

Event Briefing

Health New Zealand
Te Whatu Ora

Visit to Palmerston North Regional Hospital, 26 February

Due to MO:	20 February 2025	Reference	HNZ00079026
To:	Hon Simeon Brown, Minister of Health		
From:	Robyn Shearer, Deputy Chief Executive, Te Ikaroa I Central Region		
Copy to:	n/a		
Security level:	In Confidence	Priority	Routine
Consulted	n/a		

Contact for phone discussion (if required)			
Name	Position	Telephone	1st contact
Robyn Shearer	Deputy Chief Executive - Te Ikaroa I Central Region	s 9(2)(a)	x
Sarah Fenwick	Group Director Operations, MidCentral		

Attachments	
Appendix 1:	Runsheets and venue information
Appendix 2:	Recruitment enabled by October funding injection
Appendix 3:	Improvement to acute care flow - last 12 months
Appendix 4:	Performance against the health targets – national overview

About the event

Purpose	This event briefing provides information to support your visit to Te Pae Hauora o Ruahine o Taranui MidCentral
Date	Wednesday, 26 February 2025
Time	10.00am – 11.00am
Venue	Palmerston North Regional Hospital 50 Ruahine Street, Palmerston North
Health New Zealand Te Whatu Ora representatives	Robyn Shearer, Deputy Chief Executive, Te Ikaroa I Central Region Sarah Fenwick, Group Director Operations, MidCentral
Media	No media are expected
Key topics	<ul style="list-style-type: none"> MidCentral's service and clinical quality concerns have resulted in performance reviews, an agreed improvement plan and leadership changes. Performance is now improving due to a highly-focused leadership team and strong regional and national support. The district's Health Target focus is on improving ED performance and patient flow through the hospital and back into the community. Planned care performance is tracking well. MidCentral continues to experience particular pressure on General Practice, difficulty in recruiting necessary clinical staff, and building and capacity issues at the hospital. The hospital is actively remediating the non-fire-compliance of a number of its buildings and will ensure that your office stays updated on progress.

MidCentral District overview

Population profile

1. The MidCentral district serves a population of 191,000, which is forecast to grow to 219,000 over the next 15 years. In practice, the district and Palmerston North Regional Hospital (PNRH) provide services to a considerable number of people from surrounding districts.
2. MidCentral district's age profile reflects the national average, with over-65s growing at slightly above the national average and forecast to reach 20% of the population by 2030.
3. The district has a higher-than-average proportion of people living in 'most deprived' areas (decile 9 and 10), with some 46,000 people (27%) living in such areas. Substantial numbers of refugees have also been resettled in Palmerston North and surrounding areas.

Palmerston North Regional Hospital

4. The 395-bed teaching hospital in Palmerston North provides secondary services to the

MidCentral district and is a regional provider of cancer screening, treatment and support services to the MidCentral, Whanganui, Taranaki, Hawke's Bay and Wairarapa populations (approximately 600,000 people). MidCentral is working with Capital, Coast and Hutt Valley District towards a 'one-region' approach to cancer services.

5. The region's first provincial interventional catheterisation laboratory was opened at PNRH, bolstering and increasing local and regional cardiology services and access. The installation is part of Central Region's wider cardiac plan to increase capacity and reduce pressure on the regional service provided by Wellington Regional Hospital.
6. MidCentral is supporting the implementation of regional linear accelerators in Hawke's Bay and Taranaki. The Taranaki facility is on track to open in November 2025, with staffing to be provided by MidCentral. Other services at PNRH, such as surgery and medical imaging, are intrinsic to cancer services.
7. MidCentral operates primary birthing centres in Palmerston North and Levin, with a community provider contracted to provide rural hospital services in Dannevirke.

Primary Health Services

8. MidCentral has the lowest number of GPs per head of population in the Central Region, and 27 practices out of 35 have are currently not enrolling new patients. This leaves eight practices in MidCentral with capacity for new enrolments.
9. Encouragingly, three new practices have been established, with practices in Palmerston North and Otaki recently opened, and one in Dannevirke pending.
10. To support primary care, Hato Hone St John run a substantial see and treat service.

