

# MINUTES

## HAWERA HOSPITAL COMMUNITY COMMITTEE

21st October 2010 Staff Library, Hawera Hospital

**PRESENT:** Jenny Nager, Gill Campbell, Ken Horner, Brenda Sturgeon, Joy Farley, Warwick Gilchrist, Dr Terrence Mathers (Medical Officer), Ross Dunlop, Keith Blayney.

**MINUTE TAKER:** Linda Smith

	ACTION/DECISION
<b>1.0</b>	<b>APOLOGIES</b> Rosemary Clements, Neil Walker.
<b>2.0</b>	<p><b>PREVIOUS MINUTES</b></p> <p>Matters Arising – <i>Emergency Department data</i> – Brenda would like comparative data for ED at Base. Gill will follow this up.</p> <p><i>Current staffing</i> – Brenda would like recorded that Rall Koen has left. Rall Koen was employed as a contractor working 1 overnight shift per month, and although has resigned from Hawera ED is still practising as a GP at South Care.</p> <p>All HCAs are recruited and orientated. Existing HCAs come from a health background eg rest homes and ambulance. No formal training programme is available locally now, but on line training is available as is staff development through the DHB.</p> <p>Drs Denford and Burling current long term locum staff are considering permanent long-term placement at Hawera Hospital working 7 on/7 off.</p> <p><i>Project Splice</i> – Joy advised that an update from Planning and Funding was that with one midland wide PHO, TDHB will get direction from the Midland Network as to how Project Splice will proceed. Joy feels this committee could be involved in this piece of work. Pauline Cruickshank from Midlands will liaise with all GPs including independents.</p> <p><i>Confirmation of Community Representatives</i> – Gill still to send out letters re community representative appointments.</p> <p><i>ED Co-location</i> – There is no change to service from a public perspective. So far has been three nights when have remained in ED due to Ward being full. Gill reminded the committee there is an escalation plan in place to look at numbers from 1500hrs. It will take some time for all staff to get accustomed to the changes. The morning transition is working well, however issues around the evening transition are still being worked through. There are no changes in numbers presenting. The implementation of the new staffing model at Hawera has now been in place for 4 months. A meeting is being held</p>

	<p>on 4<sup>th</sup> November with NZNO to evaluate the changes.</p> <p><i>Meeting with Community Representatives</i> – A meeting has been arranged for 29<sup>th</sup> October to follow-up on the initial meeting with the Mayor and various community leaders. Answers to the 63 questions put forward to the CEO will be responded to at this meeting.</p>
<p><b>3.0</b></p>	<p><b>GENERAL BUSINESS</b></p> <p><b>STRATEGIC DIRECTION RECRUITMENT MEDICAL STAFF TO SOUTH TARANAKI</b></p> <p>Joy tabled a draft paper outlining what she sees as the type of doctors we are trying to attract and recruit to Hawera Hospital. H.R. will need to develop guidelines around what doctors we require, and to advertise that we will support suitable staff to gain the required qualification and to maintain it. She sees this as offering a career choice for doctors as well as nurses.</p> <p>Terrence Mathers gave an outline of the system in USA around bonding of medical staff etc. Joy responded that bonding is an option, but cannot be enforced so has not been seen as that useful in this context. .</p> <p>GPs coming into South Taranaki could also be eligible to train as a “rural” doctor. This would entail a maximum four year training programme dependent on previous experience. A vocationally registered doctor could supervise as a “rural supervisor” and enable the doctor to work in general practice.</p> <p>The aim is to finalise this document finalised by next month. Joy indicated it would be worthwhile to meet with the GPs re this recruitment/staffing direction. Keith will organise.</p> <p>Ross supports this document as long as it doesn’t stop doctors without this qualification from working at Hawera Hospital. It will not stop doctors not working at Hawera but gives a long term direction and also clarifies experience required for working at Hawera Hospital..</p> <p>Keith asked if HR can target the trainee doctors to come and do this training.</p> <p><b>MENTAL HEALTH ACUTE PATHWAY REVIEW</b></p> <p>A first draft of the report from the clinical group looking at this acute pathway has been circulated to staff for feedback. The report identified a number of issues - there is a need to find a way around dealing with acute mental health patients when the Crisis Team is not available, plus staff going out to isolated locations is unsafe.</p> <p>Once the feedback is collated Joy can put together a summary for this Committee. Key aim is to see one point of contact for referral and has to operate 24 hours. Ross concerned that no representative from South Taranaki for mental health services is on the Advisory Board. Joy advised that Wendy Langlands (previously Hawera resident) will be managing the elderly mental health patients as well as the Older Persons Health &amp; Rehabilitation Service.</p>
	<p><b>NEXT MEETING: 16<sup>TH</sup> DECEMBER 2010 1230HRS, STAFF LIBRARY (LUNCH WILL BE THE STAFF BBQ IN CAFETERIA FROM 1200)</b></p>

