

CEO NEWS UPDATE October 2018



Recently Colin Hutchison, Executive Director Provider Services, and I met with the Clinical Nurse and Midwifery Managers to address key questions they had.

They raised some important issues which are pertinent to the entire organisation and highlight important areas of focus for the coming months. I am pleased to share with you the issues and responses.

Future financial planning and addressing hospital busyness

Hawke's Bay DHB is not unusual in what we are experiencing, in terms of hospital busyness and financial constraints - all DHBs are feeling this pressure.

As an organisation we accept that winter planning and preparedness was not as good as it could have been. There are a number of reasons for this including being too reactive to issues with not enough forward planning, which allowed additional demand to impact upon an already tired workforce.

The appointment of Dr Colin Hutchison and Claire Caddie to fill the Executive Director and Deputy Director roles of Provider Services began on 1 July and since then they have carried out a stocktake of all provider service areas. This stocktake has allowed the way we function to be looked at systematically and through fresh eyes. Small changes have already been implemented, but it is a work in progress. We have already agreed that winter planning should start earlier (and has already begun for next year); and the provider management style has been too reactive and micromanaging. Both Colin and Claire are committed to ensuring this changes. We are working with facilities to determine what changes can be made in relation to ED and ICU to allow for better flow and to minimise capacity constraints.

Addressing capacity issues

The DHB is making a significant investment in nursing capacity: investing \$4.1 million into new resource (equivalent of 48 nurses). Next year an additional \$572,000 will be invested into new nursing positions. This investment is made up of three funding streams: the Care Capacity Demand Management (CCDM) programme, the

CEO Immediate relief funding and the Ministry immediate relief funding as a result of the MECA settlement. The latter two funding streams are predominantly for those areas not covered by the CCDM programme i.e. Emergency Department, Ward A2, Child, Adolescent and Family Services. Other areas of focus are identifying gaps in hospital flow, ensuring clinical nurse managers have appropriate line management arrangements and effective succession planned.

Staff wellbeing

We need to look after our staff. When we care for ourselves, we will be able to care for our patients better. Some key themes going forward will be:

- Making sure staff are recognised when they go above and beyond
- Giving staff access to a variety of wellbeing initiatives. Body balance, boot camps, and resiliency training are small things, but really appreciated and we will look to develop these with an annual wellbeing programme of activities.
- Continuing the work started during the recent Mental Health Awareness week
- Providing everyone with the ability to take their breaks throughout the day and utilising annual leave for rest and recreation
- Looking at ways to improve the environment that you work in. For example, the work that's being done to reduce heat during the summer; rolling out the BUILD tool so that everyone feels confident to challenge unacceptable behaviour.

Thank you gift packs that were delivered in staff rooms across the organisation recently were also very much appreciated. *"Small things lift spirits"*.

Clinical Services Plan and service development

The draft Clinical Services Plan (CSP) has a real focus on keeping people at home and out of hospital. There is significant detail within the CSP that is all about capacity and demand and how our health services would be delivered in the future. It is acknowledged that the CSP looks forward 10 years. However, we will need to start making the changes as soon as possible, so implementation of the CSP will commence in 2019. We encourage you all to view the draft CSP and feedback into this plan by 31 October.

Improving hospital flow

A review, area by area, is underway to help clarify roles and responsibilities to improve hospital flow, clinical oversight and direction.

Planning for summer

We know summer heat is an issue, in a number of areas across the campus and it's one that we, with a working group, are looking to address as best we can.

As we investigate the option of installing a cooling system in the tower block we have committed to:

- Window tinting in a number of key areas that don't already have tinted windows including AT&R, Cashmore, West Wing, Nga Punawai reception (the tower block already has tinted windows)
- Security screen doors/windows to allow ventilation through buildings
- Continuing with ice block distribution
- Cooling collars for staff
- Water coolers for areas that don't have them
- Crushed ice machines will be installed in areas that don't have them
- Shade sails for Memorial Garden, Villa 6 outdoor area; a canopy over ZACs garden is also being investigated
- Other solutions being investigated are more wall and ceiling fans for patients, cooler uniforms and picnic tables under trees.

