



**STRATEGIC PLAN 2014-2019**

# **HAWKE'S BAY NURSING AND MIDWIFERY**



## WHAT WE WANT TO ACCOMPLISH

### VALUES

**TAUWHIRO** (CARE)  
**RARANGA TE TIRA** (TEAMWORK)  
**HE KAUANUANU** (RESPECT)  
**ĀKINA** (IMPROVEMENT)

### VISION

**EXCELLENT AND INNOVATIVE  
NURSING & MIDWIFERY  
SERVICES**

COLLABORATIVE PARTNERSHIPS  
COMPETENT  
CULTURALLY RESPONSIVE  
EVIDENCE BASED  
PERSON CENTRED

### PURPOSE

**EXCELLENT NURSING &  
MIDWIFERY CARE FOR THE  
PEOPLE OF HAWKE'S BAY**

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# INTRODUCTION

## **PATIENT CARE IS CENTRAL TO THE CULTURE OF NURSING AND MIDWIFERY PRACTICE REGARDLESS OF THE CHALLENGES.**

Nurses and Midwives are able to influence and improve health outcomes, quality of care and the health experience for all consumers of health services.

The future direction of Nursing and Midwifery care is outlined in this plan, which delivers the focus needed to enable Nurses and Midwives to provide high quality care.

Globally clinicians are still learning from the Francis Inquiry<sup>1</sup>, which had a profound effect on patients and families. This plan forms part of a collaborative approach across the health sector in Hawke's Bay to prevent a situation like that occurring here.

We need to demonstrate accountability for quality and compassionate care in a sector that is changing due to population demographics and expectations along with financial constraints. We also need to face the challenge of being able to provide a sustainable workforce into the future. New models of care and how Nurses and Midwives provide this will be fundamental to meeting these changing demands on the health system.

We want every nurse and midwife to understand our integrated clinical system. This will enable them to deliver excellent, culturally sensitive, collaborative care across the health sector for our community.

Nurses and Midwives need to drive and deliver on the Triple Aim<sup>2</sup> and place the quality of patient care, safety and experience above all<sup>3</sup>.

It will be the responsibility of the Nursing and Midwifery leaders across the Hawke's Bay Health sector to translate this strategy into action.

This is an exciting step for Nurses and Midwives and we look forward to bringing this strategic plan to reality over the next five years to empower our staff to deliver improved health outcomes and patient experience.

<sup>1</sup>Report of Mid Staffordshire NHS Foundation Trust Public Inquiry 2013

<sup>2</sup>Triple Aim

<sup>3</sup>Don Berwick 2013

<b>OUR PURPOSE</b>	<b>TO PROVIDE EXCELLENT NURSING AND MIDWIFERY CARE FOR THE PEOPLE OF HAWKE'S BAY</b>			
<b>OUR VISION</b>	EXCELLENT NURSING AND MIDWIFERY SERVICES WORKING IN COLLABORATIVE PARTNERSHIPS TO ACHIEVE A COMMON GOAL THAT IS COMPETENT, CULTURALLY RESPONSIVE, EVIDENCED BASED AND PERSON CENTRED.			
<b>OUR AIMS</b>	To provide QUALITY, SAFETY and BEST POSSIBLE EXPERIENCE OF CARE for all our people	To achieve HEALTH EQUALITIES and HEALTH PARITY particularly for Māori and Pacific People	To provide BEST VALUE from all resources	To ensure our Nurses and Midwives are TRUSTED, VALUED and fully ENGAGED
<b>OUR VALUES</b>	<b>TAUWHIRO</b> (Care)  Delivering high quality Midwifery and Nursing person centred care	<b>RARANGA TE TIRA</b> (Teamwork)  Working together in partnership	<b>HE KAUANUANU</b> (Respect)  Showing respect for each other, staff, and our people	<b>AKINA</b> (Improvement)  Continuously improving in everything we do and ensuring performance meets the needs of people
<b>OUR GUIDING PRINCIPLES</b>	ONE HEALTH SYSTEM	PEOPLE AT THE CENTRE	BEST VALUE	LEADERSHIP & WORKFORCE DEVELOPMENT
<b>OUR GUIDING STRATEGIES</b>	<p>Systems and services are guided by health needs and strategic priorities interwoven with Mai Maori Health Strategy</p> <p>Integration of service provision through collaboration with other providers</p> <p>Systems are flexible and approach is based on local, regional and national policy</p>	<p>Ensuring personal and public involvement</p> <p>Services are developed around the needs of our people</p> <p>People are in control of their own care and are able to make informed choices</p>	<p>Putting quality at the forefront of practice</p> <p>Services are culturally appropriate</p> <p>Shared resources between primary and secondary services</p>	<p>Visible, with a voice that has a clear direction</p> <p>Nurses and Midwives are recognised, encouraged and empowered to make decisions at all levels of practice</p> <p>A culture of excellence and learning</p> <p>A sustainable Nursing and Midwifery workforce that will meet future needs</p>



