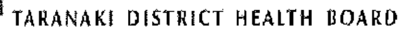
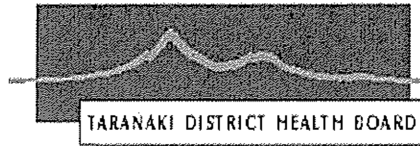
Distribution:	
Board Members: M Bourke – Chairman P Catt – Deputy Chairman A Ballantyne E Borrows K Denness K Eagles F Gilkison B Jeffares P Lockett A Rumball C Tuuta	 TARANAKI DISTRICT HEALTH BOARD # AGENDA
Management: CEO GM Finance & Corporate Services GM Planning, Funding & Population Health GM Hospital Services Chief Advisor Maori Health Chief Medical Advisor Nursing Director Quality Risk Manager GM HR & Organisational Development PA to Board Internal Auditor Advisors: S Carrington, Media Advisor P Franklin, Legal Advisor File Copy	TARANAKI DISTRICT HEALTH BOARD ORDINARY MEETING
Public: Tui Ora Limited Midlands Health Network Peter Jane, MoH HealthCare Providers Te Whare Punanga Korero (7) Dr Keith Blayney J Nager Heather Crofskey, Grey Power Public Libraries – New Plymouth, Hawera, Stratford, Opunake, Patea, Manaia, Kaponga, Waverley, Oakura, Waitara, Bell Block, Inglewood, Eltham Media – Daily News, Newstalk ZB, Hawera Star, Midweek, Opunake & Coastal News, Stratford Press, TV One News Health Centres – Stratford, Patea, Opunake, Mokau Base Hospital Library Hawera Hospital Library Corporate Reception	**Thursday 10 November 2011** **2.30pm** **Corporate Meeting Room 1** **Base Hospital** **David Street** **New Plymouth**



TARANAKI DISTRICT HEALTH BOARD

MEETING AGENDA

Thursday 10 November 2011
2.30pm

Corporate Meeting Room 1
Base Hospital
David Street
New Plymouth

1. **Declaration to Open Meeting**

2. **Apologies**

3. **Conflicts of Interest**

4. **Public Comment**

5. **Presentation** – Southcare and Midland Health Network presentation:-
'South Taranaki Medical Trust – more than a GP practice and includes the Midland presentation on the IFHC model of care'

Midland Health Network
Maree Munro, GM Service Delivery
Susan Ryan, Primary Care Development Manager – IFHC
Annie Schenkel, Clinical Project Manager – IFHC
Pauline Cruickshank Locality Manager Taranaki

South Taranaki Medical Trust (Southcare)
Kevin Simpson, General Manager South Taranaki Medical Trust
Marlene Bezuidenhout, Clinical Director
Jenny Kissick, Nurse Manager
Julie O'Dea, Team Leader Administration

6. **Chairman's Report**

7. **Minutes**
5.1 Minutes of Meeting held 6 October 2011

Pages 1 –8

Resolution
That the minutes of the Taranaki District Health Board meeting held 6 October 2011 confirmed as a true and correct record.

8. **Matters Arising**

9. Board Committee Reports

9.1 Hospital Advisory Committee — Page 9 - 14

Resolution

That the Taranaki District Health Board receive the minutes of the Hospital Advisory Committee meeting held 6 October 2011 and notes the recommendations contained therein.

9.2 Community & Public Health Advisory Committee / Disability Support Advisory Committee — Page 15 - 23

Resolution

That the Taranaki District Health Board receive the minutes of the Community & Public Health Advisory Committee / Disability Support Advisory Committee meeting held 25 October 2011 and notes the recommendations contained therein.

10. Management Reports

10.1 Chief Executive's Report — Pages 25 - 42

This will include a presentation update on Project Maunga by Project Director Mr Ian Grant.

10.2 Finance & Corporate Services Report — Pages 43 - 56

Resolution

That the Taranaki District Health Board note and receives the Chief Executive and Management's reports and attachments.

11. Other Business

11.1 Shareholder Representation- Annual Meetings – Subsidiary and Associated Companies — Pages 57 - 58

Resolution

That the Taranaki District Health Board

1. *Appoint the following as its shareholder representative to the Annual General Meetings, with respect to the financial year ended 30 June 2011:*

Fulford Radiology Services Ltd	*Flora Gilkison, or failing her Simon Barrett*
HealthShare Limited	*Tony Foulkes*
HIQ Limited	*Peter Catt or failing him George Thomas*
Allied Laundry Services Ltd	*Kura Denness or failing her Simon Barrett*

2. *The appointed representatives to the Annual Meetings to have authority to be heard and vote on all issues of business that may be transacted at the meetings.*

12. Date of Next Meeting

Next TDHB Meeting – 8 December 2011 – New Plymouth

13. Exclusion of Public

13.1 *Resolution*

That the Taranaki District Health Board exclude the public from the meeting on the basis of the following matters:

1. *To present Taranaki District Health Board Minutes pursuant to an earlier resolution publicly excluding the item*
2. *To present Minutes of Committee meetings pursuant to an earlier resolution publicly excluding the item.*
3. *To present Chief Executive's Report in that the public conduct of the meeting would be likely to result in the disclosure of information where the withholding of the information is necessary to:*
   - *(g) Enable the DHB, Board or Board Committee holding the information to carry out, without prejudice or disadvantage, commercial activities.*
   - *(h) Enable the DHB, Board or Board Committee holding the information to carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).*

TARANAKI DISTRICT HEALTH BOARD

MINUTES Open (unconfirmed)

TARANAKI DISTRICT HEALTH BOARD

6 October 2011
2.30pm
Corporate Meeting Room 1
Base Hospital David Street
New Plymouth

Present:
Mary Bourke (Chair), Peter Catt , Alex Ballantyne, Ella Borrows, Kura Denness, Karen Eagles, Brian Jeffares, Flora Gilkison, Pauline Lockett, Alison Rumball, Colleen Tuuta

In Attendance:
Tony Foulkes (Chief Executive), George Thomas (General Manager Finance & Corporate Services), John Doran (Chief Medical Advisor), Rosemary Clements (General Manager Hospital and Specialist Services), Vicki Kershaw (Acting General Manager Planning, Funding & Population Health), Kerry-Ann Adlam (Director of Nursing), Gavin Woolley (General Manager Human Resources and Organisation Development), Ngawai Henare (Chief Advisor Maori Health), Matua Ramon Tito (Kaumatua), Sue Carrington (Communications Advisor), Jenny McLennan (PA to Chief Executive),

729.0 Public Comment

Mrs Nager addressed the Board advising that she felt if the South Taranaki community had not responded in the manner it had with regards to the proposed changes for Hawera Hospital that the outcome would have been different to what has eventuated.

Mrs Nager suggested that all Board agenda papers be placed on the TDHB website as opposed to just the agenda and minutes.

730.0 Conflict of Interest

The Conflict of Interest Register was circulated for members to review and sign. No new conflicts were declared.

731.0 Minutes of Previous Meeting

Ms Denness advised that the minutes did not portray a sufficiently balanced reflection of the meeting, adding that the issues raised by the Expert Panel were not sufficiently reflected in the minutes.

Resolution
That the minutes of the Taranaki District Health Board of 8 September 2011 be received subject to the inclusion of the recommendations referred to in the report of the Expert Panel as follows:

- That on balance the future service model proposed for South Taranaki is inline with modern models of rural integrated community care
- That Taranaki DHB has demonstrated a clear desire to ensure the "Alive

with Opportunities" process is inclusive and transparent

- That a more explicit description of the future South Taranaki service model needs to be developed, including: description of how the new model of primary care delivery proposed in 'Alive with Opportunities' will integrate with Hawera Hospital services
- Description of new ways of working for health professionals across the sector, including practitioners with Rural Hospital Medicine vocational training working with general practice
- Consideration of nursing-led models of care
- Consideration of a shared IT system across DHB and primary care, including electronic referrals, discharge summaries, and test ordering and results.
- Clinical pathway, supervision and treatment protocols between Base hospital specialists and South Taranaki services
- More detail on integration of medical and nursing services with social services and allied health initiatives to remove service separation
- That further work is required to assess the appropriate model of care for Hawera Hospital, training and transition costs, shared IT system, and clinical pathway and supervision arrangements
- That a more explicit description of the future South Taranaki service model will enable a clearer plan for improved use of Hawera Hospital, other health facilities, and the transition pathway to achieve integration
- That a more explicit description of the future South Taranaki service model will enable the South Taranaki community to more fully see the benefits of a modern model of integrated rural community care
- That ultimately it is the Board that needs to make the final decision on the future service model for South Taranaki, as it is the Board who will be held to account for the safety, quality, and sustainability of services provided to the South Taranaki population

Bourke/Catt
Carried

732.0 Board Committee Reports

732.1 Hospital Advisory Committee

Resolution

That the Taranaki District Health Board receive the unconfirmed minutes of the Hospital Advisory Committee held 8 September 2011 and note the recommendations contained therein.

Borrows/Eagles
Carried

733.0 Management Reports

733.1 Chief Executive's Report

The Chief Executive took the report as read highlighting the following:

Mr Foulkes took his report highlighting the following:

- Positive meeting of the South Taranaki – Alive with Opportunities Steering Groups was held 26 August 2011 to discuss the outcomes of the Board decisions.

Mr Dunlop – Mayor and other community stakeholders were intending to provide some further input to the practicalities of moving forward with the Board resolutions and will also refer to the matter of potential NHB support.
That the media report of the outcome of the discussions was not a positive portrayal of the outcomes agreed to by the Steering Group was noted.
Mr Foulkes noted the discussions that the Board had since held with Clinicians including Medical Specialists.

- Potential change signalled due to the renegotiation of a revised 2011/12 Annual Plan target for 'better diabetes and cardiovascular services following MOH advice about their revised methodology and calculation of the target. The revised prevalence of people with diabetes was now estimated at 6,400, a 35% increase.
  The Chair expressed concern regarding the adjustment of data and requirements to 'rejig' the target in question and possibly other targets, and the increase in work associated with these directives.
  Mr Foulkes confirmed that while there will be adjustments in the target data the provision of services would continue.
- Referring to Appendix 4 Ms Denness questioned the 106% variance in the specials budget for the week of 8 August.
  Mrs Clements advised that this was the result of an acute situation in one pay period.
  Mr Thomas advised that the data presented was a percentage and may appear larger however an increase of FTE in actual personnel may be only or two staff members.
  Ms Lockett questioned the rationale behind a number of part-time personnel working additional hours and was advised that while a review of the policy and procedures relating to this was underway the overtime was in direct response to the increased hospital activity and the time.
- The Chair referred to the Hawera Clinical Risk – Corrective Action Plan Summary, advising that there was a need for the position of the Board to be defined and that discussion would be more appropriate for a workshop.
  Mr Foulkes advised that it was important that the Board consider and note the table of risks presented.

