IN FOCUS

News & views about Our Health from Hawke's Bay DHB Chief Executive Dr Kevin Snee.

OURHEALTH HAWKE'S BAY Whakawātea tia

CEO NEWS UPDATE October 2017

It continues to be a busy year with two more recent outbreaks – Paratyphoid Fever and Norovirus affecting the community, and in the case of Norovirus many of our staff.

I'd like to thank everybody for their hard work. You have all done a terrific job especially those working in B2, Operations Centre, Population Health, Laboratory, Occupational Health and Infection Control.

Hawke's Bay Hospital and General Practice continue to report busier than usual numbers of presentations and the hospital continues to see high levels of acuity.

To help us work on preventing hospital presentations and to better support primary and community care we recently appointed Chris Ash as Executive Director of Primary Care. A more in-depth piece from Chris is included in this newsletter, as well as a piece by Dr John Gommans, Chief Medical and Dental Officer, as he outlines his role responsibilities as his job will now move to a nearly full time one. Both of these roles will play a pivotal role in supporting clinical teams across the system and helping us play a more preventative wellness role in the community to address some of the high acuity presentations we are seeing.

We await the analysis of the Big Listen, which we expect shortly and continue to work on the Clinical Services Plan that will bring transformational change to our services and what they will look like in the future.
I look forward to working with you all on the priorities from the results of the Big Listen over the coming weeks.

Below is a transcript (slightly edited) of a speech I made at July's Transform and Sustain Seminar and for those of you who missed it – I have included it in this month's report to you as I think its relevant to the future direction of this DHB. To see the full seminar click here.

"Over the next 18 months I believe we will see big changes in this system. We have put ourselves in a position to do this through your hard work over the last many years.

At a recent meeting I attended there were a couple of comments that I have reflected upon. The first is the belief that I am only interested in targets and finances.

When I first came here it was necessary to be very focused on turning this organisation around.

When I was growing up in the 1960's you had to be very focused to get a good education. We were a family of seven with five boys fighting for space – I was the youngest, so always pretty low down the pecking order.

My background growing up in a poor working class community in Widnes taught me the importance of working hard and being driven. But it also taught me the importance of compassion, of not leaving people behind and of the importance of social justice. This is why I have spent a lot of my time in recent years focused on the development of leadership, organisational and civic and ensuring that this DHB becomes a key leader of change locally in addressing not just traditional health and hospital system activities but in addressing our wider social responsibilities. Two key pieces of work I have been involved in for example are the Regional Economic Development Strategy (Matariki) for Hawke's Bay and the closely allied work on Social Inclusion.

I have seen at close quarters, as I'm sure many of you have, what happens when people don't get a fair chance in life – I have been enormously lucky in that regard. Many of my family and friends have not been so lucky.

As I often say one of our most important roles in improving health is employment. The health system in Hawke's Bay employs almost 6000 people. Who we employ and how we employ you all is one of our most important contributions to health in Hawke's Bay.

Supporting you and all the staff in the health system will be a continued focus going forward.

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The knock-on effects of this are clear and evidence based – that if staff are happy and healthy then outcomes for consumers are better.

Over the next seven months in particular there will be a lot of work to develop our Clinical Services Plan and our People Strategy, (which will be informed from The Big Listen) working with independent consultants. Both organisations we are working with have worked with DHBs in New Zealand before.
One of the key areas of difference with what other DHBs have done and what we are doing is starting our Clinical Services Plan from the community and primary care.

As you have heard over recent months our decision to do both pieces of work together will give us the what and the how - the head and the heart at the same time. I believe this will give us the best results in terms of providing an opportunity for real and genuine transformational change

The second issue raised at this meeting was staff burnout. It is fair to say many staff are tired, worn-out. It is also fair to say that in many parts of our workplace there is a lack of joy and pride. What I believe is that the best way to deal with this is through working with you and listening and acting upon what you tell us. This is what our People Strategy will be about – developing a kinder more supportive health system.

We will shortly be receiving the analysis back from Tim Keogh from the Big Listen survey and the listening sessions many of you attended. This will be shared with you all and will inform us, working with you, of where our priorities lie. I'm looking forward to seeing the analysis and developing the more supportive health system we would all like to see and are now in a better position to deliver.

So am I only interested in targets and money? Only in as much as they can help us to improve the service that we give to our community. As such they are necessary, we need to perform well so that we can get on and do what matters to us – if we don't do well in them it's difficult to get to first base."