# OUR GUIDING PRINCIPLES

**ONE HEALTH SYSTEM:** Is an opportunity for health professionals to work together to achieve the best health outcomes for our community.

**PEOPLE AT THE CENTRE:** Nurses and Midwives in Hawke's Bay will deliver services that meet the needs of our community. Nursing and Midwifery care will wrap services around patient needs and endeavour to bring as many services as possible to where the people are.

**BEST VALUE:** Nurses and Midwives need to be aware of the benefits and gains achieved through integration of health services to One Health System. Achieving this will mean we are effective, flexible and responsive to local needs.

This will be designed to meet government expectations across the Hawke's Bay health system.

The catalysts for change; population demographics, patient expectations, financial constraints and a sustainable workforce are needed to transform the health system through using existing resources, reducing duplication and fragmentation - doing things once and doing them right.

**LEADERSHIP AND WORKFORCE DEVELOPMENT:** Nurses and Midwives must be represented at Governance and planning levels within health service organisations. Patient care must be at the heart when planning health service needs for our community.

## WE WILL

1. At all times, put the patient/consumer needs at the centre of practice and the care we deliver.
2. Ensure that our professional responsibilities and accountabilities are continually adhered to.
3. Grow a sustainable workforce despite the challenges ahead.
4. Work in collaboration within every point of the health sector.
5. Grow and develop our leadership.
6. Monitor our actions and progress so these are reported through our Governance and management systems.



## ONE HEALTH SYSTEM

We need to strengthen the way we deliver health services to the community. The health needs of our population are changing.

Despite population growth being modest at about 3.9% in the next ten years, we will see significant changes in age groups. In our population the over 65s will grow by 47% and the over 85s will increase by 45.5%.

Any growth in the population will come from birth in the Maori and Pacific populations and from increased life expectancy across our whole population.

The only way the health system will be able to manage these demands is by the system working together as one.

Nursing and Midwifery play a pivotal and front line response to this and the actions determined in Appendix I will support us being able to care for our patients in the face of these population changes.

(Refer to Appendix I)

**“SOCIETY AND THE HEALTHCARE SYSTEM  
WILL VALUE NURSES AND MIDWIVES NOT  
ONLY AS CLINICIANS BUT ALSO AS MANAGERS,  
TEACHERS, RESEARCHERS, ACTIVISTS,  
THINKERS AND POLICY MAKERS”**

COMMISSION ON THE FUTURE OF NURSING 2009

## PEOPLE AT THE CENTRE

To meet the challenges facing the health system Nurses and Midwives will need to provide services closer to peoples' homes reducing the need for expensive hospital level care.

Nurses and Midwives will need to develop and design services that are flexible and meet the changing needs of the population through education and empowering patients and their whanau to be better informed so as to help them manage their own health condition at home.

Health literacy will be pivotal to helping better educate and support patients and their whanau.

At the heart of developing a robust service, that brings services closer to the people, will be the fundamental principles of Nursing Midwifery practice underpinned by a culture of care and compassion.