Dr Doran joined the meeting.

<u>*Resolution*</u>
That the Taranaki District Health Board notes and receives the Chief Executive's report and attachments.

Bourke/Jeffares
Carried

733.2 Financial Report – General Manager Finance and Corporate Services
The General Manager Finance & Corporate Services took his report as read:
<u>Discussion</u>

- Dr Catt expressed concern regarding the over expenditure of the Hospital Provider, noting that while this was in response to increased hospital activity the need for additional savings to be made remained.
- Mr Thomas noted the consolidated financial result for end of August was a surplus of $1.27M and although favourable to plan the Hospital Provider dropped sharply behind planned budget with the DHB Funder contributing to

the favourable financial result. Mr Thomas advised that there was no tolerance built into the budget.
Mr Foulkes advised that while the challenges of meeting the budget had always been acknowledged these challenges had now increased.

Resolution
That the Taranaki District Health Board note and receive the report and attachments of the General Manager Finance and Corporate Services.
Denness/Catt
Carried

734.0 Other Business
734.1 South Taranaki Management Discussion Paper
Mr Foulkes took the report as read:
Discussion
- Dr Catt supported the paper presented noting the good principles that had be applied and that the outcome will be dependent of the ability to attract someone to the role.
- Following discussion it was agreed that feedback be provided directly to the Chief Executive by the end of the week with the matter to be discussed at a future workshop.
- Mr Foulkes advised that feedback would also be provided through Mayor Dunlop as the contact point for the community perspective previously expressed.

Resolution
That the Taranaki District Health Board:
1. *Receive and note this report.*
2. *Provide feedback to the Chief Executive to help inform decisions on the management structure as it relates to South Taranaki services*

Catt/Bourke
Carried

734.2 Taranaki DHB Communications Service Plan
Mr Foulkes reported that the Communications Service Plan presented had incorporated the comments previously made by Board members.

Discussion
- While commending the Plan Mrs Eagles suggested the incorporation of a statement referring readers to the Ethical Guidelines for photography as a reference.
- Ms Lockett advised that the Plan now presented an operational view and questioned the plan from a Board perspective. Ms Lockett noted that the Boards strategic direction was reflected in the plan, however this may need to be reviewed.
  The Chair considered that the plan addressed what was best for TDHB and was satisfied that the requirements of TDHB were covered.
- Ms Tuuta referred the operational perspective noting the requirement for ongoing cultural change and the need for governance to place a strategic stake in the ground.
- Miss Bourke saw strong staff at all levels being able to communicate courageously as the prime focus of a communications strategy.

- Ms Lockett advised that a strategic outcome should provide for the establishment of conditions for communication excellence and where the responsibility for this rested.
- The Chair advised that strategic objectives had been included in the first document that was presented for discussion, and feedback had requested more operational detail.
- Dr Gilkison raised the possibility of three monthly audits to ensure gain in direction was occurring.
- The Chair acknowledged the hunger of members to be involved at strategic levels but questioned the ongoing consideration of operational issues.
- Mrs Rumball considered the plan had substance in a practical sense by providing direction and moved its adoption.

Discussion continued as follows:

- Ms Denness noted the operational requirements of the plan and questioned the availability of resources, with Ms Lockett questioning where the associated budget for the plan was. Mr Foulkes advised that the requirements would be met through the communications department and others continuing to work hard with no specific increase to current resource levels. It was noted that many aspects of the plan were already occurring.
- While happy to provide quarterly feedback on plan activities Mr Foulkes questioned the added value of an audit. Dr Gilkison felt that an audit would provide a reality check. Miss Bourke advised that reporting would demonstrate the various components of effect from the plan and saw its placement on the website as a positive part of its implementation.

Resolution
That the Taranaki District Health Board note and support the Taranaki DHB Communications Service Plan 2011/12.

Rumball/Eagles
Carried

736.0 Date of Next Meeting
The next Board meeting was scheduled to be held on Thursday, 6 October in New Plymouth.

737.0 Exclusion of Public
Resolution
That the Taranaki District Health Board exclude the public from the meeting on the basis of the following matters:

1. *To present Taranaki District Health Board Minutes pursuant to an earlier resolution publicly excluding the item*
2. *To present Minutes of Committee meetings pursuant to an earlier resolution publicly excluding the item.*
3. *To present Chief Executive's Report in that the public conduct of the meeting would be likely to result in the disclosure of information where the withholding of the information is necessary to:*
   (g) Enable the DHB, Board or Board Committee holding the information to carry out, without prejudice or disadvantage, commercial activities.

(h) Enable the DHB, Board or Board Committee holding the information to carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).

Gilkison/Catt
Carried

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Chairman *Date*

TDHB Board Meeting Task List from 6 October 2011						
Action No	**Date Raised**	**Action Description**	**Status**	**Assigned**	**Due Date**	**Updates**
12	6 October 11	Reporting on plan progress	To commence	Chief Executive	From Feb 12	
		Plan to be placed on TDHB website	To commence	Communications Advisor		progressing
11	6 October	**Board and committee agenda** on **website** - open agenda and papers to be placed on TDHB website	To commence	PA To CE	From 12 Nov 11	
~~10~~	~~6 October 11~~	~~**South Taranaki Management discussion paper** – feedback to be provided to CEO by end of week~~	~~No feedback received to date~~	~~Board members~~	~~Week following September Board meeting~~	~~Closed~~
9	~~8 Sept 11~~	~~**Annual Plan Status Reports** – aligns activities against Annual Plan – to be presented to committees with exception report only to Board~~ ~~Request feedback on approach from members~~	~~No feedback received~~	~~Board members~~	~~Following September Board meeting~~	~~Proposal format to be utilised for future reporting – Closed~~
8	8 Sept 11	**Roundtable Benchmarking** – Explanation to be presented to HAC	Progressing	GM H&SS		Presentation to be scheduled
6	8 Sept 11	**Rural Nursing Speciality** – Current status and options available for future planning and development	Progressing	GM HR	10 Nov 11	To be included in HR quarterly report
2	4 August 11	**Conflict of Interest** – Board members to note policy and recent advice. Clarify any issues with Chairman	Open	Chair	Board Meeting	
1	4 August 11	**IT Services Presentation** – including medicines- implementation.	Open	CEO	tbc	Presentation scheduled Dec 2011

HOSPITAL ADVISORY COMMITTEE

MINUTES – PUBLIC - unconfirmed

Tuesday 6 October 2011
9.45am
Corporate Meeting Room 1
Base Hospital
David Street
New Plymouth

Present:
Ella Borrows (Chair), Kura Denness, Karen Eagles, Flora Gilkison, Pauline Lockett, Alison Rumball, Colleen Tuuta (Board Members), Peter Moeahu (Co opted member), Mary Bourke and Peter Catt (ex-officio)

In Attendance:
Tony Foulkes (Chief Executive), George Thomas (General Manager Finance & Corporate Services), Rosemary Clements (General Manager Hospital and Specialist Services), John Doran, Chief Medical Advisor), Kerry-Ann Adlam (Director of Nursing), Katherine Fraser-Chapple (Management Accountant), Sue Carrington (Communications Advisor), Ramon Tito (Kaumatua), Jenny McLennan, (PA to Chief Executive),

Mike Burr – Customer Services/Privacy Officers
Susan Stewart - Customer Services/Privacy Officers

684.0 Declaration to Open Meeting
The meeting was declared open at 9.45am with a Karakia.

685.0 Apologies
Resolution
That the apology from Brian Jeffares and Alex Ballantyne be received.
Catt/Rumball
Carried

686.0 Conflict of Interest
The Register was circulated for signing with members asked to advise of any new interests to declare.

687.0 Public Comment
Ms Moira Paterson was attending the meeting on behalf of the Multiple Sclerosis Group and interested Neurological Groups.

Ms Paterson addressed the committee about the groups concerns regarding the quality and availability of neurological services provided within the region including the time patients are having to wait for a neurological appointment. Ms Paterson advised that the group would like to see a neurological nurse/coordinator position established.

Mrs Borrows thanked Ms Paterson for her comments and invited members to comment.

Mr Moeahu questioned whether there was any provision within the current budget for the support that had been requested.

Mrs Clements advised that historically funding had been provided for visiting neurological services and that while there was currently no holistic service support was available through the employment of a private neurologist and a locum Physician.

Ms Tuuta joined the meeting and apologised for lateness.

688.0 Presentation
The Manager Quality and Risk advised that Customer Services practices and protocols had been established in accordance with the Health & Disability Act and the Code of Patient Rights. Taranaki DHB Patient Satisfaction Surveys, which covered both in and out patients had high satisfaction results of 91%.

Mr Mike Burr and Ms Susan Stewart – Customer Services/Privacy Officers were welcomed to the meeting and gave a powerpoint presentation as follows:

- Opportunities for Improvement
- *What we do all day...*
  - ***Education***
    - Induction courses for new staff
    - Refresher courses for:
      - Clinical
      - Non-clinical
      - Community
      - Return nursing
    - Privacy
    - Challenging Behaviours
  - ***External Collaboration***
    - ACC
    - CYFS
    - Police
    - Privacy Commissioner
    - Health & Disability

- ***Complaints and Compliments***
  - Accept by phone, letter, email or directly
  - Process and monitor complaints
  - Provide reports and report trends emerging
  - Share our successes
- ***Quality Improvement***
  - Identify areas for development
  - Conduct ward audits
  - Monitor compliance with Privacy standards

- **Outcomes and evaluation**
  - Increased awareness of standards and expectation.
  - Changes to policies, procedures and guidelines.
  - Treatment plans and agreements specific to patient.
  - Information pamphlets.
  - Identified actions completed
  - Complaint process monitoring
  - External review
- **Keeping it in perspective**
  - Average figures over a three month period
  - Total patients – 10,873
  - Inpatients – 1,891
  - Outpatients – 8,982
  - Formal inpatient related complaints received – 16 (0.85%)
  - Formal outpatient related complaints received – 26 (0.29%)
  - The HDC has received 37 complaints related to the DHB since 2006 of which 3 have been formally investigated. Of the three investigated, no breaches were found.
- **Partnership between clinical services, staff and the consumer is key.**

Points of interest and clarification was sought by members throughout the presentation with the following points noted during discussion:

- Members were asked to encourage community members with concerns or complaints to go through Customer Services to ensure monitoring and responses are made within appropriate timeframes.
- Complaints are acknowledged within five working days, with an outcome response to be provided within 10 days. If ten day timeframe cannot be met customers advised that response will be within twenty days. A twenty day response timeframe was within the timeframe outlined within the code.
- Majority of complaints are managed within the ten day timeframe with the recent implemented initiative of customers invited to provide feedback on the complaints process.
- Up to 60% of customers provide feedback with virtually 100% expressing satisfaction with the process. Additional KPIs on process feedback under consideration.
- It was noted that areas that had repeat complaints were managed proactively and there were instances of repeat complainers.
- Mr Burr advised that a Challenging Behaviour training session provided appropriate skills that were beneficial for varying roles and proven useful to those who had attended.