Aged Residential Care and Community Services

11. While MidCentral Aged Residential Care providers have 146 vacant beds currently available, it is critical to ensure that there are suitable standard priced (fully subsidised) beds available to support aged people being discharged from hospital in a timely manner.
12. Significant pressure exists in dementia and psychogeriatric level care across the district, resulting in delays to discharge. The regional planning and funding team is reviewing current bed status with a view to changing the current bed mix and volume.
13. MidCentral seeks to manage demand, improve equity of access to services closer to home and ensure high standards of care. Provisions for this include:
 - Older People's Assessment and Liaison Community Service. This locally-based service focuses on reducing avoidable displacement of older people from their homes to move more care from the hospital setting closer to people's homes, incorporating Kaupapa Māori approaches.
 - A local community infusion service means people do not have to come to the hospital for infusion. Seventy-eight percent of patients who were receiving their infusion in the Transitory Care Unit at the hospital now attend one of three primary care sites we are partnering with: Kauri HealthCare and The Palms (both in Palmerston North), and Tararua Health Group (Dannevirke).
 - Telehealth initiatives have been established in Horowhenua and Dannevirke

community health centres, reducing travel for patients/whānau and time required away from work/home to attend appointments.

Investment in patient safety and acute and emergency care

14. PNRH has experienced long-standing challenges around patient flow, safety and culture, which have been the subject of successive reviews. Issues have revolved around high Emergency Department (ED) wait times (including 'did not wait' rates and those waiting over 24 hours).
15. On 8 October 2024, the former Minister of Health, Hon Dr Shane Reti announced a \$6 million funding package to support MidCentral's performance against the *shorter stays in ED* target. Part of this funding was allocated to additional staffing of the new children's area of the ED, opening a discharge lounge, recruiting a system flow coordinator, and developing an early supported discharge team.
16. The refurbished children's area of the ED was completed in November 2024, with the Palmerston North Hospital Foundation Trust contributing \$700,000 (its first project with MidCentral), alongside MidCentral's \$570,000¹.
17. The discharge lounge opened in its temporary location on 11 November 2024 and is fully staffed, with nursing and health care assistant posts recruited. As of 31 January 2025, 279 patients had used the lounge.
18. The Early Supported Discharge Team launched on 17 February 2025 with 6.2 FTE employed and a further 2.0 FTE due to commence in March and April 2025. A further 2.4 FTE are being actively recruited. This will increase patient flow, supporting people to be discharged earlier and freeing up inpatient beds to alleviate pressures on ED and admission.
19. The new staffing enabled by the announced funding is set out in **Appendix 2**.

Performance against the health targets

20. A national overview of delivery against the health targets (with data extracted on 18 February, but current as of various dates/date ranges) is provided in **Appendix 3**.

Acute flow

21. Since February 2024, there has been a significant focus on the acute flow programme of work across MidCentral District. Weekly meetings were put into place with the national Intensive Support Team and 2024 saw good progress
22. More recently, a system flow governance group has been established to ensure a cross-system response, with representation from the hospital and community services within Health NZ, the Primary Health Organisation, Whaikaha, the Iwi Māori Partnership Board, Hato Hone St John and consumer advocates.

¹ From 15 February 2025, the children's area is expected to be open most shifts. The exception is Sunday, which cannot currently be staffed.

23. Improvement to acute care flow over the last 12 months are charted in **Appendix 4**.

Planned Care

24. MidCentral is performing well in areas of planned care:

- The *Waiting for FSA* target for financial year 2024/25 is 81%. Currently 15 of MidCentral's 22 specialities are exceeding the target, and a further two are within 10% of the target. The remaining five specialities have experienced workforce constraints alongside acute demand over the last seven months, which have impacted those services' ability to meet the target. Plans are being put in place to rectify this, and every effort is being made to ensure the district can meet the target by 30 June 2025.
- 25. The *Waiting for Treatment* target milestone for financial year 2024/25 is 75%. Currently, MidCentral is sitting at 71% across its specialties, with six of nine at or exceeding the milestone. Three specialties are receiving focused improvement planning to ensure they also meet the milestone, and these are seeing encouraging progress.
- 26. MidCentral achieved the target of no patients waiting over 365 days by 30 June 2024 and is on track to deliver to this year's expectations.

Faster Cancer Treatment (FCT)

27. Significant work continues to meet the FCT target with a continued focus on quality data collection and timely reporting. The preliminary result for Quarter 2 (Oct-Dec 2024) is 87.7%.
28. Urology treatment, an area of particular focus locally and nationally, is currently not meeting the target. A higher number of urology patients are identified as requiring surgery as their first treatment than is clinically expected, and analysis is underway to ensure fully understand this.

