

CEO NEWS UPDATE

March 2018



Busy beginning to 2018

Three months into the year and we have seen more admissions to Hawke's Bay Hospital and presentations to general practice than we would expect to see during busy winter months.

We are working to understand what is causing the increased rates of admissions to hospital but it has meant a busy time for us all. Firstly, I'd like to thank everyone for their hard work, coping with the busyness and heat during the peak of summer while continuing to provide safe quality care.

The heat in the wards of Hawke's Bay Hospital has been dreadful for both patients and staff. We have looked at a number of solutions, including temporary air conditioning, but have been advised it poses a health and safety and fire risk. In addition, our current electrical architecture would not cope. But we need to do something about it, global warming means next summer could be just as hot. I have instructed the facilities team to see what else can be done.

It seems a number of DHBs are also experiencing increases in admissions and presentations.

We do know from comparing December and January with the same period in the previous year, Hawke's Bay Hospital has seen:

- Admissions to hospital via ED increased from 35.1 to 41.0 per day, a 16.8% increase
- Acute surgical discharges increased from 895 to 1,040, a 16.2% increase
- Attendances to ED have increased from 127 to 132 on average per day, a 4.0% increase
- Average daily occupancy rate for adult inpatient areas increased from 88.2% to 90.2%, an increase of 2.4%

The number of people presenting acutely has impacted on the number of electives we had planned with more operations having to be outsourced to a private provider to meet the planned target. The presentation increases

put the health system under pressure and the resilience is limited partly as a consequence of demographic changes that we need to respond to. The increasing frail older population is leading to a significant increase in acute medical admissions. In order to respond to our challenges, we need to urgently review and change models of care in primary care and community services. We also need to review how we use our existing resources and ensure that our capacity is better matched to our demand. This may mean that we need to improve access to beds both inside and outside the hospital.

This work will be taken forward as part of our Clinical Services Plan (CSP) which will be produced for community consultation by September.

In the short term, however, we need to take steps to make sure we are ready for any potential flu outbreak this winter and I will keep you up-to-date on our planning for preparedness on this.

The increases in demand, combined with the number of elective cases that were outsourced to private providers, has had a significant effect on our financial planning and our ability to meet some health targets.

No surplus this year

I have advised the Ministry we won't meet our projected financial target, and we are working to break even. Whilst this will give us less money to invest in infrastructure in future years, I think it is unrealistic and unhelpful given the demand we have had on our services, and with a potentially difficult winter ahead, to try to achieve surplus. It is important, however, that we avoid deficit. A recovery plan is in place. I will be ensuring that a close watch is kept on the maintenance of clinical quality and the welfare of staff. To enable recovery there is a review of normal business as usual practices to ensure they support prudent financial management, such as voluntary deferral of position appointments, reinforcing the need to achieve savings plans and ensuring controls over revenue maximise the revenue received. In addition, further actions will be taken to constrain expenditure, such as delaying projects that incur operating expenditure and tightening out-of-region controls relating to inter-district flows. We will also be focused on Choosing Wisely, where we will be aiming to avoid low value, inappropriate clinical interventions.

More can be found here on this global initiative www.choosingwisely.org.nz. The focus is not on saving us money, but improving the quality of healthcare in New Zealand, and the care for our consumers/patients.

Census

It will be interesting to see the census data. The funding we receive for health from the Ministry of Health is determined by how many people live in our region.

Winter planning

We have already begun robust winter planning. Although it's early autumn, our predictions are that this busy time will continue. If there is a spike in influenza this year, as there was in the European winter, we need to be well prepared if we are going to cope well.

We have been advised the flu vaccine will be available in early April and I encourage you all to take advantage of the free vaccine if you work for the district health board, once it becomes available. Data from the Northern hemisphere has shown the influenza strain circulating has been associated with higher morbidity and mortality especially for those aged over 65 years of age. While you might not be anywhere near that age, a lot of people in your care will be and we know you can have no signs of the influenza virus, but be a carrier. Evidence shows that more than 70 percent of people who have the flu don't have symptoms – that's not good news for people in our care if you haven't been immunised.

There will be a number of initiatives put in place, and we are working closely with our partners in general practice, St John, Aged Residential Care and many other health sector agencies as we prepare for a busy winter season.

As a closing note, I have met a number of times with the new Minister of Health, David Clark and Director General, Stephen McKernan, and more recently with the Associate Minister Julie Anne Genter. I have found those discussions refreshing and am looking forward to receiving our letter of expectations spelling out an agenda that I am sure we will be keen to take forward. I will address this in my next *In Focus*.