Facilities will start with a number of these initiatives immediately. The cooling system report to assess whether this will be practical and feasible will be considered in conjunction with other building work required. The cooling system will require a staged approach over a number of years to install fully.

Health equity for Māori

Services for Māori are a key focus of the DHB and the Māori Health team. Specific Māori leadership roles have been established within clinical teams, for example Māori Health nurse director Ngaira Harker. The DHB will update and produce a new equity report which will highlight specific areas of focus and identify areas where there needs to be more resources to reduce and close equity gaps. The equity report is expected to go to the Board before the end of the year.

Improving budgeting capability

A management support training programme will be introduced for CNMs that will cover business and budgeting. The DHB recognises CNMs have not been well supported in this area and need this training to better understand DHB budgeting and how their budgeting fits into the bigger picture.

The issues addressed here are ongoing and we will keep you regularly updated regarding progress in the areas outlined.

Thank you for your continued support and as always please feel free to contact me at any time if there is something you would like to discuss in more detail.



Annual Leave planning for Christmas break

We've had a long and challenging autumn and winter but we are now starting to see the positive impact of spring. This is now a perfect opportunity to plan for leave over the Christmas and New Year period. We're working on reducing the services during that time so that many of you can take a well deserved break. I would strongly encourage you to take time out over the next few months and look to plan your leave for the next 12 months so that you're getting a proper rest.

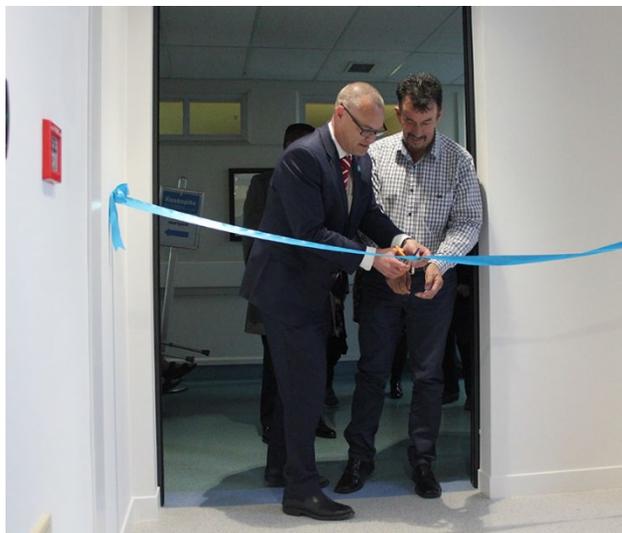
Christmas Staff BBQ

Don't forget to diary the date for the annual Christmas staff BBQ.

Date: 6 December
Time: 6:30am
Where: Zac's Courtyard



Health Minister Opens Ruakopito building



Minister of Health, Hon Dr David Clark officially opened our new purpose-built \$13 million gastroenterology and endoscopy services building, Ruakopito, at Hawke's Bay Hospital on 2 October.

The opening of this facility is great news for our patients who can be diagnosed and treated in a purpose-built facility with all patient-based gastroenterology services in one place. It's also a fantastic result for our teams who have been working on this since 2012.

The Minister along with guests heard from both Hawke's Bay staff who led the development, and health consumers who have spent time with the gastro team about what the service and new building means to them.

Clinical lead of gastroenterology, Dr Malcolm Arnold, says more than 21,000 New Zealanders live with inflammatory bowel disease and many others are as yet undiagnosed. The condition is increasing in frequency throughout the world and New Zealand has one of the highest prevalence rates in the world.

One in 18 males and one in 21 females will experience bowel cancer by the age of 75 in New Zealand, and the National Bowel Screening Programme (NBSP) will identify cancers earlier and allow us to remove precancerous polyps which will, in the medium to long-term, reduce the incidence of bowel cancer.

"Hawke's Bay's population has a significant number of gastroenterological problems, many of which are undiagnosed," said Dr Arnold.