Mental Health

29. The Mental Health and Addictions (MHA) team has a number of points of focus concerning the health targets:
- It is working with ED colleagues to minimise patient wait times in ED;
 - One team is focused on people likely to need MHA services only briefly and another (the Focused Acceptance and Commitment Therapy (FACT) team) caters to people who will require extended, if not indefinite, MHA services. (In addition to these, there are crisis and Kaupapa services);
 - Following recent police changes, an assessment area has been established in the community mental health building, which is being well used and has enabled staff to bring patients through from ED rather than wait in ED for an assessment. Work is continuing to ensure working areas are optimal for use with mental health patients, including regarding security.

Other infrastructure and investment at Palmerston North Hospital

30. PNRH is currently in tranche two of the national Hospital Redevelopment project. The master planning process for this is nearing completion. A number of current buildings have lacked maintenance for some time, leading to seismic, fire safety and other facility issues with many buildings being old and not fit-for-purpose. Remediation is being undertaken on a 10-year horizon.
31. The **Acute Mental Health facility** is currently on track to open in August 2025. This will be a 28-bed unit with two de-escalation beds and potential for future expansion (up to eight beds).
32. A business case is underway for a **Computed Tomography (CT) Scanner and modular unit** and is expected to go through the approval process in mid-2025. The total project value is expected to be around \$20 million. Completion of the project will mitigate current risks associated with capability and capacity constraints and will improve patient flow, especially in ED. Replacement of equipment is an ongoing challenge, with options limited due to the national infrastructure programme.
33. Multiple buildings across PNRH are currently operating under a *Certificate of Public Use* (CPU) due to non-compliance with fire-related Building Warrant of Fitness requirements. Operating under a CPU for an extended period is a risk, and an active programme of work is underway to manage this. Regular updates will be provided to your office.

Appendix 1: Runsheet and location map – Palmerston North Regional Hospital visit, 26 February

Runsheet

Contact person: Megan Doran (EA to the Group Director Operations) – 021 139 1024

Time	Activity	Met / accompanied by
10.00am	Arrive Palmerston North Hospital Board Room	Meet with Group Director Operations and key clinical and operational leaders
10.10am	Tour of the Emergency Department and round table discussion	s 9(2)(a)
10.40am	Tour of Theatre / ICU	
10.55am	Farewells and departure	
11:00am	Drive to Masterton Hospital (drive time approx. 1 hr 30 mins)	

Map and parking directions



Directions to parking

Through Gate 2 on Heretaunga Street (entrance opposite Heretaunga St Dairy).

Go through the ticketing machine/barrier arm.

The Board Room is directly on your left. There are visitor carparks just inside Gate 2 (on the left as you drive in).

