

IN FOCUS



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

November 2019

I have previously said our objectives are to:
Improve the health status of our communities, within which we must:

- eliminate inequalities
- mitigate demand for services
- provide those services in the best possible place and way.

We want to see more progress and the approach we are taking is to:

1. streamline process and activity
2. focus on fewer things
3. clarify accountability
4. speed up progress
5. always be asking, "what will this do for the end consumer and equity?"



All that you observe should be consistent with that.

A couple of examples of this in practice are:

1. Some small scale re-organisation including DHB planning and funding now being across the DHB – not just primary care – and clarifying and strengthening the role of Health Hawke's Bay (PHO).
2. Our annual planning process will be focused on producing a single action plan; i.e. the "how we will get there", rather than the "where are we" and "where do we want to be" emphasis of so many plans in the health sector. It will, of course, also have to meet Ministry of Health requirements for content.

For the most part demand on Hawke's Bay Hospital services has improved in the last month, as we would hope at this time of year, although the situation has been confounded by ongoing strike action. Again, thank you for your response to this.

I had indicated we are looking to address bed availability before the onset of next winter – now just seven months away – so the focus is tightly on this. This will be done without fanfare – we prefer results to speak for themselves – we have a small clinically led group working on it. They will engage others as opportunities indicate. I imagine a lot of other opportunities will be identified that can form part of the ongoing work. Subsequent communications will come from the group. We have re-worked our focus for the rest of this year. Bed availability is the single biggest, but the DHB's attention for the next six months will also be on:

- Wairoa – safe and sustainable services
- Integrated medical laboratory services across Hawke's Bay – savings and other benefits
- Cardiology – considering local delivery of interventional cardiology to help address access and outcome issues. Significant people resourcing issues in cardiology are also actively being addressed.

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Facility projects of:

- Radiology
- Surgical expansion
- Linear accelerator

Radiology and the surgical expansion have budgets for building works of about \$20M each. The Minister has announced funding for a linear accelerator in Hawke's Bay so radiation oncology services can be delivered here by MidCentral DHB.

This should not imply that nothing else is happening in the "business as usual" space – there is always change afoot.

Before leaving facility matters, I want to touch on the sense that DHBs are looking to claim a place in the national queue for major new buildings or hospitals, and where we are in that mix. A new hospital or major new facilities e.g. outpatient facility or ward block, would be many years away. Output from a national process that is looking at the state of critical acute facilities across all DHBs is expected soon and is expected to inform where DHBs sit in priority. In the meantime we have gotten on with improvements, which are broadly in line with our site master plan from 2007. We are also close to producing an "interim facility plan" that will identify the opportunities to use existing facilities to best overall advantage. For example, there are administrative services in spaces that might be better used for clinical purposes. The cost of re-purposing the facilities will sum to many millions of dollars, that is not budgeted and therefore will have to be prioritised.

The environment is demanding and there is a view that tends to go with it, that resourcing is very constrained. It is constrained, but you will be interested to know we have budgeted an additional 60 FTE staff in the DHB from that budgeted in the last financial year. Almost all are clinical roles or in direct support of clinical roles. And we have subsequently added more clinical roles to this. Our challenge remains to free-up funding to reinvest, while reducing our deficit, and without harming services and the wellbeing of staff in the sector, including the DHB.

It's challenging, but doable, and we must do both concurrently to change our context.

Our financial forecast is unfavourable and I welcome any suggestions directly to me.

A handwritten signature in black ink, appearing to read 'Climo', on a light-colored background.

Ngā mihi,
Craig

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