(Refer to Appendix II)

**“UNDERSTAND THE CONTRIBUTION THAT EFFECTIVE INTERDISCIPLINARY TEAM WORKING MAKES TO THE DELIVERY OF SAFE AND HIGH-QUALITY CARE... WORK WITH COLLEAGUES IN WAYS THAT BEST SERVE THE INTERESTS OF PATIENTS”**

GENERAL MEDICAL COUNCIL 2009, TOMORROW'S DOCTORS





## BEST VALUE

Quality must be at the forefront of Nursing and Midwifery practice in order for it to be able to provide an efficient system that delivers the right care to the right people in the right place the first time.

Nurses and Midwives will provide culturally appropriate services by treating all with care, compassion, dignity, and respect.

Nurses and Midwives will maintain continuing competence throughout their working careers.

(Refer appendix III)

**“GOOD QUALITY CARE IS EVERYONE’S BUSINESS.  
IT REQUIRES CHAMPIONS IN THE BOARDROOM  
AND AT THE BEDSIDE”**

M BRADLEY 2008

# LEADERSHIP AND WORKFORCE DEVELOPMENT

Strong clinical leadership in the Nursing and Midwifery workforce across the sector will be intrinsic to the future strength of our health system.

We need to ensure Nurses and Midwives are empowered and supported to make decisions as they are at the forefront of delivering care to our community.

Excellence in clinical quality and leadership can only be achieved through providing the skills, resources and environment that enables Nurses and Midwives, as a workforce, to reach their potential.

We need to prioritise workforce development to make sure we have a sustainable Nursing and Midwifery workforce to meet the demands of the future.

(Refer Appendix IV)



**IF WE WORK TOGETHER AS ONE HEALTH SYSTEM, WITH THE PATIENT AT THE HEART OF ALL WE DO, PROVIDING BEST VALUE CARE, THROUGH A STRONG, SUSTAINABLE WORKFORCE MRS W'S STORY WILL BE COMMON PLACE.**

## ONE HEALTH SYSTEM

Mrs W is a 23 year old young Maori woman in her first pregnancy: "I was unsure who to contact when I found out I was pregnant so I went to my GP. She linked to the *Find your Midwife* website on her computer and identified a number of Midwives, Lead Maternity Carer (LMC), who showed spaces around when I was due. I made contact with one of the Midwives and met up with her – she booked me in and I progressed through my pregnancy to about 32 weeks, receiving one-on-one care from her during this time.

At my 32 week check my blood pressure (BP) was getting high and she was concerned – my LMC referred me to an Antenatal Clinic for an appointment to see the specialist the next day. I took my notes with me to this appointment and met up with a DHB Midwife and the specialist. She reviewed my notes and my assessment that day; made a plan with me and liaised with my LMC Midwife asking her to re-check my BP the next day and follow up bloods that had been taken.

The follow up with my Midwife showed that everything was ok and my pregnancy continued until 36 weeks when my BP was up again. I also felt unwell with a headache and flashy lights. This time my Midwife sent me into Delivery Suite for an acute assessment as she was concerned that I was developing pre-eclampsia. I heard her speak with the Doctor on call and the Midwife in delivery suite. I took my notes and was met by a DHB Midwife and the team on. They all appeared to know the reason why I had been sent in and checked me over. My assessment showed that I was developing pre-eclampsia and that it would be better if baby was born. I was quite scared about this and contacted my LMC Midwife who came in to chat with me and the DHB team.

The process of induction of labour was explained to me in a three way conversation with my Midwife, myself and the specialist team. We put a plan of care together, my questions were answered and I felt happier that everyone involved knew my wishes and the way forward.

During the next couple of days the handover of care between those involved with me was great and when I was in established labour my LMC Midwife came and looked after me. I gave birth to a gorgeous baby girl called Ngaia. I stayed for a couple of days and was well supported by the team in the hospital who helped me to learn how to look after my little girl with my partner and whanau. My LMC Midwife developed a postnatal plan of care with me and the DHB team which followed me back home with my LMC Midwife. A copy was also sent to my GP with my consent and I also identified a well child provider for Ngaia.

