

MINUTES

HAWERA HOSPITAL COMMUNITY COMMITTEE

23rd April 2009 Conference Room Hawera Hospital

PRESENT: Neil Walker, Jenny Nager, Joy Farley, Brenda Sturgeon, Warren Nicholls, Gill Campbell, Ken Horner.

Linda Smith

MINUTE TAKER:

	ACTION/DECISION
1.0	<p>APOLOGIES</p> <p>Keith Blayney, Ben Nieuwoudt, Ross Dunlop.</p>
2.0	<p>PREVIOUS MINUTES</p> <p>Matters Arising –</p> <p><i>Goodman Report</i> – nothing more to report at this stage.</p>
3.0	<p>GENERAL BUSINESS:</p> <p>HAWERA HOSPITAL “VISION FOR THE FUTURE”</p> <p>Gill reported the Hawera Hospital Steering Group is up and running. A work plan has been put together. Focus groups for staff have been held and in general felt there was a need to be clear about our service delivery and a need to be consistent with a long term plan. Framework around services for the elderly needs considering. The low number of patients presenting at the ED at night requires further consideration of how this night service is provided. Joy identified there is work being done around the model of care and how it will be developed for acute medical assessments.</p> <p>At the Steering Group meeting next week Gill will be presenting a stakeholders summary and data of what Hawera Hospital is currently. The aim to ensure there is a clear picture of the current overall service delivery at Hawera Hospital</p> <p>Joy asked about the Steering Group and the decision making process. The terms of Reference for the Steering Group is around endorsement the work plan, ensuring work continues in a timely and thorough manner and to make recommendations, not to make the decisions.</p>
	<p>VOLUNTARY BONDING SYSTEM</p> <p>Joy outlined how the Ministry decided which areas were identified as needing the Voluntary Bonding. ICU and Theatre staffing identified as high risk by the Government, but for TDHB this is not an issue. Midwifery is an area of shortage for us, but not</p>

	<p>identified by the Government. There is limited funding available. We don't quality for Rurality. The GM HR will be providing feedback on behalf of TDHB to the Ministry around our requirements.</p>
	<p>VULNERABLE SERVICES UPDATE</p> <p>Midland Region has endorsed the Regional Clinical Services Plan. The timeframe for vulnerable services is 1-2 years. TDHB identified Obstetrics, Renal, General Practice (rurality) and Nuclear Medicine. These 3 areas TDHB put forward as a priority were the same as for the whole Midland Region. This regional work will feed into the National Plan.</p>
	<p>MEDICAL RECRUITMENT</p> <p>Gill reported the following;</p> <p>2 Regular locums working in E.D.</p> <p>Interviewing U.K. trained E.D. doctor who wants to work across E.D. and General Practice.</p> <p>One locum has approached Gill about working here permanently.</p> <p>Neil asked about the cost of using locums versus permanent staff. Joy agreed it is more expensive to employ locums, but we are trying to recruit.</p> <p>Joy advised currently there are 10 RMO vacancies out of 21 in the next intake at the base hospital</p>
	<p>COMMUNICATION</p> <ul style="list-style-type: none"> - Significant work is underway with planning for the base facility. Ability to ensure sound communication for this work is being implemented. As an initial step an overview of how everything fits together will go on the internet. - From this Model of Care overview, names of those leading the projects will be included with links to each group's work. <p>Overview of current work and drivers for these:</p> <ul style="list-style-type: none"> - Optimising the Patient Journey (4 workstreams) – OPD, ED, Theatre, Discharge back to Community. This is part of the District Annual Plan we have to report on. - 4 projects have been developed to do with the new facility. Each one has a Steering Group and people working on them. - Measures – 85% in/out of ED within 6 hours <ul style="list-style-type: none"> - 85% discharged by 1100hrs <p>Overall Project Structure – all groups will provide information to the CEO who makes the decision. A Project Manager has been appointed.</p>
	<p>NEXT MEETING 25TH JUNE 2009, CONFERENCE ROOM, HAWERA HOSPITAL , 1230HRS</p>