I believe we are well beyond first base and the next couple of years promise to be transformational as we re-think and redesign what we do and how we do it.

Last Friday (27 October) Transform and Sustain video will be up on Our Hub later this week. Keep an eye out.

Welcome Chris Ash

I am busy settling my family into our new life in beautiful Hawkes Bay, while I get to grips with a busy and exciting set of challenges in my new role.

My wife and I first visited New Zealand 20 years ago. Moving here to work has been a long cherished ambition for both of us. I am delighted to have finally arrived, and already get the feeling of a strong health system with many great and hardworking staff, a track record of positive innovation, and all the ingredients to continue making positive change for people in our communities.

Most of my career to date has been spent in the UK National Health Service, although my first job after university was actually working in South Wales in the field of social housing. It was in that role that I first developed my real interest in work to target the wider determinants of people's health and wellbeing. I then spent almost 10 years working in Operations Director roles in the hospital sector, before my love of community health and social care drew me back. For the last five years I have served as an Executive Director in a mental health and community physical health provider organisation in England, leading work to bring together services for older people, and driving development of locally-focussed integration of our services with GPs, other primary care providers, non-government agencies (NGOs) and community organisations.

The opportunities to build on work already begun such as developing approaches that reflect local identities and approaches to wellbeing, focusing on reducing health inequity, and building responsive services that meet need in a timely way – are huge. There are also big areas where we can extend the capabilities that reside in local communities, for example embedding more mental health expertise into primary care teams. And with $240m of the DHB's total $520m spend sitting in the contracts administered by the new Primary Care directorate, our opportunity to set the right conditions for partnership, collaboration and positive change are significant.

Since I started in August I have already met many of you, but am very keen to regularly spend time in clinical services learning about the issues you face. Equally, I am always delighted to hear suggestions and ideas you may have about how we proceed, so please don't hesitate to get in touch.

Chief Medical and Dental Officer - role and responsibility


Dr John Gommans

As I write this I need to acknowledge that the Big Listen has just happened. While we won't have the analysis and feedback for a few weeks, it provides an opportune time to talk about changes to my role as Chief Medical and Dental Officer for the Hospital (CMDO).

It is clear that the role of Chief Medical and Dental Officer (CMDO) has grown beyond the part-time arrangement that I started with in 2010. Therefore, with the support of the Chief Executive, the Executive Management Team and my medical leadership group, I have agreed to step up to almost fulltime CMDO for the next 12-18 months.

I will retain my weekend on call duties and a medical clinic to ensure I remain connected to colleagues and patients 'at the coalface' and retain my clinical skills so that I can return to my Physician role.

So what does a CMDO do? Ultimately this is a governance role working collectively with other clinical leaders, the senior management team and Board to oversee and ensure the delivery of high quality and safe healthcare for the people of Hawke's Bay. It is explicitly not an advocacy role for doctors – there are union and staff groups that fulfil that need. **In broad terms the CMDO has three key roles that encompass responsibility for;**

1. Ensuring patient safety and clinical quality of our services; a role shared with my senior clinical and management partners.
2. Ensuring the professionalism and performance of approximately 280 doctors working for the DHB. Ultimately I am accountable to both the DHB and the Medical Council of New Zealand.
3. Providing medical strategic advice to the DHB and management colleagues and externally to regional and national groups, supported by my colleagues in the other 19 DHBs.

In reality all of us contribute to this; it requires team work and partnerships reflected in the hundreds of staff engaged in numerous clinical governance advisory groups.
So much for the theory – what does a CMDO really do? Reviewing my last month's activities identifies a fascinating mix of predictable whole of system clinical and management meetings, informal corridor conversations with frontline staff and 'fire-fighting' i.e. responding urgently to issues or needs of individual patients and clinicians as they occur.

Patient safety and clinical quality examples include; supporting teams managing paratyphoid and norovirus outbreaks, reviewing reports into serious adverse events and ensuring recommendations will make a difference for future patients, monitoring our Hospital Mortality Rates, setting up the team implementing the new national Vital Signs Observation Chart and recognition & response system for deteriorating inpatients, meeting patients unhappy with the quality of their care, responding to the Coroner and the Health and Disability Commissioner, and assisting clinicians with challenging ethical decisions regarding surgery in people unable to provide consent.

My medical leadership role includes communicating with Medical Council staff regarding doctors' registration or performance issues, ensuring accreditation of training by specialty colleges and the Medical Council, reviewing job descriptions and credentialing of newly appointed specialists, supporting those managing disruptive behaviours, supporting doctors with personal health issues potentially impacting on their ability to work, advising a doctor about self-prescribing against Medical Council Guidance following notification by a community pharmacist, and running a leadership workshop for the Clinical Directors.