I have a follow up appointment with my GP at 6 weeks to check my BP and I am enjoying the postnatal care that I am receiving from my LMC Midwife.

I really felt as though everyone involved in my care knew about what my health concerns were, they treated me as the centre of the care and understood what I wanted and how to make this work. This worked both going into the hospital and back to my home with good connections with health care team people wherever they worked."



# APPENDICES

**WHAT WE WILL DO, AS THE NURSING AND  
MIDWIFERY WORKFORCE TO MEET THE  
FUTURE DEMANDS OF OUR COMMUNITY**

## APPENDIX I

# ONE HEALTH SYSTEM

### **1.0 SYSTEMS AND SERVICES ARE GUIDED BY HEALTH NEEDS AND STRATEGIC PRIORITIES INTERWOVEN WITH MAI MAORI HEALTH STRATEGY**

- 1.1 Our systems and processes will support an advancement of Nursing and Midwifery practice to meet the identified needs of our population.
- 1.2 Nurses and Midwives will utilise all available data and trends to inform practice requirements in service delivery.
- 1.3 Care delivery will be evidence based and meet best practice standards and guidelines.
- 1.4 Nurses and Midwives will have a clear framework for identifying and managing risks.

### **2.0 INTEGRATION OF SERVICE PROVISION THROUGH COLLABORATION WITH OTHER PROVIDERS**

- 2.1 Service planning and delivery will be informed through engagement and consultation with our people to ensure we provide services that are responsive to need and reduction of disparity.
- 2.2 Nurses and Midwives will support transformation of the health system to ensure services are accessible, timely, responsive, well connected and effective for our people.
- 2.3 Nurses and Midwives will be represented at all levels of the Hawke's Bay health system.
- 2.4 Nurses and Midwives will support and contribute to the development, maintenance and delivery of agreed clinical care pathways across the health system.
- 2.5 Nurses and Midwives will acknowledge alternative methods of healthcare, therapies of medicine and work in conjunction with a model of conventional approaches to provide an holistic model of care.





### **3.0 SYSTEMS ARE FLEXIBLE AND APPROACH IS BASED ON LOCAL, REGIONAL AND NATIONAL POLICIES AND PRIORITIES**

- 3.1 Nurses and Midwives will support Government alliances focused on national strategies and targets.
- 3.2 Nurses and Midwives will work in partnership for quality health care in Hawke's Bay.
- 3.3 Nurses and Midwives will meet all certification and accreditation standards required.
- 3.4 Nursing and Midwifery research, both qualitative and quantitative is critical for quality, cost effective health care.
- 3.5 Nurses and Midwives will be responsive to new and innovative models of care.

## APPENDIX II

# PEOPLE AT THE CENTRE

### 4.0 ENSURING PERSONAL AND PUBLIC INVOLVEMENT

- 4.1 Work in partnership with people to enable them to make informed decisions and choices in relation to their own health care by providing relevant information that is understandable for them and their family/whanau. Ensure choices of care and treatment are offered at every opportunity.
- 4.2 Provide the necessary information and advice required for good decision making but respect the individual health decisions that people make even when they do not align with Medical/Nursing/Midwifery advice.
- 4.3 Learn from patient experiences and patient stories.
- 4.4 Engage and encourage our people to be part of any changes to the health care system and utilise the invitation to feed back on consultation documents and take advantage of groups such as the Consumer Council.
- 4.5 Support information sharing and transparency with individuals receiving care and those other health services involved.
- 4.6 Ensure the health information we share is targeted to the health literacy level and the needs of the people to who we are sharing.

