

# SPECIAL EDITION

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

IN FOCUS: CEO News Update

May 2019



I have asked my management team to quickly address areas of difficulty Hawke's Bay Hospital is experiencing to match service capacity to demand.

**The first focus will be on funding initiatives to manage winter flow so we can match capacity to demand over the winter months.**

We haven't suddenly found a lot of money to be able to implement new initiatives and improve infrastructure, however we have decided to invest in a number of areas to drive improvement. We believe in backing you and what you have told us you need so you can improve the way healthcare is delivered. We believe this in turn will reap the benefit of improving hospital flow and improving the quality of care to our patients.

Work has already begun on some short term solutions to improve our internal patient capacity and flow by recruiting additional staff in the following areas:

- Increasing inpatient medical capacity over winter by increasing resourced beds in AT&R. The beds will be fully resourced with additional medical, nursing and allied health staff.

- Extra weekend rounds of senior medical officers (SMO) and house officers will be put in place for the next 6 months to help improve patient flow over the weekends.
- Extra beds will be resourced on A2 to support the Surgical Directorate with sufficient bed capacity.

The current relief team will be used to support short notice absenteeism. Recruitment has already begun.

Recurrent funding for these positions will be made available so staff can be recruited where appropriate into permanent contracts. This will also help the recruitment process, with the funding redirected into the initiatives highlighted below over time.

The three targeted areas of focus over the coming weeks will be:

- infrastructure
- management capacity
- patient length of stay.

These initiatives will help us deliver improved quality of care and patient safety.

There are other solutions that can be implemented to help us move forward quickly. As these all come with funding implications, in many cases we will be investing to achieve long term goals and create greater efficiencies.

## Focus for next 6 months

### Management and administrative capacity and capability

John Burns has been appointed **locum Executive Director Provider Services**. He will start with us 13 May. John is a very experienced Australasian manager who will work closely with existing managers and clinical leaders to build on skill levels and work to streamline processes and system issues.

John will be with us until we recruit permanently to the position of Executive Director Provider Services.

He and the management team will be paying particular attention to strengthening management capacity and capability within the hospital.

Claire Caddie will remain as Deputy Executive Director Provider Services, until at least the end of June. As we have already announced, we are very pleased Colin Hutchison will continue to support key hospital projects as the Deputy Chief Medical and Dental Officer.

We will work with clinical leaders to bring the **Cognitive Institute programmes relating to Speaking Up for Safety and Promoting Professional Accountability** to HBDHB. This was identified in the People Plan, as these programmes are being used in other DHBs and are having a positive impact on both staff and patient safety. Alongside this we will put in place a range of initiatives to build on the work we have done to-date to improve our culture. These initiatives

are designed to reinforce our values and improve both patient and staff safety.

We will be undertaking a **review of administrative support required for clinicians**. There will be a significant investment to upgrade voice recognition software. In addition we will review the administrative support needed within each service and make necessary investments to ensure clinicians are properly supported.

### Service issues

The **Acute Assessment Unit will become a Medical Assessment Unit**, as was always intended. Nursing staff will increase over time so the unit can function more effectively with a 1 in 3 ratio of nurses to patients throughout the day and early evening.

I have asked for a business case for this to be worked up with urgency. I expect steps to be made towards this over the next 2 months, with the unit fully functional by September.

### A surgical assessment unit will be established.

We are working with the Surgical Leadership Team on this. This will require agreement about the model of care, location, function and oversight. I will ensure this work is done swiftly.

**We recognise there is a need to increase our HDU capacity by an additional four beds.** The surgical and ICU leadership teams are working on solutions for this. Again I expect this to be concluded swiftly.

To enable more efficient medicine reconciliation we have agreed to **recruit more pharmacy staff**. This will ensure we address our local target for medicine reconciliation and contribute to improved patient safety.

### Managing capacity

We will reduce length of patient stay by:

- recruiting more pharmacy staff so discharging can be done more effectively

- investing in better use of acute admission and ICU/ HDU capacity
- managing frail patients better.

In addition we will undertake an urgent analysis, specialty-by-specialty, of waiting lists and cases being denied surgery so we can put in place measures to address gaps.

### Helping managers manage

Clinical nurse managers have too many direct reports making it impossible for them to manage as effectively as they want.

To help overcome this I have asked managers and HR to work with CNMs to better define their roles and consider different management structures to help ease this burden. This work is to be completed by July.

### Managing frailty

More investment will be made in community-based initiatives to help support older people remain independent in their own homes through reducing beds in AT&R, in keeping with the recommendations from the Clinical Services Plan.

We will also put in place better support for the medical management of all frail surgical patients by increasing senior medical staff to support an interdisciplinary team.

A priority will be ensuring all patients have an estimated date of discharge upon admission.

## Infrastructure medium term

### Theatres

Seismic strengthening has slowed down our planned build of a new theatre and expansion of the theatre block. However, I have asked for both the Theatre Procedure Room **in the existing theatre block and the third endoscopy suite in Ruakopito to be brought quickly on-line as**

**additional minor theatres.** This should take no more than 6-9 months. Both these areas could be used for a range of specialties including ophthalmology, ENT and urology who all struggle for space.

We are also **reviewing the commissioning of an additional clip-on theatre** and a number of other initiatives to help us increase our internal capacity and meet the demand on our surgical services.

### Emergency Department

We will be working with facilities to **address the problem of lack of space in ED** in order to create more clinical space.

### Intensive Care Unit

We intend to ensure our ICU/ HDU is appropriately sized. I have already mentioned we are working with the surgical and ICU leadership teams to manage capacity for these units in the long term.

### Pharmacy

We are working with pharmacy and facilities to consider how we best meet their needs and in doing so find more space for acute services.

### Primary care

We have agreed a programme with Health Hawke's Bay (PHO) to put in place **Healthcare Home** and other learnings from Nuka, where **community based services work together to support patients with chronic conditions** and help prevent long hospital stays. I have asked that we speed this up to roll-out over 2 years, not the 3 that is currently planned. This will also enable more same day access to our primary care services.

Out-of-hours services will be refined for greater consistency across Napier and Hastings.

## Summary

This is a high level overview of work that we are addressing with urgency whilst we continue to build our long term strategy to deliver the Clinical Services Plan. There are many details we have yet to work through. However, I wanted to ensure everyone was aware work is happening with pace to address some of the issues we have as winter approaches.

**Each fortnight I will provide an update**, through this special edition InFocus, of where those plans have got to so everyone is well connected and aware of the work happening.

Thank you for your efforts. The year has been challenging with the number of issues we have had to address, along with industrial action.

I look forward to updating you over the coming weeks with progress and any feedback you may have.

Please give me a call or email me if there is anything you would like to address directly with me.



**Kevin Snee**

Chief Executive,  
Hawke's Bay District Health Board