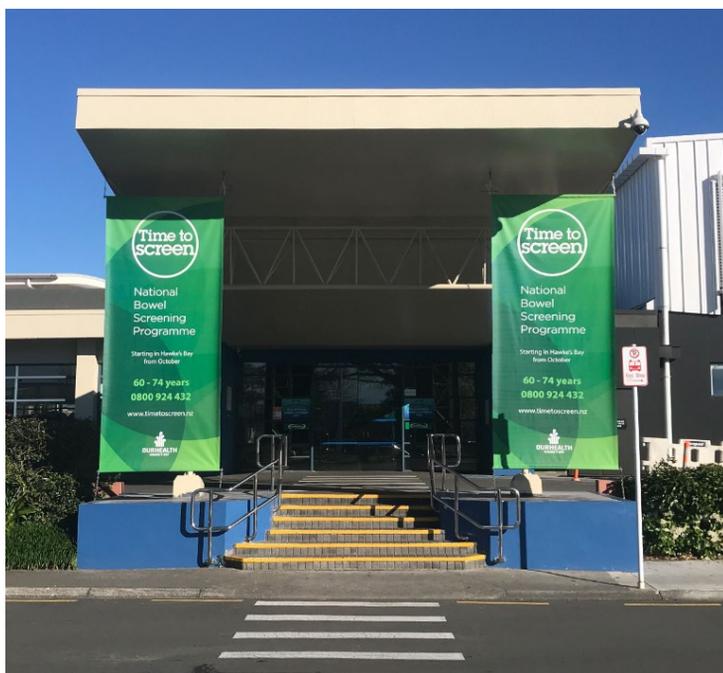
"This facility combined with the rollout of the National Bowel Screening Programme in Hawke's Bay means we can catch cancer at its early stages which will make a real difference in the lives of many patients and their families each year."



National Bowel Screening Programme now underway

On 9 October we became the seventh DHB to join the National Bowel Screening Programme which is being rolled out around the country. This means over the next two years around 30,000 residents aged between 60 and 75 will be invited to participate in the screening programme which is aimed at detecting bowel cancer early, when it can often be successfully treated.

Thanks to all involved for helping to achieve this rollout goal. Your hard work has not gone unnoticed.



Strike notice

Hawke's Bay District Health Board has received a further notice of intended strike action from the Association of Professional and Executive Employees Inc (APEX).

Hawke's Bay Hospital's Anaesthetic Technicians, who are members of APEX, have voted to strike for 24 hours from 7:00am Wednesday 24 October to 7:00am Thursday 25 October 2018.

The bargaining team is continuing to work with the Union and contingency planning is underway.

Anaesthetic technicians are an integral part of the operating theatre team; any operation which requires a general anaesthetic must have a technician present.

Life preserving services (LPS) will be provided during the strike period. For updates, please keep an eye on Our Hub.

Urgency: Last chance to have your say

As you'll be aware, the DHB has released its draft Clinical Services Plan (CSP) and is seeking feedback from the wider Hawke's Bay community.



This 10 year concept plan follows 12 months of free and frank discussions with people who live and breathe health care in Hawke's Bay - health professionals, support groups and regular users.

The plan has a strong emphasis on stamping out health inequities, changing the focus of hospital services and delivering more community-based care, closer to home. To help people understand the plan and provide feedback, we've pulled together a range of resources that help to explain what it's all about.

- [Visit the Clinical Services Plan page, here you can:](#)
- Read the plan in full
- Read a brochure summarising the plan
- Watch a short video clip
- Read the frequently asked questions

Please encourage your friends and family to take a look at the draft plan and **have their say by 31 October**. We'd love their feedback. What we need to know is, have we got it right?



Personal journal packs being trialled in CAFS



Journal packs filled with creative art supplies are being trialled within our Child, Adolescent and Family Service (CAFS) following a suggestion made by a young client that it could help others to express their feelings and thought processes, in their own way.