### 5.0 SERVICES ARE DEVELOPED AROUND THE NEEDS OF OUR PEOPLE

- 5.1 Enable strong positive teamwork, intersectorial collaboration and interagency partnerships for collaborative impact and for the betterment of the health of Hawke's Bay people by putting the values and aims of this strategy into action and practice every day.
- 5.2 Work to improve systems and practices in a collaborative manner with our people to reduce non attendance (DNA's).
- 5.3 Improve health outcomes through innovative practices that revolve around people in their own environment addressing their own unique needs.
- 5.4 Reduce health inequities and disparities through innovation and education that is relevant. Deliver to where our people want it to be, to provide the opportunities for learning and education.

- 5.5 Share health promotion activities across the health system and within communities based on Ministerial direction and local need.
- 5.6 Share preventative care activities across the health system and within the Hawke's Bay community making a healthy lifestyle the normal whilst remaining responsive and sensitive to individual ethnic, social and cultural differences.
- 5.7 Ensure our acute care services and responses are easily understood and accessed by our community.
- 5.8 Provide Nursing and Midwifery services closer to people's homes by taking services out to the community.
- 5.9 Ensure people's health information is shared and accessible to those involved in care and treatment, including the individual, and that a coordinated and collaborative approach is adopted for every point of contact.
- 5.10 Continue to explore areas of greatest need and develop appropriate Nursing and Midwifery responses to reduce disparities.

## **6.0 PEOPLE ARE IN CONTROL OF THEIR OWN CARE AND ARE ABLE TO MAKE INFORMED CHOICES**

- 6.1 Encourage and support a self-care approach where appropriate to facilitate wellness, or restore/recover an acceptable level of wellbeing.
- 6.2 Facilitate access to evidence based education, resources and support including access to appropriate health technologies to enable people to remain in their own environment for as long as possible. Assist individuals to be the drivers of their own care where self-determination and family/whanau engagement prevails.
- 6.3 Work in collaborative partnerships with members of the health team and those receiving care to facilitate decision making without coercion or bias.
- 6.4 Develop care and treatment interventions and plans that support people to self manage their health with information, education, support and guidance.
- 6.5 Recognise the specific needs of our rural population, by providing the support and education required to empower both the individual and the community to manage their health needs.

## APPENDIX III

# BEST VALUE

### 7.0 PUTTING QUALITY AT THE FOREFRONT OF PRACTICE

- 7.1 The Hawke's Bay Health System will have robust quality systems where all Nurses and Midwives take personal responsibility and accountability for the delivery of evidence based quality care through competence in decision making and the effective management of risk, ensuring the best outcomes for all.
- 7.2 The Hawke's Bay Health System will have audit processes (certification, accreditation, cornerstone, MOH audits) that are continually supported and utilised by Nurses and Midwives.
- 7.3 Audit processes are continually used by Nurses and Midwives in order to manage risk, embrace accountability, meet the demands of clinical Governance and ensure that practice is informed and improved.
- 7.4 Nurses and Midwives will adopt an anticipatory approach to proactively minimise risk and provide a high quality service that meets people's needs.
- 7.5 Nurses and Midwives will act on lessons learnt to drive improvements.

### 8.0 SERVICES ARE CULTURALLY APPROPRIATE

- 8.1 We will identify service need for different cultures and ensure Nurses and Midwives are provided with the skills and knowledge to competently meet the differing needs of the population.
- 8.2 We will use Maori or Pacific Island models of care that will assist Nurses and Midwives to provide culturally appropriate care.
- 8.3 We will recognise and respect ethnicity, spirituality, social and cultural context. As Nurses and Midwives we strive to ensure that the person is an equal partner in identifying their options.
- 8.4 We will include and encourage cultural representation and participation in service planning, quality processes and Governance, by enabling Nurses and Midwives to work with other professional groups and other agencies as this will maximise the use of everyone's talents and skills and also provide support through change.



