Approach

The Holidays Act Review is part of an overall programme that has three phases.

- **Review** – Testing DHB payroll systems against the baseline
- **Rectification** – Fixing any identified issues of non-compliance in the payroll systems
- **Remediation** – Calculating and paying any amounts owing to current and former employees arising from any identified non-compliance.



In August Watlington Wing staff dressed up for an Animal Theme Day to entertain the residents.

It was very successful. Staff certainly got into the theme of dress up.

Animal biscuits – (remember them?), animal songs and music.

Fun and frivolity!

Angela Kerr
CNM Talbot Park
cnmtalbotpark@scdhb.health.nz

REIMAGINE WELLBEING TOGETHER HE TIROHANGA ANAMATA

Mental Health
Awareness Week
21-27 September



KIA KAHA TE REO MĀORI

TE WIKI O TE REO MĀORI
14-20 MAHURU 2020

HEALTHLEARN

Have you completed the Mauri Ora Associates Foundation Course in Cultural Competence via healthLearn (Code RGCA102)?

Over 60 per cent of DHB staff have already completed the course, but with health inequity existing in our community, we can do better!

contact

Lisa Dobson. Clinical IT Trainer
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- + Cardiac Physiologist or Cardiac Sonographer

- + Core Midwife
- + Registered Nurse – Mental Health Inpatients
- + Orthopaedic Surgeon
- + Return to Practice Midwife

contact

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