Event Briefing

Health New Zealand
Te Whatu Ora

Visits to Ashburton Hospital on 25 July

Due to MO:	22 July 2025	**Reference**	**HNZ00092740**
To:	Hon Simeon Brown, Minister of Health		
From:	Hamish Brown, Group Director Operations, Canterbury Berni Marra, General Manager Rural Health Services, Canterbury		
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Security level:	**In Confidence**	**Priority**	Routine
Consulted:	N/A		
Proactive Release:	This title is not proposed by Health NZ for proactive release		

Contact for phone discussion (if required)

Name	Position	Telephone	1st contact
Hamish Brown	Group Director Operations		x
Berni Marra	General Manager Rural Health		

Attachments

Appendix 1: Runsheet and location map

Appendix 2: Q&As Appendix 2 withheld in full

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About the event

Purpose	You are visiting Ashburton Hospital to meet with staff and tour key parts of the facility.
Date	25 July 2025
Time	11.55am – 12.35pm
Venue	Ashburton Hospital, 28 Elizabeth Street, Ashburton
Health New Zealand | Te Whatu Ora representatives	• Hamish Brown, Group Director Operations, Canterbury • Bernice (Berni) Marra, General Manager, Rural Health Services, Canterbury • Dr John Lyons, Clinical Director, Rural Hospital Medical Specialist, Ashburton Hospital
Media	No media expected at the visit

Background

1. This event briefing provides you with information to support your site visit to Ashburton Hospital on 25 July 2025.
2. Ashburton Hospital is identified as a rural generalist hospital, defined by the Rural Hospital Medical Specialist (RHMS) model of care. The service transitioned from a traditional secondary care hospital circa 2014, following the retirement of locally-domiciled surgical and general medicine specialists and changes in the facility post-Earthquakes.

Discussion

3. Ashburton Hospital provides acute, inpatient care, and community services for the Mid-Canterbury population of 34,746[1]. The hospital is supported by Christchurch-based Specialist Services, Older Persons Health and Older Persons Mental Health Services, and Specialist Mental Health Services for patient transfer and visiting specialist planned care appointments.
4. Acute medical assessment and treatment are delivered via an Acute Assessment Unit (AAU) service model, 24/7. Designed and resourced to be an adjunct to local primary care delivery, the RHMS medical model provides both acute and inpatient care. The

[1] Census 2023: Usually resident population

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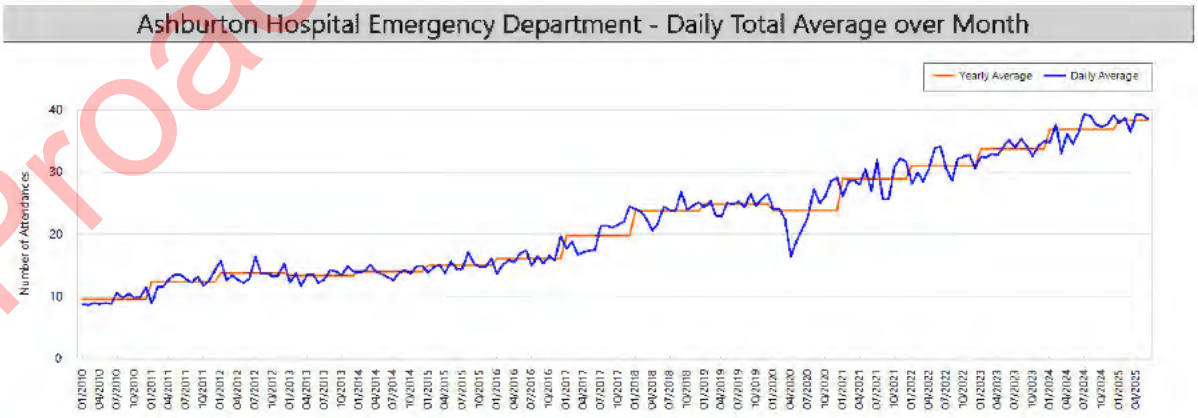
senior medical roster is supported with a 2nd-tier junior doctor roster, providing a strong training platform and clinical experience for both house officers and registrar placements.