Tim Evans retiring

Executive Director of Corporate Services, Tim Evans, is to retire. He will continue to work with us until August this year, to help give us time to recruit his successor.

Tim will have been with the DHB for six years in August. During his tenure we have achieved a strengthened financial position and improved our planning and investment processes.

Tim joined the organisation as a very experienced director having held Chief Executive and Finance

Director roles in England's National Health Service for many years.

His wide experience has helped us provide better services and facilities to the Hawke's Bay community. He was the first programme manager for Transform and Sustain and championed the zero fees for under 18s in primary care and more recently supported the development of a rational model for nursing capacity investment in the Care Capacity Demand Management programme (CCDM).

Tim has many passions outside of work including skiing and sailing and football. Retiring will give him more time to enjoy these pastimes as well as developing his own business interests.

Key Projects for 2018

Significant work continues this year as we progress two key projects that will design the future of the Hawke's Bay health system – the Clinical Services Plan (CSP) and The Big Listen.

A draft framework of a future-proofed **Clinical Services Plan** for the region spanning the next 10 years is currently being prepared based on targeted workshop feedback from health care professionals working within the Hawke's Bay health system. This will be shared with those who have fed into the workshop sessions to ensure all key information has been captured and reflected in the plan. We envisage a finalised draft version will then be ready for community consultation later in the year (approximately September).

For information and data packs, please click on this link: [clinical services plan transforming our health services](#)

You can also email: clinicalservicesplan@hbdhb.govt.nz for more information.

Big Listen

Self Care in Health Care workshops and lunchtime sessions are currently being held for all staff through to late March as a result of Big Listen feedback. Tim Keogh also returned in February to take consumer workshops in Central Hawke's Bay. The Big Listen is all about the people aspect of our workplace and the care we provide. The aim is to gain a better understanding of what it's like working and receiving care in the sector so that we can improve the experience for all. This project is closely linked with the Clinical Services Plan as they both complement each other and the overall outcome of our health services and experiences here in Hawke's Bay.



Committed to improving the health of our Māori communities

This month we profile two new Māori appointments to the DHB – unique in their own right and both with a vision and commitment to help toward reducing health inequities within our Māori communities.

In a first nationally, HBDHB has appointed a Māori midwifery consultant to help tackle health inequities, improve communication channels with whānau, increase the Māori midwifery workforce and, importantly, ensure the DHB is more culturally responsive to birthing needs and requests of Māori.

The two year fixed-term appointment began in November 2017 and now four months into the role, Shannon Bradshaw's passion is evident. She has a wealth of experience within both the local community and hospital setting having been a Lead Maternity Carer (LMC) in the community before becoming a hospital midwife in Hastings.

Shannon's kaupapa is:

*Ko Rangitumau te maunga
Ko Ruamahanga te awa
Ko Takitimu te waka
No wairarapa a hau
Ko Te Ore Ore te marae
Ko Ngati Kahungunu te iwi
Ko Ngati Hamua te hapu*



Shannon Bradshaw: Māori Midwifery Consultant

For Shannon, when it comes to bringing new life into the world, going back to roots is important.

“Traditionally, Māori did not come to hospital to have babies. Time has evolved and home birth rates are not high with the majority of women choosing to birth at hospital because their Nan or Auntie has, says Shannon.

“However, we haven't necessarily been as mindful and accommodating within our hospital birthing environment as we could be when it comes to custom or tradition, and this is hugely important to Māori in order to feel safe and understood - which all leads to positive health outcomes.”

Shannon applauds the DHB for recognising there is room for improving its cultural framework in order to reduce Māori health inequities – the work is not just about educating midwifery staff on custom and options for those who birth here, but transferring this education back into the Māori community.

“It's important whānau have confidence their experience will be a positive one and that their environment when they birth will be as accommodating to their tradition and custom as possible,” says Shannon.

“For example, we can help with this by embracing birthing programmes that include contingents of whānau and friends; by encouraging a Karakia; that an oriari (lullaby composed on the birth of a child about his/her ancestry and tribal history) can be sung after the birth whether that be in theatre or a birthing suite – these are all things that we as staff need to understand the

importance of, and accommodate, in order to better support our wahine and whānau.”

The homely environment of Hastings' low-risk birthing unit, Waioha, is a positive start to the work Shannon has begun to undertake.

“It definitely offers a more family-friendly experience for whanau, especially with the spacious rooms and window seats that can be used as extra bedding.”

Ngaira Harker , Nurse Director Māori Health



Building and empowering a Māori nursing workforce to better meet community need and tackle health inequities head on is the vision behind a newly created role at Hawke's Bay District Health Board.