Allison Stevenson, Older Persons and Mental Health, said the journal packs came about after a client, "Caitlyn", proudly shared her own journal to staff and suggested it had really helped her to not only express her feelings, but see her wellness journey progress through the pages.

"Caitlyn is a really neat girl with a hugely supportive family around her. She is very open and very proud to show how far she's come and to talk about her journey," says Allison.

"We took Caitlyn's advice and I asked her she'd like to help prepare some journal packs for CAFS clients as a trial - she was really happy to be part of it."

Journal packs were prepared and delivered to CAFS containing a book, pens, colourful ribbon and paper, as well as stickers and glitter.

"We put ten packs together initially and they have all gone out, so it will be interesting to get feedback from CAFS about how they're being received and how these packs may be helping clients, just as this type of art therapy has with Caitlyn."

"If the trial is successful, it would be great to continue providing resource for this," she said.

Support service making positive difference



Early last month Children's Commissioner Andrew Becroft officially opened the premises of our pregnancy and parenting support service, Te Ara Manapou. The intensive wraparound outreach service is for pregnant women and parents with children under three years of age who experience problems with alcohol and other drugs.

In 2017 our DHB was one of three DHBs awarded \$3.4 million of Ministry of Health funding over four years to launch the service based on a successful pilot model at Waitemata DHB.

The aim is to provide multiple access points to the service to help parents mitigate harm to parents, their children and their future children. There is a strong focus on addressing the needs of families/whānau to strengthen the family unit and work closely with other providers and agencies to support these needs.

Local kaumātua named our service Te Ara Manapou which means path of sustenance. The name not only represents the birthing of children, but the parent sustaining the life of the child. Manapou also emphasises the self-responsibility of growing strong towards independence.

Staff who are working in the service say they feel privileged to be working as part of this team. Their case load is purposefully small so they have the time to give to families and build trust and relationships.

We are hearing from clients using this service that they have been able to build up trust and feel listened to. People are self-referring which means it is getting traction in the community – it shows there are opportunities to make a real difference. Premises are at 307 Omaha Road opposite Hawke's Bay Hospital.

Kia Kaha te Reo Māori!

Te wiki o te reo Māori, Māori Language Week was celebrated throughout the DHB recently.

Daily activities included whakangāhau (entertainment), wānanga (forum to share and discuss tikanga, customs and practices). Staff were also invited to kōrero te reo Māori through taking part in a daily written quiz (kōrero mai) with Te Wahanga Hauora Māori whānau as they moved around the hospital campus to wero (challenge) staff and gift spot prizes.

During the week bilingual service names were profiled. I mōhio koe? Did you know?

Te Puni Tātaki - Executive Management Team. Te puni means a specialised group of people tātaki to lead, so Te Puni Tātaki the specialised group who lead.

Te Puni Atawhai - Primary Care Directorate. Te puni means a specialised group of people; atawhai to care for, so Te Puni Atawhai the specialised group who care for others.

Te Puni Ratonga - Provider Services Directorate. Te puni means a specialised group of people; ratonga to provide services, so Te Puni Ratonga the specialised group who provide services.

Te Puni Tumatawhānui - Health Improvement and Equity Directorate, means to stand and see for miles noticing the diversity of the crowd within your gaze and catering to the individual needs of the collective to maintain a healthy assembly.

Te Puni Pūtea - Finance Services is the specialised group of people who provide our financial services.

Te Puni Mōhiohio - Information Services is the specialised group of people who provide our information services.

Te Puni Whanake Pūkenga - People and Quality Directorate, is the specialised group of people who grow, move upwards with increasing skill.

A new Our Hub resource [Kia Kaha Te Reo Māori](#) was also launched. It holds useful tools and resources such as basic mihi to greet, welcome write or thank as well as waiata audio with pitopito korero. Keep an eye on staff notices as more useful resources are added.

Patient Safety Week 4 – 10 November

While patient safety is always a top priority every day when we deliver health care, once a year we have the opportunity to get together to raise the profile for a week.