5. The facility operates with in-house radiology and laboratory diagnostic services, supported through Christchurch. As with many rural services, there are challenges in ensuring sustainable 24/7 cover appropriate to demand. Opportunities for point of care testing are continuously progressed in discussion with laboratory leadership with after-hours urgent laboratory samples transported to Christchurch. Radiology diagnostics include CT and Xray. An after-hours on-call radiology roster is in place, and the acute service team in AAU work closely with radiology to manage the clinical demand for acute call back.

6. Ashburton works closely with Hato Hone St John and the Christchurch Air Retrieval Service to safely transfer patients requiring higher level care or surgery. Most transfers are by road. The implementation of the national contract and clinical response desk has introduced the requirement by Hato Hone St John to provide a Registered Nurse to accompany the transfer of acute patients, even when the St John crew includes a paramedic. This is creating pressure on the rostered RN workforce on shift and overhead cost for transfers. There is a finite number of St John vehicles available in the Mid-Canterbury area, with an additional vehicle in Methven over the ski season. After-hours transfers are time-critical only. There is a patient transfer service for routine in hours transfers.

7. All patient flow through the Hospital is recorded using the South Island-wide system of SIPICS (South Island Patient Information Care System) and ED at a Glance (EDaaG) enabling full reporting on the demand and response for local acute care delivery. While the hospital adopts the principles and initiatives associated with Shorter Stays in Emergency Departments (SSED), the service is not defined as an Emergency Department and therefore the AAU performance is not included in the Canterbury Health SSED Health Target performance.

8. There has been considerable growth in AAU presentations, corresponding with reduced primary care capacity which has resulted in afterhours services only being provided virtually (*see Primary Care Services section, points 24-28*). The figure below demonstrates the growth experienced with a daily average of 39 patients presenting and some days over 50 during seasonal peaks.



9. Inpatient care is currently provided across two inpatient wards, with a certified capacity of 48 beds, predominantly operating with nursing resource for 39 beds. Patient cohorts

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range from acute medical care, rehabilitation and palliative care that cannot be provided in the community. While the service does not provide paediatric inpatient care, acute paediatric care presenting to AAU is provided for up to 48 hours or longer in discussion with the Christchurch-based specialist paediatric team, in line with the objective to support patient care within their own community.

10. Whilst the presentation rate to the AAU has increased over the past five years, the admission rate remains steady at 21% or less, which is considered appropriate in national quality benchmarking.

11. In addition to inpatient care as a direct admission from AAU, the hospital provides capacity for Christchurch and Burwood Hospital services to ease inpatient pressures as appropriate. Ashburton H&SS resourcing includes local District Nursing, Needs Assessment, community-based End-of-Life Care and Home-Based Support Service teams. The collective community and inpatient team enables a strong focus on discharging direct to home from both specialist services and Ashburton Hospital, enabling safe care in the community and minimising length of inpatient stay.

12. This is further supported by the Rural Generalist Community Allied Health team. This single-team approach provides inpatient, outpatient, rehabilitation classes and community-based care. As a rural generalist team, they can flex to the greatest service need and work closely with the hospital and local primary care.

13. The outpatient clinic delivery in Ashburton actively contributes to Planned Care delivery for Canterbury. This includes a mix of visiting specialist services, supported by local Clinical Nurse Specialists, with an increasing focus on telehealth delivery to reduce patient travel for specialist services. As part of regional planned care delivery, South Canterbury otolaryngologist (ENT) specialists provide planned care clinics in Ashburton for the Mid-Canterbury population who are part of the Canterbury Planned Care waitlist. This collaborative approach is enabled through local nursing and administration connecting directly with South Canterbury and Canterbury specialist services to enable a consistent approach to timely care.

14. The Medical Day Unit on campus is a nurse-led service, with partnerships across multiple specialist services. The unit currently operates three days a week, providing infusion treatment for specialist referrals, including oncology, haematology, gastroenterology, rheumatology, neurology, dermatology, respiratory, obstetrics, general medicine and general practice. In support of the Faster Cancer Treatment (FCT) targets and emerging Systemic Anti-Cancer Therapy (SACT) service model, the team is working closely with tertiary services to expand to five clinical days of infusion per week and expanded telehealth for oncology review.