- Ms Stewart advised that visits to hospital department were undertaken as part of the informal audit process.
- It was noted there were obligations on the part of the DHB to provide appropriate information to the Police as part of a criminal investigation.
- Complaints process was seen and managed as an opportunity for improvement, with issues discussed with appropriate wards or departments. Outcome of investigations can result in additional training required.

689.0 Minutes of Previous Meeting

Resolution

That the Hospital Advisory Committee resolve to accept the minutes of the meeting held on 8 September 2011.

Catt/Moeahu
Carried

689.1 Matters Arising

689.2 Maori Workforce Development

Mr Moeahu thanked the Chief Executive for the Maori employment information that had been provided. It was noted that in the last year 21% of Maori candidates and 16% of non-Maori candidates were hired by the DHB. The information would be presented formally to the committee in the next HR quarterly report.

689.3 Rheumatic Fever Incidence

Mrs Eagles acknowledged the rheumatic fever incidence information that had been provided and noted that all reported cases were monitored.

690.0 Management Reports

690.1 General Manager Hospital & Specialist Services Report

The General Manager Hospital & Specialist Services took the report as read noting the following:

Discussion

- Mrs Eagles was advised that the Bariatric case management was on track to complete eight procedures over a two year period.

Dr John Doran left the meeting

- To assist in understanding the impact of acute volumes against budget Ms Lockett queried the breakdown of the acute casemix. Mrs Clements advised that anticipated acute volumes were set using historic information and strategies to assist in managing and/or reducing these numbers were constantly under consideration. It was noted that patient pathways were consistently reviewed to ensure optimal patient management. Mrs Clements added that the prime focus of any reviews and patient pathways consideration was to improve models of care rather than financial outcomes.
- It was noted that the Do Not Attend (DNA) and rescheduling policy was to be tightened and an improved texting system used to manage DNAs.

- It was noted that it was positive that Mental Health actual inpatient days were below the contracted level.
- Mrs Clements reported that some data issues had been identified in the capture of the ED Health Target. Statistics in the report would be updated for future reports.
- Mr Moeahu reminded the committee of an earlier suggestion regarding the possible acknowledgement of former Chairman – Mr John Young in the new build. Miss Bourke acknowledged the suggestion which would need further consideration in due course.

690.2 Financial Report for Hospital and Specialist Services
Mrs Fraser-Chapple took the report as read and was available to respond to any questions:

- Mrs Clements advised that RMO locum costs were generally standardised across the country through National agreements.
- It was noted that patient consumables were included as part of the total service costs for ACC.

Resolution
That the Hospital Advisory Committee receive and note the Management Reports and attachments.

Eagles/Borrows
Carried

690.3 Neurological Services
Ms Lockett suggested that in considering the points raised in the public comment section earlier in the meeting that technology be considered as part of a possible solution. Miss Bourke noted that it was essential to ensure good utilisation of the neurologist time when here.

Mrs Clements acknowledged this and referred to her earlier comments on service arrangements.

691 Date of Next Meeting
The next meeting of the Hospital Advisory Committee was scheduled to be held on Thursday, 10 November 2011

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Chairman Date

TDHB Hospital Advisory Committee Task List as at 6 October 2011						
Action No	**Date Raised**	**Action Description**	**Status**	**Assigned**	**Due Date**	**Updates**
8	6 October 11	**New Facilities** – Consideration of acknowledging former Chairman		Chair		
~~7~~	~~6 October 11~~	~~**ED Health Target Data** – some data issues identified and to be updated for future HAC meeting~~	~~Progressing~~	~~GM HSS~~		~~closed~~
~~6~~	~~8 Sept 11~~	~~**Maori Workforce Development** – Update on approach, of employment numbers and opportunities.~~	~~Progressing~~	~~GM HR~~	~~10 Nov 11~~	~~To be included in HR quarterly report - closed~~
5	8 Sept 11	**Rural Nursing Speciality** – Current status and options available for future planning and development	Progressing	GM HR	10 Nov 11	To be included in HR quarterly report
~~2~~	~~4 August 11~~	~~**Annual Plan Status Reports** – aligns activities against Annual Plan – to be presented to committees with exception report only to Board~~ ~~Request feedback on approach from members~~	~~No feedback received to date~~	~~Board members~~	~~Following September Board meeting~~	~~Proposal format to be utilised for future reporting - closed~~

COMMUNITY & PUBLIC HEALTH / DISABIITY SUPPORT ADVISORY COMMITTEES

MINUTES – PUBLIC (Unconfirmed)

Tuesday 25 October 2011
11.30am
Corporate Room 1
Base Hospital
New Plymouth

Present
Alex Ballantyne (Deputy Chairman), Ella Borrows, Alison Rumball, Pauline Lockett, Colleen Tuuta (Committee Members), Mary Bourke, Peter Catt (Ex officio member), David Tamatea (Coopted member).

In Attendance
Tony Foulkes (Chief Executive), Sandra Boardman (General Manager Planning, Funding & Population Health), Ngawai Henare (Chief Advisor Maori Health), Ramon Tito (Kaumatua), Sue Carrington (Communications Advisor), Fran Davey (Minute Taker)
Mrs James, Portfolio Manager, Child & Youth & MH&A, Ms Ridgway, Executive Clinical Services Manager MH&A, Mrs Paratene, Manager, Te Whare Puawai, Ms Aylward, Regional Manager Pathways, Mrs Puketapu Collins, Tu Tama Wahine

655.0 Apologies
Resolution
That the apologies from Flora Gilkison, Karen Eagles, Kura Denness, Brian Jeffares be received and noted.

Borrows/Ballantyne
Carried

656.0 Conflict of Interest
The Register was circulated for signing by members with no new conflict advised.

657.0 Minutes of Previous Meeting
Resolution
That the Community and Public Health and Disability Support Advisory Committee resolve to accept the minutes of the meeting held on 30 August 2011, as a true record.

Bourke/Lockett
Carried

658.0 Matters Arising from the Minutes

- Mr Tamatea sought clarification of 651.0 (bullet point 6) page 2 - the PHU focuses very strongly on wellbeing around keeping people, groups, communities and age groups well and considers inequalities.
- Mrs Boardman advised the PHU has a focus on considering inequalities in everything it does as a routine part of their work, inequalities between Maori and all other groups. They use this to target the activities accordingly, the programmes they put in place focus on those areas where there is the greatest inequalities.
- Mrs Henare advised a correction on page 4, 653.0, bullet point 5, replace Te Whare Punanga Korero with Te Puni Kokiri.

659.0 Taranaki Adult Mental Health & Addictions Continuum Project – October 2011

A presentation was made by Mrs James, Portfolio Manager, Child & Youth & MH&A, Ms Ridgway, Executive Clinical Services Manager MH&A, Mrs Paratene, Manager, Te Whare Puawai, Ms Aylward, Regional Manager Pathways, Mrs Puketapu Collins, Tu Tama Wahine with the following points of discussion:

- Dr Catt enquired if for the province, there were a large number of providers, whether this was appropriate or if amalgamation would be better value for money.
- Mrs James advised this would form part of the work streams action plans when they look at the mix and model of residential facilities and what this means. They have looked at efficiencies through co-location and it is covered in other projects including Te Kawau Maro.
- Mr Tamatea enquired if representatives from South Taranaki were involved in the planning.
- Meeting was advised that representatives from South Taranaki, the provider arm and Maori providers were involved in the planning.
- Mrs Rumball asked how the development of resources for Respite Care would look.
- Meeting advised it will come out of the Residential Review.

Presentation

Te Moemoea (Vision)

- 'Ehara taku toa I te toa takitahi, He toa takatini Ke' *My strength does not lie in working alone. Rather my strength lies in working with others*

Te Kaupapa (Mission)

- Kia mahi tahi ai tatou ki te hapai ake te whanau ora o nga tamariki, rangatahi, whanau.
- Working together to strengthen the health and well being of children, young people and families.

Ngā take (Background)

- Why do the Project?
- 2006 a review/report of residential and respite services was not endorsed.
- Current environment constantly changing
- Need to identify short, medium and long term direction for MH&A services
- Complexities in tangata whaiora pathways

Te Ara Oranga (Goals)

- Models of care that remove access barriers
- Workshop models, mix, types of services
- Understand service gaps and future needs
- Review innovative practices and potential opportunities – outcomes driven
- Family/whanau centred service models
- Services based on shared values & principles

Project Structure, Process, Objectives - Ngā mahi (what we did)

- October 2010 – March 2011
- 16 Providers involved
- Workshops
- Gaps and emerging red flag areas
- Process map 37 client pathways
- Stock take Clinical/Managerial Governance Boards
- Identifying what service users, tangata whaiora & families & whanau want

Components of the client pathway in through & out of services

- barriers, opportunities, potential developments

Case Scenario Studies

- things to do differently? what would of helped?

Demographic characteristics & prevalence data – Stock take of National, Regional, Local Strategies & Projects

Local Services	NGO $$'s (m)	Provider Arm $$'s (m)	Total $$'s (m)	% of Total
Alcohol & Drug Services	$ 0.53	$ 2.29	$ 2.86	10%
Child & Youth Services	$ 0.49	$ 2.56	$ 3.05	10%
Mental Health Services	$ 5.89	$ 13.71	$ 19.60	65%
CEP, C&Y, Kaumatua, Advocacy	$ 1.42	$ 0.42	$ 1.84	6%
Maternal MH&A	$ 0.11	$ 0.19	$ 0.30	1%
MHS Older Persons	$ 0.23	$ 2.14	$ 2.36	8%
	$ 8.67	$ 21.30	$ 30.01	

Out of Region Services $1.23 (m)

- Eating Disorders Services $ 0.90 (m)
- Forensics & Court Liaison $ 0.60 (m)
- Acute/Sub-Acute Adult $ 0.04 (m)

- Alcohol & Drug Rehab $ 0.28 (m) Child & Youth $ 0.08 (m)
- Huntingtons $ 0.12 (m)

Service Red Flag Areas
- Residential care facilities (+ respite) contemporary models care
- Longer term residential care services – complex physical & MH issues.
- Community based services & collocation options
- Discharge planning and needs assessment
- Need to '***un-complicate***' the tangata whaiora journey through services

Recommendation 1 - Formalised agreements how providers work together
- Shared duty of care
- minimum standards
- expected caseloads, consistent policies, procedures, practice
-

Recommendation 2 - Increased accountability from providers in planning and delivering services
- Review of NASC function in access management
- Improved understanding of complex service user needs
- Consistency in service delivery models
- Improved outreach services, emphasis on collocation

Recommendation 3 - Focus on clinical leadership and governance inclusive of NGO and Provider Arm.
- Formalised clinical oversight
- Cross sector forums
- Continued stock take of governance structures

Recommendation 4 - Workforce development opportunities reflected in all projects, reviews and sector developments
- Monitoring of progress against Regional and Local WFD - TLAG
- Maximise access to National and Regional training opportunities – whole of sector.