## 9.0 SHARED RESOURCES BETWEEN PRIMARY AND SECONDARY SERVICES

- 9.1 Local engagement with individuals and communities should be an integral part of service planning and delivery. It means consulting with those who use our services: asking for their ideas, their experiences, what they want from the service and what needs to change.
- 9.2 Develop service initiatives that provide better, timelier, more convenient care to our population.
- 9.3 Demonstrate effective communication and information sharing across sectors.
- 9.4 Ensure service provision is not duplicated, therefore creating a seamless journey of care for our people.
- 9.5 National and regional engagement across sectors will be an integral role of Nursing and Midwifery leaders.
- 9.6 We will share information on all aspects of care with mutual respect, courtesy and professionalism in a supportive environment. Where appropriate we will ensure privacy is protected and dignity is maintained.



## APPENDIX IV

# LEADERSHIP AND WORKFORCE DEVELOPMENT

### 10.0 VISIBLE, WITH A VOICE THAT HAS A CLEAR DIRECTION

- 10.1 Ensure there is strong clinical leadership for Nursing and Midwifery across sectors. These leaders will be actively engaged, accountable and empowered.
- 10.2 Nursing and Midwifery leadership will be visible at all levels. Leaders will be confident, competent, well motivated, socially skilled and able to work across professional and organisational boundaries.
- 10.3 Nursing and Midwifery leaders will actively participate in Clinical Governance and Leadership (both regionally and nationally).
- 10.4 Nursing and Midwifery leaders will influence practice through positive role modelling and professional practice, and encourage and maximise the use of everyone's talents and skills to meet their potential.
- 10.5 Nursing and Midwifery leaders will encourage, support and embed innovation; allowing for opportunity to improve the delivery of high quality care.

### 11.0 NURSES AND MIDWIVES ARE RECOGNISED, ENCOURAGED AND EMPOWERED TO MAKE DECISIONS AT ALL LEVELS OF PRACTICE

- 11.1 Ensure all Nurses and Midwives feel valued and involved and are recognised for autonomy of practice.
- 11.2 Provide a culture that supports quality innovation and creativity.
- 11.4 Our Nurses and Midwives are actively and fully engaged and represented in key clinical decision making processes that determine practice standards (local, regional and national groups).
- 11.5 Build specialised skills that meet the needs of population groups, by supporting the development of roles such as Nurse Practitioners and Clinical Nurse/Midwife Specialists.
- 11.7 Nurses and Midwives are empowered to make decisions and try new ways of doing things that are responsive to patients/consumers needs.

11.8 Ensure there is an infrastructure and culture of support where Nurses and Midwives have the support to challenge and escalate concerns appropriately.

### **12.0 PROMOTE A CULTURE OF EXCELLENCE AND LEARNING**

12.1 Ensure clinical quality improvement and patient/consumer safety is embedded into everything we do.

12.2 Provide an environment of learning and continuous improvement, and where appropriate ongoing education and professional development including support for all Nurses and Midwives – IT system support, dedicated time, and adequate personal support. e.g. Nurse/Midwife Educators (NE/ME).

12.3 Have a highly skilled and competent workforce which is reflected in the nursing Professional Development Recognition Programme (PDRP) and Midwifery Quality Leadership Programme (QLP) .

12.4 Support credentialing and maintenance of high professional standards.

12.5 Have an effective performance development process that will support post graduate education and career pathways.

12.6 Build and maintain collaborative relationships with tertiary education providers, Health Workforce New Zealand, and relevant central region and National networks.

### **13.0 A SUSTAINABLE NURSING/MIDWIFERY WORKFORCE THAT WILL MEET FUTURE NEEDS**

13.1 Actively address the impending Nursing and ongoing Midwifery workforce shortage.

13.2 Continual focus on recruitment and retention of the Nursing & Midwifery workforce.

13.3 Ensure that the workforce reflects the needs of our population with a commitment to increasing Maori Nursing and Midwifery workforce.

13.4 Tackle workforce planning and staffing levels, whilst ensuring safe staffing.

13.5 Actively support graduate employment across sectors; this approach will be supported by the NETP and NESP, and Midwifery First Year of Practice Programmes.

13.6 Support an increase of student placements, by promoting models such as Dedicated Education Units (DEUs).



For more information  
scan the QR code or visit our website  
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