Strategically the role involves attending Board meetings to help them understand medical issues and the clinical impact of decisions made, fronting press releases and media enquiries, working with Cranford Hospice on future palliative care services, a quarterly meeting with National CMO colleagues and supporting projects such as the new Clinical Services Plan, 8th operating theatre and Patient FLOW.

When I'm not at work I enjoy time with my family and new granddaughter, share an active interest in the arts with my wife and escape from work by going tramping or back-country trout fishing especially where mobile phones don't work!

I look forward to using that additional leadership time to; better engage with our staff who are delivering frontline services, act on the findings of the Big Listen, complete the new Clinical Services Plan, and support leaders in advocating for and implementing the changes needed to make a real difference in Hawke's Bay.

Transforming health services, where they are provided from and the infrastructure to house them in is the focus of our Clinical Services Plan (CSP)

This once-in-a-lifetime opportunity to shape health services is progressing well.

Project managers Sapere report back that work so far has focused on describing the current state of our health system and forecasting expected demands and issues that will need to be addressed to meet community needs.

This work has required a full review and analysis of all reports, plans and information of our population and services, along with a series of interviews, meetings and patient journey workshops. So it's still very much at the first stage of development.

Integrative workshops are scheduled to continue through to March next year to confirm the analysis completed to date, explore issues and identify viable options for the future before a draft plan is tabled.
This work marks exciting times for our health system. From it will come the opportunity to co-design and future proof health services with the community.

Many people from across the Hawke's Bay health sector had their say during The Big Listen

On behalf of myself, and the Executive Team, I'd like to thank you for taking time out of your already busy schedules to participate and provide your thoughts on what works well in our sector, and equally where improvements need to be made.

This all feeds into important future planning and I look forward to receiving facilitator Tim Keogh's initial feedback this week (week of 30 October). Tim is currently analysing every piece of feedback you provided during the sessions and will share this with the Executive team then. His feedback will also be available for all staff to view via Our Hub, at your convenience, so please keep an eye out for it. From there, we should have a clear picture about where we need to focus our efforts to make good of our commitment to positive change.

The Big Listen consumer sessions were very well attended and I'd also like to thank staff who became involved to help facilitate these sessions where we heard from consumers about their experiences with us. Following one of these sessions, Tim shared with me that The Big Listen inbox received an email from Laboratory Scientist Sarah Harry. The email gives a glimpse into how our open communication with consumers, whether they've had a good or bad experience, is a very positive thing for both staff and consumers. Sarah has kindly allowed me to share her email with you all. Thank you Sarah.

"I am a staff member in the laboratory and participated in the Big Listen gathering where staff met with patients in Napier at the war memorial. My patient was called Ron and we had a good couple of hours chatting together. I was in my uniform so he asked a couple of questions about the lab. I said to him that if he was ever back at the hospital and wanted to visit the lab and have a little look around, that he was very welcome and to just come to reception and ask for me. Less than a week later I was at work and one of the office ladies came to find me saying a gentleman Ron and his wife were here to see me! I spent about 15 minutes showing him through the lab. He chatted with a couple of staff and I introduced him to our lab manager. He and his wife were both very interested and appreciative of being allowed to visit."

Where to after feedback received?
We await Tim's feedback and analysis and look forward to working with you all on new staff and consumer priorities, once we have that.

CEO NEWS UPDATE

Prioritising patient needs and ensuring staff are better resourced to deliver timely and efficient care is behind Hawke's Bay Hospital's Care Capacity Demand Management (CCDM) project and the catalyst for implementation of a Variance Response Management (VRM) system aimed to meet unexpected demand.

HBDHB has been working with The New Zealand Nurses Organisation, Unions and the Ministry-funded Safe Staffing Healthy Workforce Unit, to pilot the Variance Response Management (VRM) system which promotes clinical quality by reviewing current systems to identify the right nursing resource to match demand.

The VRM model allows live ward status on Hospital at a Glance (HaaG) screens via a traffic light colour system to indicate whether a variance response (extra staffing resource) is required. Variance Indicator Boards require shift leaders to update their boards at the beginning of each shift and, as and when required. Upon a ward stabilising, the screens would then be updated to revert back to 'green' indicating the ward no longer needed extra resource help.