Action and Implementation - 2011-2014 – Whakatinanahia
1. Governance – cross sector clinical governance
2. Define service mix and models
3. Consistency of policies, protocols & procedures
4. Improved discharge planning across continuum

Next Steps - Ka aro atu tātou ki hea?
- Continued sector wide leadership and endorsement of direction
- Clinical Governance structures (in progress)
- NASC service and discharge planning review (in progress)

Next Steps - Ka aro atu tātou ki hea?
- Longer term ageing client review (in progress)
- Review of residential facility services (in progress)

Interdependencies

- Midland – Clinical Governance Project
- Addictions Clinical Qualifications Project
- Regional – NASC Service review
- Developing Blueprint II
- Acute services review Provider Arm
- Te Kawau Maro Service development
- BSMC / Whanau ora
- National MH&A Action Plan
- Te Tahuhu's 10 leading challenge

TDHB Provider Arm, Kaupapa Maori and Mainstream Provider Services - E ngā hua (Learning's)

- Champions are needed to each level to drive and energise if positive change is to occur
- Cultural differences add strength and conviction
- Excellence and quality are common goals
- Spending time together allows for greater synergy commitment and collegial respect

Clinical Governance – to be presented at a later date

Ehara taku toa I te toa takitahi, He toa takatini kē

Resolution

That the Community & Public Health and Disability Support Advisory Committee note and support the Taranaki Adult Mental Health & Addictions Continuum Project, October 2011.

Ballantyne/Catt
Carried

660.0 Management Reports

General Manager, Planning, Funding and Population Health took her report as read noting the following points:

- Appendices 1 to 5 detail the outputs for the focus areas in the Annual Plan, and whether they are all either on track. Appendix 6 identifies where outputs are slipping or behind.
- Technology was used during the presentation to enable people who have hearing difficulties to hear the discussions better. The TDHB Trust Fund enabled the purchase of eight pieces of equipment spread around the hospital to enable people to hear during consultation with clinicians regarding their personal care. The equipment at this meeting enables people to hear more clearly during these meetings. Mrs Boardman welcomes feedback.
- The Disability Action Group are currently in the consultation phase of the Action Plan for 2011-2014.
- Hospital Level of Care – historically there has been an assumption by rest homes that they have been able to have one resident at HLC irrespective of whether they certified or not for that level of care. MoH have advised that there is not an automatic entitlement for this level of care, there is an approval

process which may be granted under certain circumstances. This is different to what has been assumed in the past and we are working through formalizing the process for granting approval so that there is appropriate care being delivered; and providers are clear under which circumstances it will be granted.

- The New Plymouth District Council has decided to stop fluoridating the water supply, the Public Health Unit will review our involvement in the decision making process and determine whether any lessons can be learned for the future.
- Work is being undertaken with Red Cross, Bishop's Action Foundation and Taranaki Regional Council and the Public Health Unit looking specifically at the Community Transport Needs Assessment of Patea. This also links into work around access to health services in South Taranaki and transport issues. STDC have a lead role around this.
- Financial Report - the overview of the Funder position for the period ending September 2011 shows a surplus of $681,000 against a budgeted surplus of $96,000 which is a positive variance due to additional revenue received over the period.

Discussion

- Ms Lockett asked if the positive variance around the finances is a timing issue and if it will work its way out over the year?
- Mrs Boardman confirmed it will work its way out. The budgets are set early in the year when the funding envelope comes out. Subsequently the DHB can receive additional funding and is expected to deliver additional services, so overall the impact is expected to be cost neutral.
- Ms Lockett enquired if there is a definition for Hospital Level of Care.
- Mrs Boardman advised that there is and it refers to the level of care required by the patient and additional requirements for the staffing and facilities.
- Mrs Rumball enquired if the Health Target Results variables for Short Stay in ED and Smokers were seasonal.
- Mrs Boardman advised it is due to work load rather than seasonal.
- Miss Bourke asked who were the people who make up the Supporting Communities cluster?
- Mrs Boardman advised they are a unit of the Public Health department comprising Health Promotion staff.
- Mr Ballantyne sought clarification around 2.1 regards waiting times for assessment or treatment of patients requiring elective surgery not exceeding six months.
- Mrs Boardman confirmed there are two targets. Some of the indicators relate to the time from referral by a GP to a patient being seen at a first specialist assessment, an outpatient appointment. The second part is when the patient is seen in outpatients and requires surgery. It is the time from when surgery is assessed to the time surgery takes place. The expectation is for surgery to take place within the six months for those patients given certainty.

Resolution
That the Community & Public Health and Disability Support Advisory Committee note and support the Management Report of the General Manager Planning Funding & Population Health

Tamatea/Catt
Carried

661.0 Maori Health Report
Mrs Henare took her report as read noting the following:-

- Tumanako is the series of spreadsheets that make up the monitoring report against the Maori Health plan.
- The (Maori Health) team is busy responding to numerous enquiries resulting from the advertising campaign re the availability of Community Action funding.
- Whakatipuranga Rima Rau – exciting achievements have been made that have been determined by the level of funding obtained in particular the Internships where every one of them has had a very positive outcome.
- The Whakatipuranga Rima Rau Trust has reviewed its structure and approved an Operational Plan that now comprises of three work-streams. Jackie Broughton now back with the Maori Health unit is leading the Incubator / secondary school work-stream.
- Whanau Ora Needs Assessment – is underway led by Becky Jenkins from Planning & Funding. Have engaged a Public Health specialist to contribute a Maori view to this work. Looking at undertaking a comprehensive assessment of the health needs of Taranaki Maori within a Whanau Ora context that takes into consideration the socio economic determinants of health.
- Te Kawau Maro Maori Health Services have had their first meeting with the Alliance and working to have a contract in place to commence 1st January 2012.

Discussion
- Dr Catt enquired if 5.3 could be expanded on.
- Mrs Henare advised the first year we paid $75K, the second year $60K. The HR managers have negotiated $35K per DHB for all Midlands DHB's. Since the writing of this report, the Hawkes Bay DHB have advised that the price to WRR for 2012 will be as negotiated by the HR Managers i.e. $35k.
- Dr Catt enquired what the timeframe is for the Whanau Ora Needs Assessment.
- Mrs Henare advised the aim is to complete it by December as this is when the Public Health Specialist finishes with the project.
- Mr Ballantyne commented it was good to see everything coming to fruition and that Taranaki could be seen to be leading the country.

Resolution
That the Community & Public Health and Disability Support Advisory Committee receive and note the Maori Health Report of the Chief Advisor Maori Health.

Ballantyne/Burrows
Carried

Next Meeting
It was noted the next meeting date is 13 December 2011.

The meeting concluded at 1.00pm with a karakia.

....
Chairman Date

TDHB Community & Public Health Advisory /Disability Support Advisory Committee Task List from 25 October 2011						
Action No	**Date Raised**	**Action Description**	**Status**	**Assigned**	**Due Date**	**Updates**
~~1~~	~~31-Aug-2011~~	~~Diagram of Maori Health Journey from He Korawai Oranga to today~~	~~Progressing~~	~~CA Maori Health~~	~~25 October 11~~	~~Closed~~

TO:	The Board
FROM:	Tony Foulkes Chief Executive
DATE:	3 November 2011

MEMORANDUM

Report for September/October 2011

1. INTRODUCTION

The consolidated financial result at the end of September is a surplus of $0.94M, which is a result short to plan. Construction continues to progress on Project Maunga with an update on progress included in Board papers.

2. SECTOR ISSUES

2.1 National Collaboration

2.1.1 DHB Shared Services

Responsibility for delivery of the All DHBs Annual Plan moved from DHBNZ to the Central Regional Technical Advisory (TAS) on 1 September. This was the result of coordinated effort between the two agencies and included formation of a new national arm of TAS to deliver the Annual Plan. The new unit is being referred as DHB Shared Services. The DHBNZ entity is now in the process of being wound up.

The main areas of work for Shared Services is as follows:

- **Collective/collaborative activity** - Work continues on Regionalisation and Primary Health following the joint Chairs and CEOs meeting with the Ministry of Health on 22 August. Work continues with the Ministry define the future vision and strategy for the sector. This includes discussion with national agencies on how they support DHBs to deliver on health sector strategy.

- **Employment Relations – Managed Bargaining** - Significant activity on managed bargaining. The work follows on from the establishment of the National Terms of Settlement collective agreement two years ago.

- **DHB collaborative overseas recruitment** - Advertising and media activity was undertaken in the UK to coincide with a season of recruitment fairs. All promotional activity pointed to our shared health jobs website.

- **Pharmacy** - DHBs continue to work with Pharmacy representatives to progress a new direction in the provision of pharmacy services. which involves a new model of care which better uses the professional skills of

pharmacists to focus on patients with high needs. A community pharmacy workshop was convened which developed a high level understanding and agreement on the future direction. The DHB- PHARMAC MOU was also refreshed in September.

- **Primary Health Performance -** Positive engagement with the Health Quality & Safety Commission as development of their Quality Framework and Quality Accounts for the sector continues. Alignment with Health Targets has been achieved, strengthening the value of the programme in primary health performance improvement and meaningful public reporting. Work on piloting of CVD/Diabetes indicators is showing good progress, and incorporates assessment of the Get Checked initiative. A second evaluation of the programme is being scheduled.

- **Hospital Quality and Productivity -** COOs and Clinical leads have confirmed their commitment to the programme across all DHBs, including the fourth cycle of indicator collection, and initial work on initiatives for falls. Other initiatives are being framed up to provide value across DHBs. There is good engagement and support, plus developing relationships with the Quality Commission and ACC.