15. The Primary Birthing Unit (PBU) on campus is resourced with a 24/7 roster of Health NZ employed midwives, supporting the community Lead Maternity Carers (LMCs). As rural-based PBU, women have the choice of a local birth and post-natal care. The service is very cognisant of ensuring safe and timely transfer to Christchurch tertiary women's hospital for any known or emerging clinical risk. Women from Mid-Canterbury who birth in Christchurch are transferred as soon as clinically cleared to the PBU to complete their post-natal care.

16. The unit provides a combined approach for rural-based community care, including, antenatal classes delivered within the facility, LMCs providing clinics within the facility

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and the successful immunisation programme led by the Charge Midwife manager, enabling the birthing unit to provide childhood immunisations for whānau who struggle to access this care. The unit team is very grateful to be successful with the Infrastructure and Investment Group (IIG) application for "shovel ready" funding of $1.9 million enabling an overdue refurbishment of the facility to provide contemporary care.

Key elements of this project include:

- Conversion of four remaining postnatal rooms to include private or twin share ensuites;
- Addition of an antenatal clinic room to allow for two dedicated clinic spaces;
- Reshuffling of internal space to include a new staff base and clinical storage area;
- This creates the flexibility to have a hybrid clinic room/post-natal room to enable the department to flex based on demand.

17. This development will result in patient benefits including, improved comfort and privacy, enhanced patient experience and updated amenities.

18. It is noted that the upgrade of the birthing areas is not included in this IIG Project, but the service is hoping to fund these from a community donation, specifically gifted for the upkeep of the "woman's ward".

19. Planned specialist mental health services for both children and adults are provided within the wider campus and delivered through Canterbury Specialist Mental Health Services. Following community concerns associated with a cohort of youth suicides within the Mid-Canterbury community circa 2020, the philanthropic entity Advance Ashburton invested in a full refurbishment of a previously under-utilised area of the campus to provide a modern, fit-for-purpose comprehensive site for child and younger persons mental health care. Acute responses for crisis care are facilitated through the AAU.

Workforce

20. As of 30 June, the Ashburton Hospital and community workforce comprises the FTE shown in the table below. This excludes the FTE provided through the on-site support services, inclusive of commercial services (food preparation, cleaning and orderlies), local maintenance team, radiology, laboratory, pharmacy, mental health, and visiting specialists. The administration and Allied Health services also support rural health services/campus across Canterbury.

Workforce	Head Count	FTE
Senior Medical Officers	9	7.2
RMO (a mix of house officer and registrar positions/rotating in 3-month placements	9	9
Nursing – AAU, Inpatient care	104	63.9
Senior Nursing management (including DNM)	18	11.5
Community Nursing, including Day Surgery, MDU, District Nursing and Clinical Nurse Specialists	54	25.4

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Home-based Support Services	37	22.9
Allied Health	20	13.8
Administration	24	16.6

RHACA: Advancing Rural Health Through Collaborative Philanthropy and Education

21. The Rural Health Academic Centre Ashburton (RHACA) was established through a philanthropic partnership with the Mid-Canterbury community, most notably Advance Ashburton and the Mackenzie Charitable Foundation, alongside the University of Otago and rural medical experts from across the South Island. RHACA serves as a platform for rurally placed training, research, and collaboration to build a workforce specifically equipped to serve rural communities throughout Aotearoa, under the leadership of rural health specialists.

22. Guided by the vision "if you train – you retain," RHACA has supported philanthropically funded senior research roles and mobilised a network of rural health professionals inclusive of medical, nursing, and allied health workers across the South Island. These efforts have led to influential research publications aimed at shaping rural care models, including the expansion of the University of Otago's Rural Medical Immersion Programme (RMIP) and the subsidised launch of the RMIP Director role. In 2024, the RHACA transitioned to become part of the University of Otago's dispersed Centre for Rural Health, with its Ashburton site now an official campus of the[2] Centre of Rural Health.