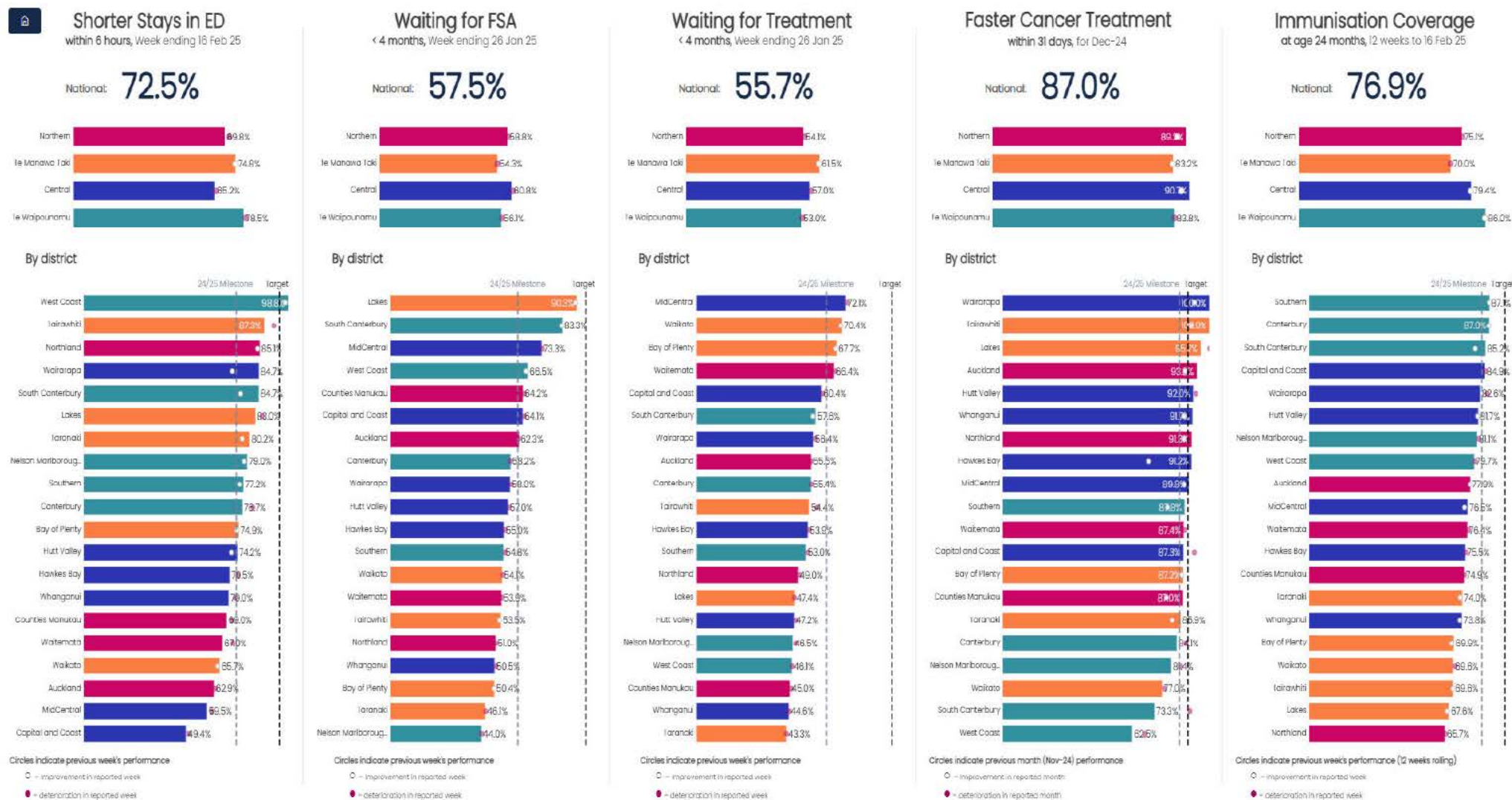
On arrival, phone or text Megan Doran (EA to GDO – 021 139 1024) who will let you in and ensure you have an exit card.

Appendix 2: Recruitment enabled by the October funding injection

Initiative	Increase in FTE	Status/comments
Children's area of ED	8.4 FTE Registered Nurse (RN) 2.8 FTE Health Care Assistant Total FTE: 11.2	6.8 FTE recruited, a further 4 FTE RN currently being recruited with offer letters pending.
Fast Track (occupying previous fracture clinic space)	3.2 FTE Registrar 3.2 FTE Nurse Practitioner 6.5 FTE Registered Nurse 0.9 FTE Orderly Total clinical FTE: 13.8	4 FTE Registered Medical Officers recruited (which includes junior doctors) 0.8 Nurse Practitioner recruited. 0.8 FTE offset above over-expenditure. (noting NPs have been difficult to recruit). 1 FTE locum MOSS currently offset against NP FTE.
Discharge Lounge	1 FTE Registered Nurse 1 FTE HCA 0.5 FTE Orderly Total FTE: 2.5	Both recruited and commenced work
System Flow Coordinator	1 FTE Senior Nurse	No applicants have met criteria to date, temporary cover is in place
Early Supported Discharge	10 FTE Allied health practitioners 2 FTE administrators	Service commencing week ending 21 February 2025.