- **Safe Staffing & Healthy Workplaces -** This month has seen steady progress on each of the three second intake DHB pilot sites (for CCDM). All three have made progress on implementation of the rollout of the work analysis process in individual wards. Other DHBs will learn lessons from these, with Taranaki anticipating progressing these in 2012.

- **Health Sector Relationship Agreement** The September meeting discussed the Life Preserving Services (LPS) project focused on ensuring that essential services are maintained during strike action. HWNZ (Des Gorman) presented how to use the competency framework to help set minimum qualifications for health workers in home care.

- **Health of Older People -**_Aged Residential Care contract negotiations have begun. Progress was made on further analytical work on metrics to inform improvements in service quality and provider performance. All DHBs have confirmed their commitment to roll-out of InterRai and the budget to support this. Several coordination roles have been established within DHBs to support this process – some will be placed within DHB Shared Services. The aim is to have 37 aged care facilities on stream by 31 December 2011.

- **Laboratory Schedule Review -**_This project is under way to review and update the schedule for changes in technology and cost over the years. This will improve DHB value from laboratory services.

2.1.3 National CEO Group

The National CEO Group met Monday,17 October 2011. The intent of the meeting was to Review progress and plan future meetings; work with the Ministry to understand and define vision and strategy for the Health Sector; input into the

planning guidance for 2012/13; to discuss with HBL how they can support the DHB in delivering on health sector strategy

2.2 Inter DHB Collaboration

2.2.1 Inter DHB Collaboration

Midland CEOs met Friday, 7 October. The meeting included a presentation by Dr Janice Wilson, Chief Executive and other personnel from the new Health, Quality & Safety Commission. The Commission is formulating its approach and priorities to guide the sector, and intends to engage on an ongoing basis with DHBs.

The Internal Audit function of the Midland DHBs was discussed further and in order to progress this matter further it was agreed that HealthShare undertake a piece of work to assess the commonality or difference that exit currently between DHB audit functions, the cost of these functions and the efficiency / effectiveness gains regionalisation would bring.

The next meeting of Midland CEOs and Chairs is to be held Friday, 4 November 2011.

3. ORGANISATIONAL ISSUES

3.1 Annual Report 2010/11

The completed Annual Report was submitted to the National Health Board and will be presented to the Minister of Health early November along with copies to the Bills Office. This will allow the Minister to present the Annual Report to the House by 25 November 2011.

3.2 Planning Package 2012/13

The Planning Process for the 2012/13 Annual Plans has commenced with the draft package received for comment. As per previous years the Planning Package and funding details are expected to be received prior to Christmas.

3.3 Te Whare Puanaga Korero Trust (TWPK) and Taranaki DHB

A very beneficial workshop with members of TWPK was held on 25 October. There was agreement that the Memorandum of Understanding between TDHB and the Trust continue, with the good progress and the achievements made to date recognised.

The Whanau Ora initiative was discussed and there was collective agreement that a combined effort in working collaboratively between funding and service agencies, as well as amongst iwi would provide improved health services for the whanau of Taranaki.

Discussions with regards to future reporting and meetings were also held.

3.4 Advisory Committee Meeting

The Hospital Advisory Committee (HAC) meeting was held 6 October 2011 with papers circulated to all Board members. Papers for the Hospital Advisory Committee meeting to be held 10 November were circulated with Board papers.

The CPHAC/DSAC was held Tuesday, 25 October 2011 with papers circulated to members.

3.5 Project Maunga

The Project is progressing well. An update will be presented to the Board by Ian Grant – Project Director.

3.6 South Taranaki – Alive with Opportunities

At the Steering Group meeting on 26 September the South Taranaki Mayor, Mr Ross Dunlop and other community stakeholder were intending to provide some further input on the practicalities of moving forward with the Board resolutions. It was intended that the Steering Group would meet one more time, before the new groups agreed with the Board are formed.

Once this feedback is considered the next steps in establishing new engagement arrangements will be progressed.

The Hawera Clinical Risk Action Plan summary is provided in Appendix 1 for information and noting.

4. ORGANISATION PERFORMANCE

4.1 2010/11 Performance Overview

The Performance Overview for Quarter Three Four is attached (appendix 2).

The overview contains:-

- A Health Target overview
- High-level results for each Performance Measure by Dimension
- Other key performance information: Monitoring Intervention Framework (MIF) status and Financial Performance summary
- Performance issues: a brief analysis of areas where a DHB is performing below expectations, and actions being taken to resolve the issue
- Performance highlights: brief analysis of areas where a DHB is performing above expectations.

This format is also used to report DHB performance to the Minister.

The scorecard shows good and improving performance in the majority of measures for Taranaki DHB.

4.2 Health Targets

Reporting for Quarter 1 2011/12 has been completed with official results due mid November. Attached are the interim results for the month of August which are positive overall. (appendix 3)

4.3 Planned 2010/11 Activity

As reported to CPHAC/DSAC the attached report provides project indicators that are either behind Plan or not tracking to Plan and the reasons for these variances. (appendix 4)

4.4 20010/11 Financial Performance

The consolidated financial result at the end of September is a surplus of $0.94M which is slightly behind plan. The Hospital Provider remains behind its planned budget for the period with the DHB Funder continuing to retain a surplus, which was the primary contributor to the favourable result for the period.

Further information is provided in the report of the General Manager Finance & Corporate Services.

4.5 Project Whakapai

Appendix 5 provides the latest KPI report which shows improvements being made.

4.6 Accreditation / Certification

The Health and Disability Services (Safety) Act 2001 requires that all hospital are certified. Taranaki Base and Hawera Hospitals achieved certification at the last audit in 2008 and this is due to expire 8 January 2012.

Surveyors and Auditors from DAA, which is a Ministry of Health designation auditing agency are on site during this week to re-audit against all the certifications standards as well as undertake our three yearly Accreditation survey. The team are here for four days with a summation meeting of their findings held on the final day. Verbal feedback was generally very positive with some areas identified for improvement. A written report on the survey is expected to follow.

5. OUTLOOK

Challenges continue in order to meet expectations for delivery of the DAP 2011/12 objectives and financial targets. The rapid progression of Project Maunga continues.

6. RISK MANAGEMENT AND REPORTING

To the best of my knowledge the DHB is complying with all legislation and regulations, or is putting into place means of ensuring compliance. The identified key risks for the organisation are being managed and reported to the Board's Finance Audit and Compliance committee as appropriate.

7. RECOMMENDATION

That the Taranaki District Health Board note and receive the Chief Executive's Report and associated management reports.

Tony Foulkes
Chief Executive

Appendices

1. Hawera Clinical Risk Action Plan (3.6)
2. Taranaki DHB Quarter Four 2010/11 Performance Overview (4.1)
3. Health Targets (4.2)
4. Annual Plan 2011/12 – exception report (4.3)
5. Project Whakapai (4.5)

Appendix 1

Hawera Clinical Risk - Corrective Action Plan Summary

As at 28 October 2011

	Risk	Actions	Responsibility	Date
A	Inpatient service as currently configured is inadequate & potentially unsafe	• Communication re the nature of the clinical risks to Hawera Inpatient Doctors	CMA	Completed
		• Meet with St John regarding clinical direction/emergency response against clinical pathways/inter-hospital transfers. • Further meeting to be scheduled with St John Regional Mgr once St John have completed their preparatory work – likely mid November	GM H&SS GM H&SS	28/09/11 Completed 30/11/11
		• Work with the Taranaki Regional Council on South Taranaki transport issues	GM H&SS	From 10/10/11
		• All patients transferred from Base to Hawera Hospital for inpatient care will be reviewed by the Dept of Older Peoples Health before transfer	CMA	From 3/10/11
		• Clinical pathways identified for discussion and evaluation with Hawera medical and nursing teams. 1. Presentations requiring a surgical intervention will be transferred to base hospital. 2. Inpatients of more than 72 hour status, not under the Older Persons Health service, will be discussed with a physician and there will be consideration of a transfer to base hospital. 3. Specific pathways a. Deep vein thrombosis clinical pathway b. Cellulitis clinical pathway c. Stroke clinical pathway d. Myocardial Infarction clinical pathway e. Asthma/respiratory clinical pathway (this requires further discussion and potential development) f. Other identified clinical pathways	CMA, GM H&SS, DON	31/12/11
		• Clinical pathways implemented	CMA, GM H&SS, DON	From 1/01/12
		• Evaluation of clinical pathways occurs ensuring risk mitigation is acceptable	CMA, GM H&SS, DON	31/01/12
		• Explore shared IT systems, including e-referrals, discharge summaries, diagnostic requests and results dependent	CMA, GM H&SS, DON	30/06/12
		• Weekly ward rounds by visiting specialists from the Dept of Medicine and Older Peoples Health	CMA	From 19/09/11 Completed
		• Monitor impact on of Physicians rounding in Hawera on Outpatient Clinics	GM H&SS	From 19/09/11
		• Daily report for Hawera patient flows	GM H&SS, Clinical Services Mgr, CNM ED Haw, Support Services Co-ordinator Hawera	From 3/10/11 Continuing

	Risk	Actions	Responsibility	Date
		• Communicotion strategy developed	CMA, GM H&SS, DON & Comms	From 30/09/11
B	Ability to accurately identify Doctors with appropriote scopes of practice to work in Hawera ED and inpatient areas	• Communication re the nature of the clinical risks to Hawera Inpatient Doctors.	CMA	Completed
		• Hawera ED Service reviewed in consultation with the HOD ED. Agreed that the Hawera ED Service has appropriate clinical oversight and accountability and therefore the associated clinical risk is acceptable	CMA	Completed
		• Clinical pathways identified for discussion and evaluation with Hawero medical and nursing teams. 1. Presentations requiring a surgical intervention will be transferred to base hospital. 2. Inpatients of more thon 72 hour status, not under the Older Persons Health service, will be discussed with a physician and there will be consideration of a transfer to base hospital. 3. Specific pathways a. Deep vein thrombosis clinical pathway b. Cellulitis clinical pathway c. Stroke clinical pathway d. Myocardial Infarction clinical pathway e. Asthma/respiratory clinical pathway (this requires further discussion and potential development) f. Other identified clinical pathways	CMA, GM H&SS, DON	31/12/11
		• Clinical pathways implemented	CMA, GM H&SS, DON	From 1/01/12
		• Evaluation of clinical pathwoys accurs ensuring risk mitigation is acceptable	CMA, GM H&SS, DON	31/01/12
		• Explore shared IT systems, including e-referrals, discharge summories, diagnostic requests and results dependent	CMA, GM H&SS, DON	30/06/12
		Review the recruitment strategy • Review the job descriptions for rural hospital medicine practitioners at the next Hawera Drs meeting	CMA, GM H&SS Med Off. Hawera	31/10/11
		• Investigate establishment of a rural medicine hospital specialist programme. • Information from the College of GPs has been received. CMA & Medical Recruitment Manager to progress	CMA, GM H&SS Med Off. Hawera	31/12/11
C	Ability of DHB to continue to meet supervision requirements of Hawera Hospital MOSSs and meet Medical Council of New Zealand (MCNZ) requirements	• Communication re the nature of the clinical risks to Hawera Inpatient Dactars	CMA	Completed
		• Establish weekly ward rounds by visiting specialists from Dept of Medicine and Older Peoples Health	CMA	From 19/09/11 Completed
		• Clinical pathways identified far discussion and evaluation with Hawera medical and nursing teams.	CMA, GM H&SS, DON	31/12/11