Rural Hospital Service Specification

23. Currently, there is no definitive specific specification for Rural Hospital service delivery. Reporting and credentialing of services reference the national service specifications but note the limitations or uniqueness in each service model. The 2024 Rural Hospital Sustainability project led by the Co-director, Rural Health, Health New Zealand Commissioning, provided insight on the common challenges experienced by Health New Zealand and community Trust operated rural hospitals. The progression of a Rural Health Services Framework will enable a standardisation of service delivery expectation and confirmation of how these rural based services actively contribute to the Health New Zealand Delivery Plan, 2025 – 2026.

Primary Care and After-hours Services

24. Over recent years, the local primary care practices have experienced significant challenges in recruiting general practitioners which has impacted on local capacity. In support of local system response, the hospital acute services agreed to provide all after-hours primary care cover in 2023, building on the previous agreement in 2017 to augment the primary care service capacity by providing all primary care services from 8.00pm to 8.00am, seven days per week. This cover was an interim measure, whilst primary care and their Primary Health Organisation could progress a more sustainable approach to primary care.

[2] Our people at the Centre for Rural Health | University of Otago

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25. There is no separate Urgent and After-Hours Care service in Mid-Canterbury. Rakaia Medical Centre and Methven Medical Centre work collectively to provide a Primary Response in Medical Emergencies (PRIME) response. Patients from either of these medical centres can also directly access care through the AAU.

26. Recruitment of an overseas general practice workforce has been collectively supported by Health NZ Planning Funding and Outcomes, the PHOs and local general practices. To date four general practitioners have been successfully recruited over the last 12 months, with one more in the pipeline. As a result, all five Ashburton township practices are open to new enrolments. The rural practices, Methven Medical Centre and Rakaia Medical Centre, remain closed to new enrolments.

27. Ashburton Hospital management and staff are working closely with their primary and community providers and regional Planning Funding and Outcomes to re-establish the community pathway of accessing after-hours primary care as the first choice. The expanded primary care capacity with Ka Ora, and now expanded 24/7 telehealth options, provides an ability for a collective approach for this. Ashburton Hospital will accept any referral from primary care and any telehealth services who identifies the requirement of face-to-face assessment and treatment after-hours.

28. Ashburton was identified as a priority area for after-hours and urgent care development with co-design workshops scheduled for August 2025.

Health Targets

29. The health services provided through Ashburton hospital contribute to the Canterbury District performance on Health Targets. There is no separate Health Target reporting for Mid-Canterbury service delivery.

Q3 2024/25 Results (Canterbury District)

Health Target	Q3 Results
Faster Cancer Treatment: 90% of patients to receive cancer management within 31 days of the decision to treat.	83.1%
Improved Immunisation for children: 95% of children fully immunised at 24 months of age.	89%
Shorter Stays in Emergency Departments: 95% of patients to be admitted, discharged or transferred from an emergency department within six hours.	82.2%
Shorter Wait Times for FSAs: 95% of patients wait less than four months for a first specialist assessment.	59.4%
Shorter Wait Times for Elective Surgery: 95% of patients wait less than four months for elective treatment.	63.6%

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Local concerns

30. The most common concerns from staff (medical and nursing) relate to volume pressures in AAU and an increase in the number of patients presenting who could be seen in primary care. The mitigation is the work we are undertaking with telehealth and Urgent and Unplanned Care design.

31. The most common complaints from community are around the wait time for definitive treatment in AAU.

32. There has also been recent media coverage on wait times in AAU and general questions on medical resourcing and impact.

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Appendix 1: Runsheet and location map: Asburton Hospial visit

Time	Details	Minister's Office notes
11.55am	Minister arrives at Ashburton Hospital, front entrance, 28 Elizabeth Street, Ashburton. The Minister will be greeted by • Hamish Brown, Group Director of Operations, Canterbury • Berni Marra, General Manager, Rural Health Services, Canterbury • Dr John Lyons, Clinical Director/RHMS Ashburton Hospital • Kyla Jasperse, Associate Director Allied Health Arowhenua Pou Whirinaki, Tewera King will greet Minister Brown with a mihi whakatou. Health NZ workforce will provide waiata response.	A carpark will be provided for the Minister at the main entrance to the hospital.
12.05pm – 12.15pm	Closed door discussion with Hamish Brown, Berni Marra, and Dr John Lyons.	
12.15pm – 12.25pm	Outpatients/Medical Day Unit • Hamish Brown • Dr John Lyons • Julie Broker, Nurse Manager, Integration • Berni Marra, General Manager	
12.25pm – 12.35pm	Acute Assessment Unit visit with: • Hamish Brown • Dr John Lyons • Jane Harnett, Nurse Manager Acute and Inpatients • Berni Marra, General Manager	
12.35pm	Minister departs for Timaru	