The DHB has welcomed Ngaira Harker as Nurse Director Māori Health after a diverse nursing and education career spanning New Zealand and the United States of America.

For Ngaira, taking on the role means returning home to Hawke's Bay and giving back to where it all began.

“I grew up in Maraenui and studied at Hawke's Bay Community College. I'm from Ngati Kahungunu, so it's great to be home,” she said.

Ngaira, who has energy and a clear vision, is a familiar face already to teams having slowly integrated into the role after a six month lead-in period due to commitments as Director of Nursing at Whakatane's Te Whare Wānanga o Awanuiārangi.

Nurturing new Māori leaders is a key focus.

Ngaira will oversee the Māori nursing pipeline and graduates ready for employment and will work in partnership with Turuki to support scholarships for nursing. She will also lead on the Nga Ringa Manaaki (Māori Nursing Group).

“I'm really excited to be back in Hawke's Bay and I'm absolutely up for the challenge to support, mentor and grow Hawke's Bay's Māori nursing workforce and, in time, help change the clinical environment for our Māori clients as we work toward improving health outcomes.”

The DHB nursing workforce that identifies as Māori is 14 per cent. Growing the Māori workforce and being more responsive to delivering effective health services to Māori within Māori health paradigms and tikanga Māori was key, she said.

“Currently we don't have any Māori nurses in leadership positions, so part of my role will also be to encourage professional development and mentor nurses along this path.”

Ngaira's networking and leadership role links in closely with Shannon Bradshaw's maternity position.

We look forward to hearing of her progress in the future.

Welcome to our 33 NETP and NESP graduate nurses

Hawke's Bay District Health Board has welcomed 33 graduates onto the Nurse Entry to Practice Programme (NETP) and Nurse Entry to Specialty Practice (NESP). These programmes are one year in duration and aim to give a supported first year of practice within the clinical environment. We wish you all a fantastic year ahead!



Surgery a NZ first at HB Hospital

I was interested to see the recent Sunday TVNZ screening featuring the extraordinary work by our Oral and Maxillofacial Surgeon, Dr Derek Goodisson, and support team, who performed reconstructive surgery on local man Carlos Askew using 3D titanium implants from Belgium which were made specifically to Carlos' bone structure using laser technology – a New Zealand first.

We work in a health care environment where peoples' lives are put in the hands of our health professionals daily. There are many heart-warming stories I'm sure of the extraordinary lengths our teams go to in order to ensure our patients are well cared for and supported. Many of these I have no doubt would largely go unnoticed, but I'd like to change that. Please email comms@hawkesbaydhb.govt.nz to share your story and we will share these on *Our Hub* in future News Headline editions.

Meanwhile, if you missed the Sunday episode, either visit our DHB Facebook page, or watch it via TVNZ's On Demand. (Pictured below, Carlos prior to surgery)



Tremains Tri

Congratulations to all teams who participated in the annual Tremains Triathlon at the weekend! It was great to see a huge HBDHB turnout.

Overall we took out first prize for most teams entered (35), and our Knock Out 1 team - Michael Kinsella, Kate Rea and Mathew Beard took out first in the mixed team category and second place overall!

Make sure if you have any photos to send them into the Communications Team's email inbox so they can be shared on *Our Hub*.

New technology in CCU

Hawke's Bay Hospital's Coronary Care Unit (CCU) was the first in the country to install new state-of-the-art technology last month, allowing patients to be hooked up to mobile software that feeds real-time information via wifi onto multiple screens, including hand-held devices.



The technology, called "Mindray", was installed by Connected Healthcare Systems following a tender process to upgrade monitoring equipment.

The technology is significant because it not only gives patients the freedom to move around, rather than being hooked up in bed to traditional hard-wire monitoring systems, but specialists can keep track of their patients at the push of a button.

Ward staff also have the ability to closely monitor patients via large touch screens at the nurses' station, even if the patient is away from the ward. For example, if a patient needs to go to another department for tests, they can stay hooked up to their wireless monitoring devices meaning cardiology staff can keep constant track of their vital signs.

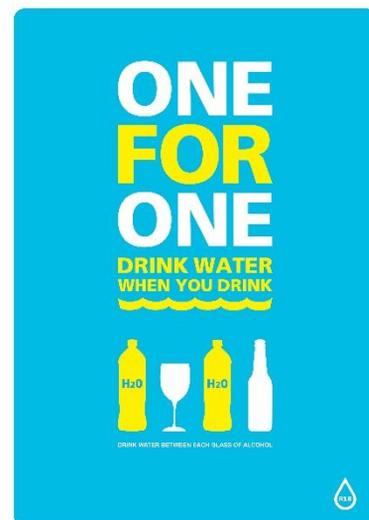
Should a patient be discharged and later return to hospital, their previous monitoring information can also be quickly retrieved and viewed by specialists at the click of a button.