Patient Safety Week is a Health Quality and Safety Commission (HSQC) initiative and this year it will run between Monday 4 November to Saturday 10 November.

This year's theme is: **Infection Prevention and Control – through the importance of good hand hygiene/are you giving the bugs a hand?**

There are a wide range of resources available that will focus on 'Hand Hygiene' through the HSQC website, but the People and Quality team will be delivering some resources to your work area and spreading the word in the week commencing Monday 29 October 2018.

Hand hygiene is the simplest, most effective way to prevent the spread of bugs (germs) that cause infections. **Hand hygiene** includes washing hands with soap and water or using hand sanitiser. There is variability in how well people practice good **hand hygiene** at home, at school and in the community.

Good hand hygiene in the home and community is important to prevent spread of infection within families and whānau. **Hand hygiene** should be practiced everywhere, including when you are out and about, not just at home. Everyone should aim to wash their hands with soap and water for 20 seconds and dry them thoroughly, or use hand sanitiser regularly.

Reducing infections through good **hand hygiene** not only lessens the need for antibiotics to treat infections, but also reduces the opportunity for the bugs that cause infections to develop resistance to the antibiotics. **Hand hygiene** should be performed before eating, after using the toilet, after touching animals, after touching something that could be dirty (such as rubbish, dirt etc) and whenever your hands feel or look dirty.

Our team thank you for your support. Please contact consumer engagement administrator Lee Brownlie on Extn 2865 or infection prevention and control advisor Debbie Fritz on Extn 5822 if you require more resources.



HBMRF Hawke's Bay Medical Research Foundation Membership Form

The Hawke's Bay Medical Research Foundation invites you to learn more about it and its membership.

Founded in 1961 to "Promote, initiate and support research in all health related fields including, medical and health education, knowledge and understanding", the Foundation favours research relevant to Hawke's Bay problems and researchers from Hawke's Bay.

"Good research is the basis for all successful human endeavor," says the Foundation.

"Our Foundation is very aware that groups such as ours are vitally reliant on an active membership to encourage and nurture research."

As an independent community resource the Foundation offers the chance of community wide membership to reflect this.

"We do hope that community minded people will seek membership and share their expertise."

For more information and membership sign-up, please go to:

www.hbmrnf.co.nz

Thumbs up to RN Relief Team

Meet some of the friendly faces of our Registered Nurse Relief Team. This team of 31 is now fully resourced (equivalent of 20 FTEs) providing cover for almost all areas of Hawke's Bay Hospital – a hugely invaluable team who contribute to the smooth running of the hospital. The team has a wide variety of skills and experience and are from many different backgrounds.



Farewells

Paul Malan

After 12 years at HBDHB, Paul Malan, Head of Planning and Strategic Services, is moving on. Paul has taken up an executive position as head of planning and funding for Whanganui DHB and from the number of people who spoke at his farewell, it was clear how much Paul will be missed. Paul leaves behind him a great legacy with the strategic and planning work he has done and the support he has provided to so many projects. His professionalism and skill set will hold him in great stead in his new role - we wish him all the very best for his new role.



Pictured: Paul Malan (L) with Chris Ash, Executive Director Primary Care

Trent Fairey

Trent will be known to many of you as he has been involved in numerous building projects for the District Health Board since he joined the Facilities team as a Project Manager ten years ago.

In 2015 Trent was promoted to Capital Projects Manager and has managed the facilities Projects Department ever since.

While we are thrilled for Trent that he has secured a senior role for the Ministry of Education, he will be greatly missed for his leadership, passion to deliver great results and his ability to deliver projects on time, on budget and to a high standard.



Trent with Facilities Manager Gavin Carey-Smith in the soon-to-open histology lab

The following people recently retired from the DHB. We thank them for their service and wish them well in their retirement:

- Elizabeth Crosland, Kitchen Assistant
- Katrina Canning, Midwife, Communities, Women & Children
- Ronald Janes, GP – Communities, Women & Children
- Patricia Russell, Registered Nurse – Medical Directorate