Appendix 3: Performance against the health targets*

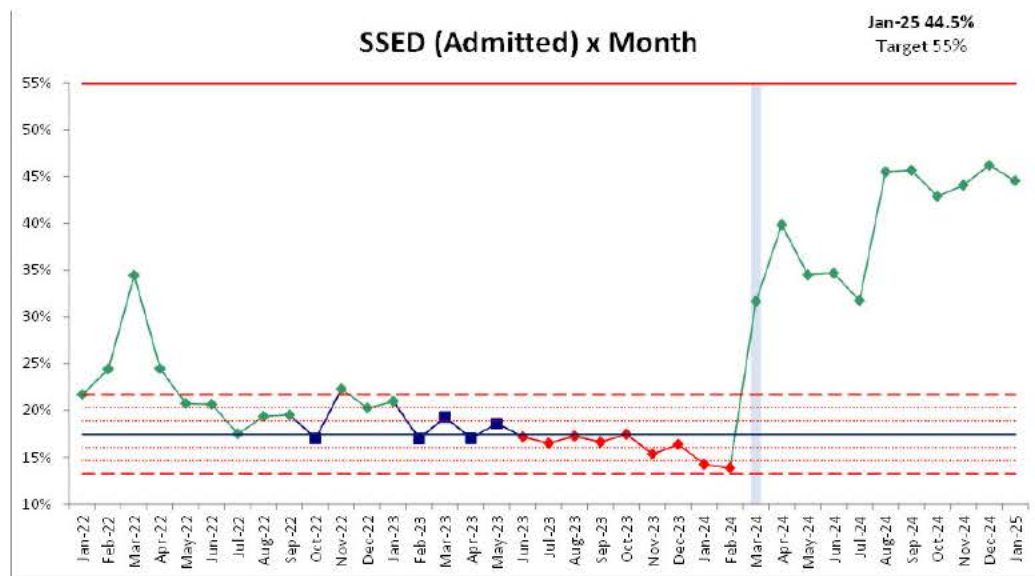
Note: Provisional Q2 data was used - this has now been released and is publicly available



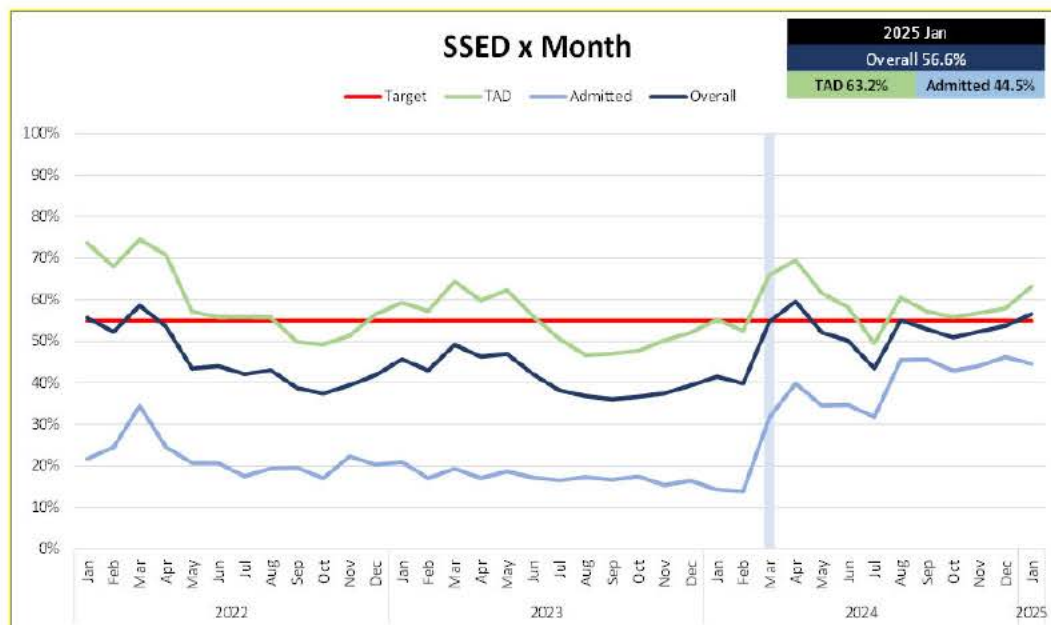
* Data extracted on 18 February 2025

Appendix 4: 12-month improvements to acute care flow

Admitted patients have been a key focus due to the internationally recognised impact on patient outcomes. A significant improvement can be seen on the graph below, with initially only around 12% of patients admitted within the six-hour target in February 2024. A sustained improvement has been seen over the last six months.



Now, when PNRH acute adult wards are at 92-95% occupancy, flow is occurring well. Discharging time of day has lowered from an average of 1700hrs to 1340hrs, which is significant given the number of vacancies in the general medicine team. A criteria-led discharging programme has commenced and is beginning to see success with nurses discharging around a key set of criteria.



Ensuring a reduction in the number of patients waiting longer than 24 hours has been a critical priority for MidCentral over the past 12 months.

