

# MINUTES

## HAWERA HOSPITAL COMMUNITY COMMITTEE 29<sup>th</sup> July 2010 Staff Library, Hawera Hospital

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

Linda Smith

**MINUTE TAKER:**

	ACTION/DECISION
<b>1.0</b>	<p><b>APOLOGIES</b></p> <p>Ross Dunlop, Rosemary Clements.</p>
<b>2.0</b>	<p><b>PREVIOUS MINUTES</b></p> <p>Matters Arising – Covered under General Business.</p>
<b>3.0</b>	<p><b>GENERAL BUSINESS:</b></p> <p><b>TERMS OF REFERENCE</b> – Tony Foulkes has met with the South Taranaki Community Representatives. There is a follow-up meeting due to occur in the next few weeks. Joy felt the terms of reference were fine but just needed defining. Neil felt the committee is becoming clearer on its role and reporting lines.</p> <p>Neil had been informed of a large amount of money that had been allocated by the Minister for Hawera Hospital. Joy had no knowledge of this and agreed to follow this up, with the CEO. Ken and Keith felt this committee are not informed before decisions are made concerning South Taranaki, and wanted to be involved from the outset, otherwise this made their contribution a token gesture and neither wanted to be party to this. Gill commented that she felt things had become confused due to the delay in implementation and that some of the changes overlapping others had been planned since last year. The committee would like an overall plan and then discuss with the community. Joy stated that the DHB had its obligations to submitting the District Annual Plan that needed formal sign off from the Minister. Also that the plan might outline some thoughts the DHB had around change, but that did not mean that there were not other ways of doing things and that the DHB didn't intend to consult and engage.</p> <p><b>PRIMARY-SECONDARY INTEGRATION</b></p> <p>Project Splice is currently waiting for the Alliance Contracting Framework to be agreed, then this project can commence. Joy informed the committee that District Nurses, Occupational Therapists, Physiotherapists etc. would still be employed by TDHB to provide services. Keith said the concept is not a worry, but how it is applied. Joy sees Project Splice as a way of getting a more skilled workforce with a qualification to entice</p>

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staff to South Taranaki as a whole not just to the hospital. Joy outlined the principles of the Alliance framework. These principles could be expanded to provide services for South Taranaki and include this Committee in these discussions.

Joy also outlined her view of how the Integrated Family Health Centre would look like. She feels it is not a building or a place, but a system ,and that this should not be feared.

#### **HAWERA HOSPITAL**

Ken stated his concerns related to being told of a proposal to close Hawera Hospital. He said this group needs to be advised and consulted with. Sometimes he as a committee member is not aware of any issues until confronted by members of the community. He feels this puts him in a difficult position and his contribution is weakened. Joy said this would most probably be discussed with the CEO at the wider community meeting to be organised by the Mayor. She reiterated there would inevitably be service changes year on year.

#### **CURRENT STAFFING/STAFF RECRUITMENT**

Keith asked about the implications for staff with the changes. What was happening with the Ward doctors, and how do we ensure continuity for patients and staff?

Gill outlined our medical staffing for the next 6-12 months. There is currently 2 medium term locums, one has been here for 12 months and is continuing on for the foreseeable future, and the other has been here since February until Xmas at this stage. Both these doctors are NZ trained. An American doctor starts in August until end of January 2011. Another locum Medical MOSS from end of December 2010 to May 2011. We also have another short-term locum from August 2010 to January 2011 at this stage. Along with this we have regular support from doctors (GPs) doing shifts each month in E.D. plus other regular locums we have been using for several years.

Discussion around how we can get a long-term commitment from these doctors. Gill stated we are looking ideally for rural hospital specialists.

Gill asked this group if they would like Dr Aran Denford to be part of this meeting now that we have no permanent doctors, bearing in mind he has been working here as a locum for the past 12 months. The committee endorsed this.

Gill gave an outline of nursing appointments – Clinical Nurse Specialist (Sue Barrett), Nurse Educator 0.8FTE (Nicola Tanner), HCA and Transfer Nurse (some appointments made with vacancies to be advertised).

#### **OTHER BUSINESS**

Gill stated that the night co-location model is still evolving with some shifts working really well, and others not so well. Keith raised some issues around maternity transfers with delays in ambulance transfers and who would be accompanying the patients. Gill replied saying that each transfer is assessed on a case-by-case basis, it could be a transfer nurse, doctor or a retrieval team from TBH. Joy said if any delays with ambulance, staff should be filling in a quality deficit which is taken to a Quality Risk Meeting and followed up.

In closing Joy offered to come and speak with the South Taranaki GPs. Keith will take to the GPs and let Joy know when this would be suitable.

The next Community meeting with Tony Foulkes, Ross Dunlop and Community representatives is yet to be organised.

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	<b>NEXT MEETING: TO BE ADVISED</b>

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