The technology is widely used in the UK, Europe and Australia. Other DHBs in New Zealand are also planning installations in the near future.

One for One – Summer promotions

Three major wineries in the bay, all who host major events during summer, have been actively promoting and supporting the DHB's One for One safer drinking campaign, much to the delight of our hard working health promotions team.

The 'One for One' campaign (one water for one alcoholic drink) is widely championed by the DHB, councils, ACC and local Police, with a significant amount of work and promotion done on the day of events. However, this year Population Health team leader Rebecca Peterson reports that event organisers for Church Road, Black Barn and Mission Estate had all taken the reins to ensure service staff were well briefed in advance of the One for One campaign messaging, that signage was highly visible and that there was also plenty of free chilled water available to patrons on the day. Whilst the DHB's support capacity remains, Rebecca says the One for One campaign is all about being a responsible host, and the team couldn't be happier with the proactive approach that has been taken by our major event organisers this summer.



Congratulations and Farewell



Former Hawke's Bay District Health Board Kaumatua, Matiu Eru, who retired from the DHB in January, was awarded a Queen's Service Medal for his services to Māori and education in this year's New Year Honours list.

Reverend Matiu Eru is a senior kaumatua of Ngāti Kahungunu and Ngai Tuhoe and an Anglican minister, who has provided cultural guidance, leadership and services to the Hawke's Bay community. He has dedicated almost 60 years of his life to tikanga Māori, leadership and services in Hawke's Bay.

He grew up in Ruatoki with Māori as his first language and has 13 mokopuna and 18 great mokopuna.

He is a highly respected and well deserving recipient who provided invaluable cultural guidance to us here at the Hawke's Bay District Health Board, as well as at Eastern Institute of Technology.

Pop-up Popular

The Our Health pop-up, which was installed at Hawke's Bay Hospital's main entrance in late December, is proving popular. It includes a touch-screen linked to the *Our Health* website welcoming patients to Hawke's Bay Hospital. It also contains handy information on opening hours for GPs, pharmacies, dentists and much more.

Staff will soon be seeing printed updates from *Our Hub* with the news of the week, as well as other information which might be useful. We hope staff who have limited access to computers during their daily routines will appreciate this.



GO Well Travel off to another good start in 2018

Thinking about how we travel to and from work has changed considerably over the past year. We now have many options available to us and because we have more choices, we are seeing more staff, visitors and outpatients try alternative transport options.

Also, since pay parking was introduced, patients/visitors are much happier because they can now easily find a parking space. Our free outpatient bus travel to and from appointments initiative has also been well received.

2017 Highlights:

- 86 New Parks to the Hawke's Bay Hospital campus in the past year!
- New motorcycle pad added near the secured bike shed by Pharmacy
- Secured bike shed near AB block now completed
- More secured bike parking being planned
- Map of showers and bike parking posted to Our Hub including the Wilson House showers which were refurbished for use by any staff member using active transport to get to work
- Bus Transport subsidies

2018 – as of 1 February the DHB increased bus subsidies by another 50 cents per zone, on a six month trial basis, meaning staff save even more when travelling to/from work on the goBay bus network.

	HBDHB Subsidy	Staff Portion
One Zone	\$1.50	\$1.38
Two Zone	\$2.00	\$1.65

For all you need to know about the Go Well travel plan, forms and info about staff benefits, visit Our Hub.



**However you choose to get here,
we want to make it easier.**

Retirements

Bettina Hesse

We farewelled Bettina Hesse, Manager of NASC 65+ on 15 January. Bettina has been with the DHB for a number of years starting in 1992 as a Registered Nurse working in Napier. Bettina plans to enjoy some quality family time before moving on to her next adventure. We wish her well on her journey.



Bettina Hesse

Wairiki Davis

After 40 years with the DHB, we also farewelled Wairiki (Riki) Davis, manager reception and health records.

A small group of family, friends and colleagues marked the occasion with her, sharing memories, rousing waiata and afternoon tea.

Riki didn't want any fuss or attention, insisting her leaving was to be kept low key.

She will be remembered by many colleagues for her quiet determination, and as a colleague who could always be relied upon to stay calm and cheerful no matter the circumstance.



Wairiki Davis

We also recently said farewell to the following staff and thank them for their service.

- Mary Fischbach, Alcohol and Drug Clinician, Older Persons and Mental Health
- Karen Brooks, Team Leader Administration Coordinator, Operations Directorate
- Reverend Matiu Eru, Māori Health