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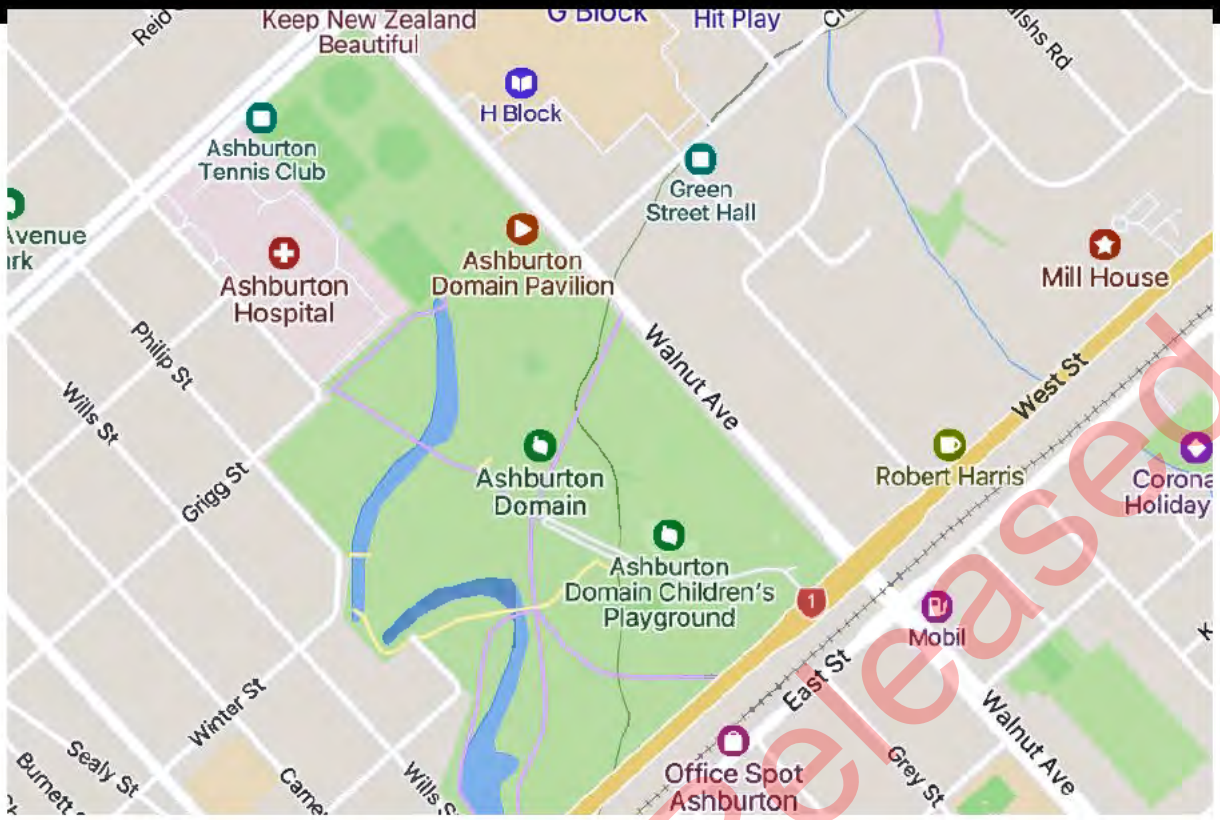

Turn left into Elizabeth Street from Oak Grove. Please note the entrance to the front of the hospital is the main thoroughfare for all patients and visitors. Signage for the Ministers parking will be to the left, as indicated by the arrow below.

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