	Risk	Actions	Responsibility	Date
		1. Presentations requiring a surgical intervention will be transferred to base hospital. 2. Inpatients of more than 72 hour status, not under the Older Persons Health service, will be discussed with a physician and there will be consideration of a transfer to base hospital. 3. Specific pathways a. Deep vein thrombosis clinical pathway b. Cellulitis clinical pathway c. Stroke clinical pathway d. Myocardial Infarction clinical pathway e. Asthma/respiratory clinical pathway (this requires further discussion and potential development) f. Other identified clinical pathways		
		• Clinical pathways implemented	CMA, GM H&SS, DON	From 1/01/12
		• Evaluation of clinical pathways occurs ensuring risk mitigation is acceptable	CMA, GM H&SS, DON	31/01/12
		• Explore shared IT systems, including e-referrals, discharge summaries, diagnostic requests and results dependent	CMA, GM H&SS, DON	30/06/12
		Review the recruitment strategy • Review the job descriptions for rural hospital medicine practitioners at the next Hawera Drs meeting	CMA, GM H&SS Med Off. Hawera	31/10/11
		• Investigate establishment of a rural medicine hospital specialist programme. • Information from the College of GPs has been received. CMA & Medical Recruitment Manager to progress	CMA, GM H&SS Med Off. Hawera	31/12/11
D	Transporting emergency surgical patient to Hawera Hospital leads to delays in reaching definitive surgical care which has resulted in poor outcomes	• Communication re the nature of the clinical risks to Hawera Inpatient Doctors.	CMA	Completed
		• Meet with St John regarding clinical direction/emergency response against clinical pathways/inter-hospital transfers	GM H&SS	28/09/11 Completed
		Develop integrated transport strategy and implement • Planning underway with St John re the development of models of care against clinical risk for transportation of patients	GM H&SS	27/10/11
		• Clinical pathways identified for discussion and evaluation with Hawera medical and nursing teams. 1. Presentations requiring a surgical intervention will be transferred to base hospital. 2. Inpatients of more than 72 hour status, not under the Older Persons Health service, will be discussed with a physician and there will be consideration of a transfer to base hospital. 3. Specific pathways a. Deep vein thrombosis clinical pathway b. Cellulitis clinical pathway	CMA, GM H&SS, DON	31/12/11

	Risk	Actions	Responsibility	Date
		c. Stroke clinical pathway d. Myocardial Infarction clinical pathway e. Asthma/respiratory clinical pathway (this requires further discussion and potential development) f. Other identified clinical pathways		
		• Clinical pathways implemented	CMA, GM H&SS, DON	From 1/01/12
		• Evaluation of clinical pathways occurs ensuring risk mitigation is acceptable	CMA, GM H&SS, DON	31/01/12
		• Explore shared IT systems, including e-referrals, discharge summories, diagnostic requests ond results dependent	CMA, GM H&SS, DON	30/6/12
E	Care of elderly is suboptimal. Potients safety can be compromised by lack of experience, lack of focus on identification & treatment of potentially reversible disease in tandem with good rehabilitation practice and moximisation of function	• Communication re the nature of the clinical risks to Hawera Inpatient Doctors.	CMA	Completed
		• Meet St John regarding clinical direction/emergency response against clinical pathways/ inter-hospital transfers	GM H&SS	28/09/11 Completed
		Develop integrated transport strategy and implement • Planning underway with St John re the development of models of care against clinical risk for transportation of patients	GM H&SS	27/10/11
		• All patients transferred from Base to Hawera Hospital for inpatient care will be reviewed by the Dept of Older Peoples Health before transfer	CMA	From 3/10/11
		• Clinical pathways defined, including supervision and treatment between Base Hospital Specialists and South Taranaki services	CMA	30/9/11
		• Clinical pothways implemented	CMA, GM H&SS, DON	From 14/10/11
		• Evaluation of clinical pathways occurs ensuring risk mitigation is acceptable	CMA, GM H&SS, DON	31/1/12
		• Explore shared IT systems, including e-referrals, discharge summaries, diagnostic requests and results dependent	CMA, GM H&SS, DON	30/6/12
		• Weekly ward rounds by visiting specialists from the Dept of Medicine and Older Peoples Health	CMA	From 19/09/11 Completed
		• Monitor impact on of Physicians rounding in Hawera on Outpatient Clinics	GM H&SS	From 19/09/11
		• Daily report for Hawera patient flows	GM H&SS, Clinical Services Mgr, CNM ED Haw, Support Services Co-ordinator Hawera	From 3/10/11 Continuing

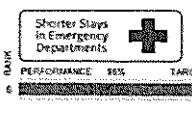
App 2.

NATIONAL HEALTH BOARD

Taranaki DHB Quarter Four 2010/11 Performance Overview

0 PERFORMANCE HIGHLIGHT(S)
4 PERFORMANCE ISSUE(S)

Health Targets



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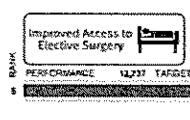

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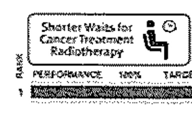

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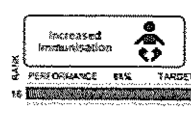

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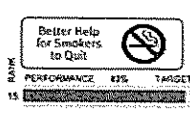
RANK 16 | PERFORMANCE 88% | TARGET 92% | CHANGE -1.9% ▼



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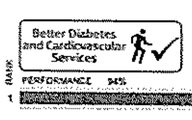
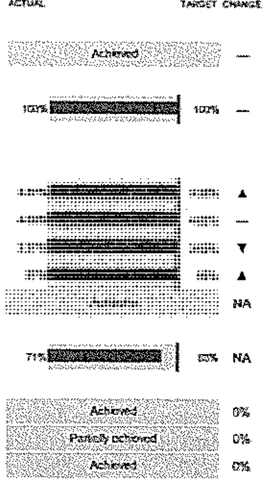


RANK 1 | PERFORMANCE 94% | CHANGE -13% ▼

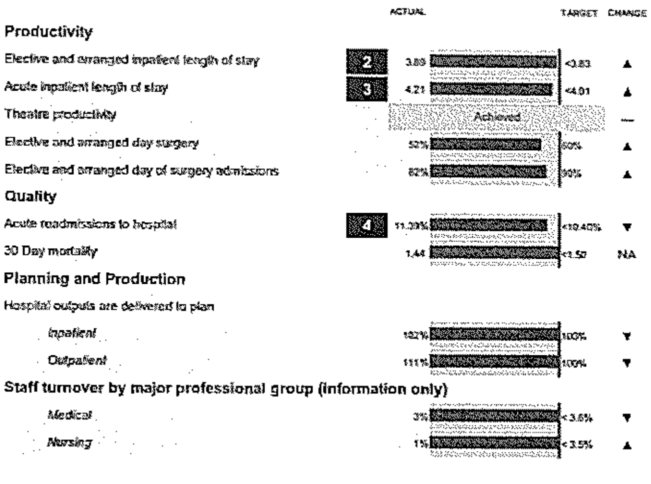
Performance Measures

POLICY PRIORITIES



	ACTUAL	TARGET	CHANGE
Primary Care			
Implementation of Better, Sooner, More Convenient care	Achieved		—
Oncology			
Waiting times for chemotherapy treatment	100%	100%	—
Mental Health			
Improving the health status of people with severe mental illness			
0-19 years	[illegible]	[illegible]	▲
20-64 years	[illegible]	[illegible]	—
65+ years	[illegible]	[illegible]	▼
Mental health relapse planning	[illegible]	[illegible]	▲
Alcohol and drug service waiting times and waiting lists	[illegible]		NA
Oral Health			
Utilisation of DHB funded dental services by adolescents	71%	85%	NA
Māori Health			
Improving mainstream effectiveness	Achieved		0%
Local Iwi/Māori engagement and participation	Partially achieved		0%
Family violence prevention	Achieved		0%

SYSTEM INTEGRATION



		ACTUAL	TARGET	CHANGE
Service coverage	Exception report	Achieved		NA
Māori Health	Agreed funding for Māori Health	Partially achieved		NA
Risk management	DHB confirmation/exception reports	Achieved		NA
Child health				
Improving breast-feeding rates	*6 weeks*	70%	74%	NA
	3 months	57%	54%	NA
	6 months	21%	22%	NA
System Effectiveness				
Ambulatory sensitive (avoidable) hospital admissions				
Age 0-74	*Māori*	90	<95	▲
	Other	92	<95	▲
Age 0-4	*Māori*	70	<95	▲
	Other	69	<95	▲
Age 45-64	*Māori*	121	<95	▲
	Other	89	<95	▲

OWNERSHIP

	ISSUE	ACTUAL	TARGET	CHANGE
Productivity				
Elective and arranged inpatient length of stay	2	3.89	<3.83	▲
Acute inpatient length of stay	3	4.21	<4.01	▲
Theatre productivity		Achieved		—
Elective and arranged day surgery		52%	60%	▲
Elective and arranged day of surgery admissions		82%	90%	▲
Quality				
Acute readmissions to hospital	4	11.39%	<10.40%	▼
30 Day mortality		1.44	<1.50	NA
Planning and Production				
Hospital outputs are delivered to plan				
Inpatient		102%	100%	▼
Outpatient		111%	100%	▼
Staff turnover by major professional group (information only)				
Medical		3%	<3.6%	▼
Nursing		1%	<3.5%	▲

Other Key Performance Information

Monitoring & Intervention Framework as of June 2011

Ministry MIF Status: Performance Watch

Financial Performance

Status: Watching On Track

2010/11 Net Result as at 30 June

YTD net result ending June 2011

Fund ($000)	Govern ($000)	Provider ($000)	Total ($000)	YTD Plan ($000)	YTD Variance ($000)	Forecast 31 May ($000)	Full Year as per 2010/11 DAP ($000)	Forecast variance ($000)
8,042	115	(7,422)	735	(2,299)	3,034	(700)	(2,299)	1,599

Capital Expenditure to Plan YTD net result ending June 2011

Actual ($000)	Planned ($000)	Variance ($000)
11,787	8,777	3,010

Performance Highlights

Performance Issues

1 Increased Immunisation: Taranaki DHB set a stretch target of 92 percent and achieved 88 percent for total population. The DHB will review Primary Health Organisation (PHO) level data and work with the PHOs to develop agreed protocols to manage practice level overdue reports and increased coverage. The Ministry will meet with the DHB to discuss strategies for improving coverage.

