

More than 100 staff attend CEO briefings

The room was packed at midday last Wednesday as CEO Tracey Adamson gave the first of three briefings, outlining the challenges and priorities of our immediate future.

Moving to a bigger room for the next two sessions, she continued to answer questions from staff as she thanked them for their initiative and ideas.

“As promised, you will get feedback through InSite on the range of projects underway, and I expect you to stay up to date on projects you are involved in through your manager, steering group, and from the Intranet,” she said.

The first of the project Terms of Reference are about to be posted on the Intranet, and the rest will follow once they have been signed off by the Senior Leadership Team (SLT). The SLT meets fortnightly on a Friday, and InSite will be published the following Wednesday to report on project progress.

Going from Good to Great - project updates

Work stream 1: Clinical Services Action Plan

The steering group has met twice, and agreed definitions of clinical sustainability and financial sustainability. The data collection is well underway, and many staff may well have been interviewed by a member of the steering group. Interviews are also taking place with community providers.

Work Stream 2: Initiatives to help you do your job

Bruce McGregor, GM Human Resources has tabled the new Individual Performance Planning and Development policy, for ratification at the next SLT meeting. This is the first step in better aligning individual and organisational training with our organisations' needs.

The Clinical Board request that email referrals to hospital services be facilitated was agreed, and an electronic referral address is being set up. SLT was advised that informed patient consent to electronic referral is sufficient to cover privacy concerns. Alan Shirley is following this up.

Work stream 3: Workforce and service efficiency projects

The Terms of Reference for the Transport review, Clinical Administration roles, FOCUS service redesign, Community Nursing operational planning and Nursing Workforce were accepted with minor changes, and will be posted on the Intranet as soon as those changes are made.

A draft report on Outpatient Services has been tabled. This report will be incorporated into the outpatients / ambulatory care review.

The Price Waterhouse Coopers summary review of Corporate services was tabled. The Board was appraised of the key findings of this report yesterday.

A paper on a proposed SLT structure was also presented to the Board. This has been approved in principle and will go out for consultation within the next fortnight.

Work stream 4: Immediate cost management initiatives.

Improved supply use: The list of holders of DHB mobile phones has been checked, and managers asked to review the appropriateness of distribution in their areas of responsibility.

We pay \$28 each a month for the 278 DHB cellphones to be connected to the network. DHB cell to DHB cell calls are free - but not if you go through the operator, as that is a landline. Calls to other Telecom mobiles cost 16c a minute. Calls to other network mobiles cost 28c a minute. Mobile to landline, including DHB landlines, cost 10c per minute. Texts cost 17c each.

Until an “identification of calls” system is implemented, staff are asked to self identify personal calls and texts, and volunteer payment for these (a quarterly basis is suggested if the numbers are low).

Congratulations to 3 ‘Double-Dipper’ winners

Dianne McCallum, Debi Lodge-Schnellenberg and Christine Bowden are not only protected against seasonal Flu, they also won a \$100 Medical Book Voucher each supplied by the vaccine manufacturer. And everyone is a winner, if we reduce our sick leave over winter!

Rallying support

Report by Gail Edwards and Sue Wood, Pharmacy (Rally Organisers)

Despite the atrocious weather forecast, Sunday 24th May turned out to be not too bad for the Social Club car rally...

9 teams were on the starters blocks and were set off at 3 minute intervals...teams had to answer questions from around Masterton and Carterton and to scavenge 5 items (a pair of pyjamas, the head of an agapanthus plant, a sugar sachet, a feather and an Easter egg!). Teams were given a two hour limit with penalty points for being late.

Meanwhile the organisers were cooking up a feast of homemade soup, BBQ sausages and chocolate slice for the weary travellers upon their return.

Teams came in thick and fast and it was a flurry of activity marking them in and checking off the scavenged items. whilst everyone tucked into lunch the scores were calculated ... the winning team (once again) were Human resources, closely followed by Danielle Farmer's family. Trophies and prizes were awarded with a special trophy going to Danielle Farmer's family for rugby tackling the human resources team at Henley Lake!!

Thanks to the soup makers of the day (Win Ward, Imaging and Min Grace, Focus)

Upcoming events:

Mid-winter Christmas Dinner 11 July. \$30 SC member, \$42 non-member.

Contact Michelle Wills in HR.

Ski Trip (family friendly) 7-9 August. \$25 subsidy for SC members.

Contact Annette Tan Mackay in Allied Health.



Pictured Left: Pat Collins, Maternity. proving she is wearing her pyjamas (a requirement of finishing the rally) and (right) the winning team (Human resources)

Answers to staff questions

A variety of questions were asked by staff at the presentations last week. Tracey Adamson's answers are reported here so everyone can share in them.

How will staff ideas for cost savings be acknowledged?

Ideas and resulting actions will be reported on regularly through InSite.

Why has this challenge arisen when we looked like we were doing so well?

Not one thing created this problem, it's a whole range of things. Because of the global situation, there is not as much public money available from the Government, and we are having to be much more accountable about how we use it. But we are starting from a position of strength.

WDHB has relied heavily on additional elective income, which is going to be more difficult to attract. If we do get some more money we should use it as an opportunity to do some things that are not reliant on electives income.

Why aren't we getting all our ACC money?

I see it as part of my job to be chasing money that is owed to us. It's everyone's job to clearly identify that work which is non-acute ACC, and then we can do the chasing. Some are not picked up and we all have a role in improving this.

Training comes as a cost – why don't we save money there?

Not training comes as a higher cost - for example if we don't train our new staff properly and they lift the patient wrong then they're off work for 6 months, and that's a very expensive problem. It's a false economy to disinvest in training, but we need to be sure that the training is in line with the needs of the organisation. Core, basic on the ground training. Individually and as organisation – there's a cost but worth it.

How can we use technology better?

We need to use the intranet as the main source of communication. Everyone needs to be computer literate. We need a website and Intranet that everyone can see. There is so much evidence about an engaged and empowered workforce. We could do consultation via intranet – through the HR or other e-based programmes. Trendcare is really exciting; there are ways we can use systems we have better.

What about access to computers?

We have 350 or so computers. It has been suggested we could put some in other areas like the Café, to make access to the intranet easier for some.

How can Volunteers help?

The Wairarapa community is very supportive of their health services. Volunteers are an important part of our service to the public, and we will be talking to the various groups to explore ideas about how they think they could help with this challenge. They are already making a significant contribution just by being here!

What are the most important things to take away with you today?

This is happening now. You need to get involved.

I want you to work **with** me, not **for** me.

Collectively, we have the answers.

This is not negotiable – we need to get on and do it starting today.

TV3 were filming in the hospital today (Wednesday). Watch Campbell Live, probably Thursday night, to see John Edmond's story.
John thanks all staff for their care and kindness.