

# IN FOCUS



News & views about Our Health from Hawke's Bay DHB  
Interim Chief Executive Craig Climo

February 2020

This is a longer update than usual as there's been a number of things happen, or are happening, that will be of interest.

We are planning for the next financial year and beyond, and we are not expecting to have any discretionary funding available after the flow-through of current cost increases. We will still need to invest to change our situation, but the biggest opportunity will be to change how we use existing funding.



I hear of staffing issues, in a context where many believe that investment is not occurring. There are hard-to-fill vacancies – some of them long standing – and Hawke's Bay Hospital is busy, although activity is about the same as it was a year ago. Issues will exist in particular areas at particular times, but I think the following information will surprise many people:

Actual paid full time equivalent staff numbers within the DHB, this January compared to January 2019, increased by 108 (4.4%) as follows:

- 21 medical (doctors)
- 59 nursing
- 11 allied health
- 11 support
- 6 capital projects
- 0 corporate.

That is 108 more full time equivalent staff working than 12 months ago, and we are still struggling to change the work context.

There is a need to change how we do things, if we are to improve the environment and outcomes for staff and patients. Management can bring much to that but the other critical ingredient is clinical engagement and leadership.

The "bed availability" project has identified a number of improvement opportunities. The immediate need is to address access to beds, and reconfiguring some areas is number one on the list. We want this in place as soon as possible. However, the bed availability issue is a symptom of other issues, and while we have to treat the symptom in the near term we also need to address the cause in the medium to longer term.

We recognise that public and staff well-being is paramount, and that it will take time and investment to improve things, and that it need-be done in a way that does not de-stabilise the organisation.

On the subject of staff well-being, two things I want to touch on are air temperatures in the ward block, and car-park security. Management believes that staff should be comfortable and safe, including their possessions at work. Funding is not in the way of solutions, short of a renewed hospital (which is being worked on), and we will do all that is practicable to improve the situations.

Last month we had a couple of issues that generated a lot of media interest. They conveyed a general sense of untidiness. Overall that is undeserved. The sector is busy, too busy at times, but is not chaotic.

Changes are afoot, as always, but overall and within a short time they should add to the sense of stability and direction.

The new board is in place, has hit the ground running and is keen to make progress.

There are a number of changes at senior management level:

#### **Chief Executive**

Applications have closed and the Board expects to interview for a permanent Chief Executive in early March.

#### **Chief Operating Officer**

John Burns, Interim Executive Director Provider Services, leaves 27 March. We are advertising again for the permanent position, however another interim will be required. I am keen that it be an internal person, particularly in light of what should be a relatively short time frame.

#### **People and Quality**

Kate Coley, Executive Director People and Quality, leaves 13 March. Her quality portfolio has transferred to the Chief Medical Officer, Robin Whyman. The human resource function will, in the interim, report to Carriann Hall, our Chief Financial Officer.

#### **Health Innovation and Equity**

Bernard Te Paa departed on 7 February, and Patrick Le Geyt, GM Māori Health, will look after the service temporarily.

Ngā mihi,  
Craig



Craig Climo  
Interim Chief Executive  
Hawke's Bay District Health Board