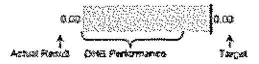
2 Elective and Arranged Inpatient Length of Stay: Taranaki DHB's performance deteriorated over the year and its year end result was 3.89 compared to a target of 3.83. The DHB anticipates a significant improvement in performance in 2011/12 with active planning to reduce ALOS underway as part of the Productive Ward, acute pathway and productive theatre workstreams.

3 Acute Inpatient Length of Stay: Taranaki DHB maintained its performance during the year with a year end result of 4.21 against a target of 4.01. The DHB anticipates a significant improvement in performance in 2011/12 with active planning to reduce ALOS underway as part of the Productive Ward, acute pathway and productive theatre workstreams.

4 Acute Readmissions to Hospital: Taranaki DHB did not achieve its acute readmissions rate target of 10.40 percent. The DHB has been analysing the reasons for this and comparing its data with that of other DHBs. The Ministry has made clear that this analysis needs to inform a planned approach to improve acute readmissions and that it expects to see key areas of focus based on the analysis, and planned actions to address these, in the DHB's Quarter One 2011/12 reporting.

How to read

Indicator Title



▲ ⟵ Improvement against previous result

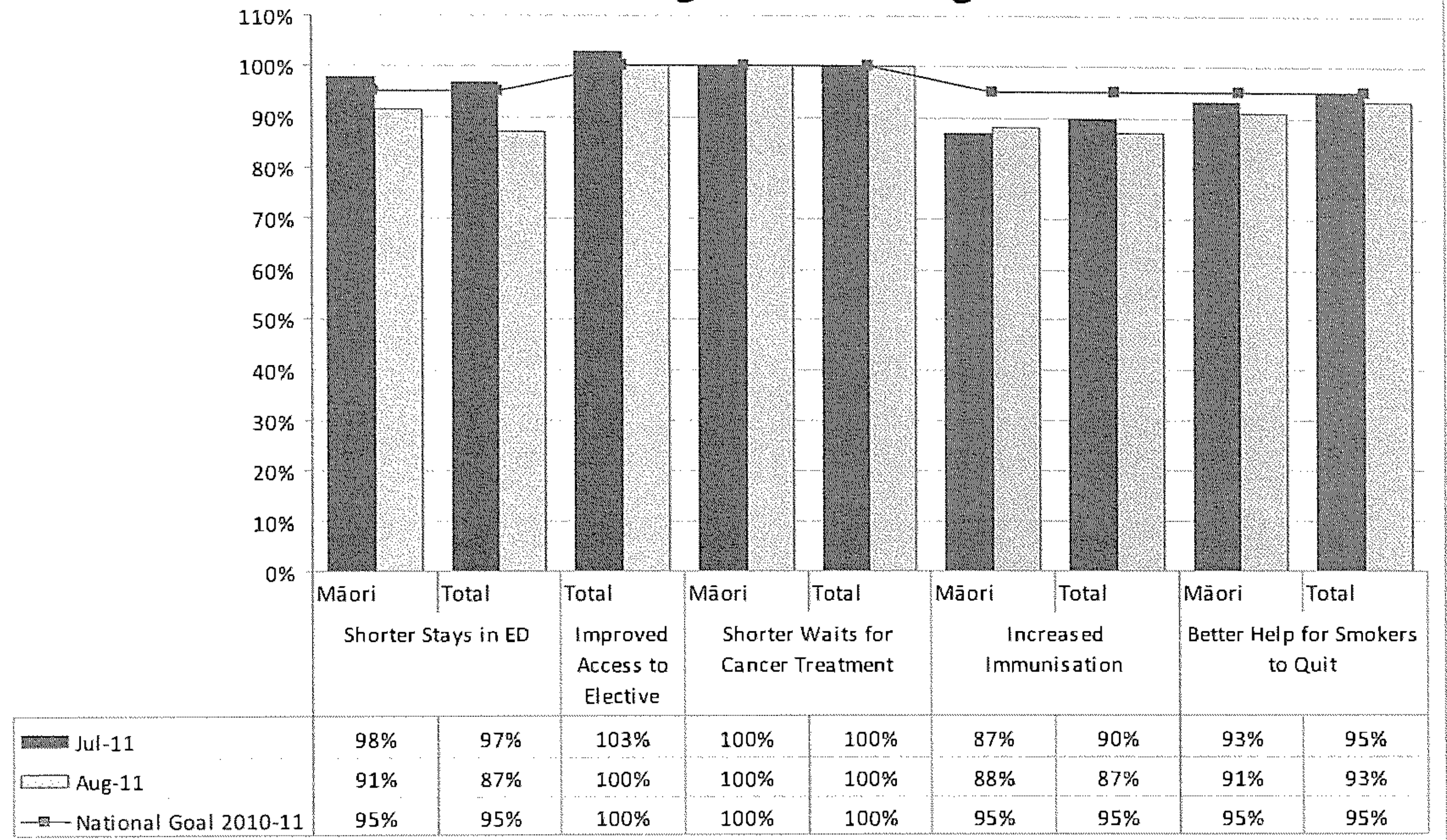
DHB Performance below target will display below the orange line

DHB Performance achieving or exceeding the target will display up to the orange line

Caveat

Where indicator title displays a quarter (i.e. Q1 result) this identifies the period when the indicator was last reported against, if not the current quarter.

App 3



	Shorter Stays in ED		Improved Access to Elective	Shorter Waits for Cancer Treatment		Increased Immunisation		Better Help for Smokers to Quit	
	Māori	Total	Total	Māori	Total	Māori	Total	Māori	Total
Jul-11	98%	97%	103%	100%	100%	87%	90%	93%	95%
Aug-11	91%	87%	100%	100%	100%	88%	87%	91%	93%
National Goal 2010-11	95%	95%	100%	100%	100%	95%	95%	95%	95%

Unique Identifier	Focus Area SFSP	Planned Outputs	Behind Plan	Not Tracking/project not started	Variance Comments
6	Child & Youth Health Services	Health Target Immunisation - Work with NIR analyst from Waikato DHB to develop NIR queries to support small area analysis of coverage and determine the best approach to target those areas to promote immunisation			Not yet started
14	Child & Youth Health Services	Maternity Services - Introduction of an alternative model for birthing and post natal services. - Reconfiguration of the Hawera Maternity Unit into a Birthing Unit rather than the current Primary Maternity Facility.			Awaiting outcome of South taranak work
26	Primary & Community Health Care Services	Review of Waikato DVT Protocol and Waikato Cellulitis Protocol for primary care			Yet to be initiated
27	Primary & Community Health Care Services	Implementation of Waikato DVT Protocol and Waikato Cellulitis Protocol in primary care			Yet to be initiated
28	Primary & Community Health Care Services	Consider and make decisions on recommendations from the Midland Health Network Older Persons, CVD/Diabetes, Nursing, Mental Health and Child & Youth Service Level Alliance Teams. Implement agreed recommendations			Waiting on recommendations from the Midland ALT
32	Primary & Community Health Care Services	Support the NHC to evaluate both Mama, Pepi, Tamariki and Oranga Ki Tua programmes			Programmes not established long enough at this point in time to evaluate
33	Primary & Community Health Care Services	Support the NHC roll-out the Mama, Pepi, Tamariki and Oranga Ki Tua and Whanau Ora assessment programmes across Taranaki			Programmes not yet rolled out across Taranaki
41	Primary & Community Health Care Services	Implementation of Results Based Accountability Framework and one Integrated Contract for services under the National Hauora Coalition business case			Not yet started
49	Long Term Condition Health Services	Joint funding of a Regional Palliative Care Medical Specialist to support Hospice service (dependent on joint funding by Whanganui & Mid Central DHB – funding still to be established)			Awaiting outcome of
52	Long Term Condition Health Services	Health Target Smoking Advice - Availability of NRT within the hospital and community.			Tobacco Action plan drafted. Implementation plan in development.
5(	Long Term Condition Health Services	Health Target Smoking Advice - Focus on sustainable, quality interventions.			Tobacco Action plan drafted. Implementation plan in development.
55	Long Term Condition Health Services	Midland DHB Regional Smokefree Intiative - 100% of targets are achieved			Tobacco Action plan drafted. Implementation plan in development.
56	Long Term Condition Health Services	Midland DHB Regional Smokefree Intiative - Implement agreed local actions within the Midland Smokefree Programme Regional Action Plan			Tobacco Action plan drafted. Implementation plan in development.
59	Long Term Condition Health Services	Smoking Cessation Initiatives - **Smokefree Taranaki** - Review Smokefree Taranaki Project in the context of the Smokefree Midlands Action Plan - Implement key actions from the review in Taranaki to continue to make progress on Smokefree environments and smoking cessation services - Continue to support the Tobacco Health Target in priority groups Māori, Pregnant women and Parents through Secondary Care services			Tobacco Action plan drafted. Implementation plan in development.
60	Long Term Condition Health Services	Smoking Cessation Initiatives - **Mental Health** - Hospital, Primary and Community health professions trained in ABC Approach - Strengthen systems to support the delivery of ABC in clinical practice			Tobacco Action plan drafted. Implementation plan in development.