Mauve	Additional capacity
Green	Staffing meets Demand
Yellow	Early Escalation
Amber	Significant Care Capacity Deficit
Red	Critical Care Capacity Deficit

The VRM pilot, trialed in wards A1 and A4 since March this year, has been well received by staff and in September HaaG screens were launched across all inpatient areas at Hawke's Bay Hospital.

Project Owner and Chief Nursing & Midwifery Officer, Chris McKenna, said the governance structure of the programme ensured that nurse leaders throughout the system were leading the work – allowing visibility and engagement.

"Provision of services to meet demand can be unpredictable, so built into the metrics is flexibility to meet demand through activation of VRM and senior nursing support," says Chris.

A4 Clinical Nurse Manager Alison Olsen has praised the VRM scoring system with A1 and A4 being one of the first wards to start using the scoring system back in March.

"It's been really positive because we've been able to quickly identify the need for extra resources and call in RNs and CAs to help," she Alison.
"We went from a situation of staff feeling overwhelmed with the acuity and workloads to feeling well supported thanks to the extra help. All this results in patient care not being compromised and continuing to be delivered in a timely manner."
And our DHB has been praised by key stakeholders involved.

Sue Wolland of the New Zealand Nurses Organisation says the VRM launch demonstrates another facet of the CCDM partnership between HBDHB and NZNO.
"VRM is a 'whole hospital' approach," says Sue.
"NZNO and the DHB worked in partnership to develop the best VRM design and implement this with clinical and IT staff.
"As union representatives our role is to bring the voice of members to the table when delivering and making decisions about VRM in their workplace……congratulations HBDHB on the launch of VRM," she said.

Safe Staffing Healthy Workforce (SSHW) director, Lisa Skeet, says the VRM launch at HBDHB is a "significant achievement".
The SSHW unit, funded by the Ministry of Health, was tasked with initiating the CCDM programme across district health boards, nationwide.
Lisa said HBDHB's partnership and leadership was 'stand out' enablers of an operational VRM system and was looking forward to how the system would be maintained on a shift-by-shift daily basis.

Highlights

- ***Right Staff, Right Time, Right Place*** - appropriate resources meeting patient needs in order to deliver safe, effective and efficient care.
- Staff feel empowered because they have a voice based on data
- Increase in staff satisfaction
- Frontline achievements for better patient outcomes

CEO NEWS UPDATE

A formal blessing ceremony at Central Hawke's Bay (CHB) Health Centre on 17 October marked the start of an exciting new era for CHB radiology services.

More than $400,000 will be invested into CHB health services before Christmas with the addition of new state-of-the-art digital radiology equipment.

Staff, alongside Kaumatua Peter Borrell and CHB Kaitakawaenga Di Reid (pictured) were excited about what's to come now that work has commenced to reconfigure the current x-ray room space to fit the new equipment.

The new equipment will provide better x-ray imaging with less radiation exposure for both patients and staff.

The technology will allow instant imaging access giving radiologists in Hastings the ability to view images in real-time, meaning immediate advice or opinion can be shared with the GP or clinician in CHB.

A temporary mobile x-ray unit is currently being used for suitable patients.

An official opening for the new radiology unit in Central Hawke's Bay is planned for early December.

Patient Saftey Week

Several medication safety initiatives will be trialed in wards during Patient Safety Week - 5 to 11 November this year.

Whilst patient safety is always a priority, the annual Health Quality and Safety Commission awareness week provides an opportunity to highlight a particular patient safety issue or topic – this year's theme being medication safety with a focus on encouraging consumers to ask questions about their medicines, and health professionals to fully explain.

The main national message and key questions as prompts are:

- What is my medicine called?
- What is it for?
- When and how do I take it?

Here at HBDHB some user-friendly medicine information sheets have been designed to help patients better understand why they're taking medicine, what it's for and what side effects they may experience. A colouring-in booklet/information, complete with colouring pencils, has also been designed to help paediatric patients and their caregivers.

Health literacy cards for staff lanyard/ID clips will be available at the information booth in the hospital foyer during awareness week. The cards provide prompts to the **3 Steps to Better Health Literacy.**

Why medication safety?

- We know medication errors take place and cause avoidable harm.
- Medication errors can be life threatening.
- Our in-patient experience survey tells us that we could do a better job of better explaining medication side effects to patients.
- Current global patient safety challenge from World Health Organisation (WHO) focusing on 'Medication without harm'.

Staff can also take part in a competition with great prizes up for grabs! Keep informed via Our Hub.