Overall performance (dashboard)

Table Performance results for 05/09/2011 to 02/10/2011

Type	Key Performance Indicator	Unit Measure	Target	37 05/09/2011	38 12/09/2011	39 19/09/2011	40 26/09/2011
Process	Advance fill rate	Percentage	>80%				
	Compliance	Percentage	>90%	87.2%	[illegible]	[illegible]	
	Double bookings and error rate	Shift	0	(0.0)	(0.0)	(0.0)	(0.0)
Budget Dollar	Salary & wage budget variance	Percentage	<0%	-5.9%	-5.1%	-5.5%	-5.7%
	Increased patient acuity variance	Percentage	<0%				
	Additional beds open variance	Percentage	<0%	7.5%	-16.4%	-1.9%	-47.5%
	Special budget variance	Percentage	<0%		-18.4%	2.9%	
Staff type	Budget EFT variance	EFT	<1	(8.3)	(4.7)	(8.5)	(11.3)
	Bank (casual) use	EFT	<50	(52.5)	(54.2)	(55.9)	(51.7)
	Part-time extra	EFT	<30				
	Overtime use	EFT	<10	(9.0)	(9.0)	(7.6)	(7.6)
	Pool use	EFT	<12	(7.5)	(7.5)	(6.5)	(6.5)
	Agency use	EFT	<1	(0.2)	(0.5)	(0.4)	(0.2)
Shortfall	True shortfall	EFT	<50 EFT				
	Overall staff vacancy	Percentage	<5%	7.8%	7.6%	7.9%	
	Allied Health vacancy	Percentage	<5%	6.3%	7.6%	7.6%	7.1%
	Medical vacancy	Percentage	<5%		6.8%	7.6%	
	Nursing vacancy	Percentage	<5%	7.3%	7.3%	7.8%	7.8%
	Support vacancy	Percentage	<5%				

Analysis

1. The overall result for September remains under budget.
2. Shortfall continues to decrease.
3. Employment of Bank staff and Part time staff working extra hours remains above target however is reducing.
4. Roster vacancy and sick leave account for the greatest use of supplementary staff.
5. Supplementary staff used for increased patient acuity and specials have both decreased as compared to last month.
6. Compliance has improved by approximately 10% as compared to August.
7. Shifts continue to be entered into the system after the event. This is evidenced by the low advance booking rate.

Actions

1. Review the process used for Workforce and Allocations.
2. Review advance booking and areas where shifts are entered retrospectively.
3. Continue to monitor over-budget usage of EFT for increased patient acuity and specialling.

TO The CEO & Board

FROM General Manager – Finance & Corporate Services

MEMORANDUM

DATE 31 October 2011

SUBJECT Report for September 2011

1. FINANCIAL PERFORMANCE

1.1 Financial summary:

YTD fiscal period ended 30 September 2011 (Financial Year: 2011/12).

(amounts in $'000)	Budget	Actual	Variance
1. Hospital Services	962	232	(730)
2. Governance & funding administration.	7	24	17
3. DHB Funder operations	96	681	585
4. TDHB consolidated	**1,065**	**937**	**(128)**
Previous month's consolidated result	**1,243**	**1,270**	**27**
Movement	*(178)*	*(333)*	*(155)*

1.2 Key Notes:

- The Board's consolidated financial result at the end of September is a surplus of $ 0.94M (Previous year Sept 2010: deficit $ 0.42M). This result has now dropped short of plan. The Hospital Provider remains sharply behind its planned budget for the period. The DHB Funder retains a surplus, and was the primary contributory in closing the gap against plan for the period.
- As noted in earlier reports, the planned financial result of the Board for 2011/12 (surplus: $ 3.16M) will be a key issue for an operational perspective in view of its reliance on a few initiatives and service reconfigurations. Delays in realising the gains from these programmes will have an adverse impact on the hospital operations in meeting its much reduced financial plan (Deficit: $ 2.65M). There is no tolerance in the operating budgets to meet unexpected increases in hospital activity and costs. In view of these factors, the hospital provider will find it difficult to meet its budgeted financial result for 2011/12.

1.3 Operational highlights:

Summarising the hospital services activities for September:

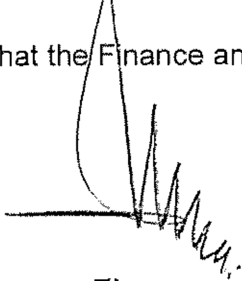
- Total revenue was on par with budget, with ACC revenues remaining below plan.
- Overall casemix delivery for the period to date was 4% above plan. All specialties are either on par or over planned acute volumes for the period to date. Dental, cardiology and Urology were

notably behind on their elective targets. Orthopaedics has reduced the gap from 7% to 4% for their target elective delivery.

- Ward occupancy remained high in the specialist units with patient turnover and complexity showing similar trends.
- Personnel costs, including outsourced staff, were overall in excess of planned outlay. High acute activity and ward occupancy levels continued to place increased demand on clinical staff.
- Clinical supplies were in excess of plan (+ $ 0.58M) – primarily in implants and patient consumables due to increased delivery of orthopaedic procedures over the recent period.
- Overall, these cost drivers pushed the total operating expenditure in excess of plan (+ $ 0.78M) for the period to date.
- On a consolidated basis, the closing FTE count was 16 FTE over plan for the period – primarily in nursing. As noted earlier, increased patient activity contributed to the increased personnel numbers and costs.

2. RECOMMENDATION

That the Finance and Corporate Services report for September 2011 be noted and received.



George Thomas
General Manager - Finance & Corporate Services

Encl: Financial statements

TARANAKI DISTRICT HEALTH BOARD

FISCAL YEAR : 2011-12

CONSOLIDATED FINANCIAL STATEMENT FOR THE FINANCIAL PERIOD ENDED: 30 September 2011

(Amounts in $'000) .... 2011/12 ....

	Hospital services (actual)	Governance (actual)	Funder (actual)	TDHB consolidated - YTD Sep'11 (actual) (unaudited)	(budget)	variance	Previous Year (2010-11)	Movement 2012 vs 11	%
REVENUE									
* MOH revenue	40385	603	35609	76597	75948	649	74779	*1818*	*2%*
* Other revenue	3538	0	0	3538	3956	-418	2948	*590*	*20%*
TOTAL REVENUE	**43923**	**603**	**35609**	**80135**	**79904**	**231**	**77727**	*2408*	*3%*
OPERATING COSTS									
* Personnel costs	24223	318	0	24541	24719	178	24051	*-490*	*-2%*
* Outsourced services	5650	0	0	5650	5275	-375	6391	*741*	*12%*
* Clinical supplies	6266	0	0	6266	5682	-584	5748	*-518*	*-9%*
* Infrastructure and establishment costs	5618	261	0	5879	5902	23	6173	*294*	*5%*
* Interest & financing charges	1934	0	0	1934	1933	-1	1961	*27*	*1%*
TOTAL OPERATING COSTS	**43691**	**579**	**0**	**44270**	**43511**	**-759**	**44324**	*54*	*0%*
* Payments to : NGO providers	0	0	34928	34928	35328	400	33825	*-1103*	*-3%*
: Hospital provider	0	0	0	0	0	0	0		
OPERATING SURPLUS/(DEFICIT)	**232**	**24**	**681**	**937**	**1065**	**-128**	**-422**	*1359*	*-322%*
NET SURPLUS/(DEFICIT)	**232**	**24**	**681**	**937**	**1065**	**-128**	**-422**	*1359*	*-322%*
Closing FTE - (paid FTE)	***1200***	***16***	***0***	***1216***	***1201***	***-15***	***1226***	***10***	*0.8%*

TARANAKI DISTRICT HEALTH BOARD

FISCAL YEAR : 2011-12

OPERATING FINANCIAL STATEMENTS FOR THE FINANCIAL YEAR ENDED : 30 September 2011.

(Amounts in $'000) .... 2011/12 ....

	Hospital provider			Governance			TDHB Funder		
	actual	budget	variance	actual	budget	variance	actual	budget	variance
REVENUE									
* MOH revenue	40385	39921	464	603	603	0	35609	35424	185
* Other revenue	3538	3956	-418	0	0	0	0	0	0
TOTAL REVENUE	43923	43877	46	603	603	0	35609	35424	185
OPERATING COSTS									
* Personnel costs	24223	24340	117	318	379	61	0	0	0
* Outsourced services	5650	5275	-375	0	0	0	0	0	0
* Clinical supplies	6266	5682	-584	0	0	0	0	0	0
* Infrastructure and est.costs	5618	5685	67	261	217	-44	0	0	0
* Interest & financing costs	1934	1933	-1	0	0	0	0	0	0
TOTAL OPERATING COSTS	43691	42915	-776	579	596	17	0	0	0
* Payments to : NGO providers	0	0	0	0	0	0	34928	35328	400
: Hospital provider							0	0	0
OPERATING SURPLUS/(DEFICIT)	232	962	-730	24	7	17	681	96	585
NET SURPLUS/(DEFICIT)	232	962	-730	24	7	17	681	96	585
Full time employees (closing)	*1200*	*1184*	16	*16*	*17*	-1	*0*	*0*	0

Statement of Financial Performance : Hospital Provider

$'000	YTD Sept'11	YTD Sept'11	YTD Sept'11	Previous Year	Year on Year (YTD)	
(*) MOH Revenue budget = contract with DHB Funder	actual	budget	variance	2010/11	Movement	
REVENUE						
MOH hospital revenue (thru TDHB Funder)	39,786	39,368	418	38,998	*788*	2%
Other MoH funding (CTA, new initiatives etc)	599	553	46	549	*50*	
Total MoH Revenue (*)	**40,385**	**39,921**	**464**	**39,547**	***838***	2%
ACC Revenue	1,214	1,408	(194)	1,868	*(654)*	
Other Revenue	2,324	2,548	(224)	1,080	*1,244*	
Total Other Revenue	**3,538**	**3,956**	**(418)**	**2,948**	***590***	20%
TOTAL REVENUE	43,923	43,877	46	42,495	*1,428*	3%
OPERATING EXPENDITURE						
Personnel costs	24,223	24,340	117	23,739	*(484)*	-2%
Outsourced services - personnel	592	363	(229)	1,055	*463*	44%
- clinical services	5,058	4,912	(146)	5,336	*278*	
Clinical supplies	6,266	5,682	(584)	5,748	*(518)*	-9%
Infrastructure and establishment costs	5,618	5,685	67	5,920	*302*	5%
Interest & financing charges	1,934	1,933	(1)	1,961	*27*	1%
TOTAL OPERATING EXPENDITURE	43,691	42,915	(776)	43,759	*68*	0%
OPERATING SURPLUS / (DEFICIT)	232	962	(730)	(1,264)	*1,496*	-118%
NET SURPLUS / (DEFICIT)	232	962	(730)	(1,264)	*1,496*	-118%
Full time employees	1,200	1,184	- 16	1,211	11	1%

TARANAKI DISTRICT HEALTH BOARD

FISCAL YEAR : 2011-12

VARIANCE REPORT: HOSPITAL SERVICES ($'000) (materiality level: +/- 5%)

Account	YTD Sept'11 actual	YTD Sept'11 budget	YTD Sept'11 variance	Movement	% variance	Notes
EXPENDITURE:						
* Outsourced services	5,650	5,275	375	-ve	7%	Primarily: - Outsourced medical personnel ($ 240K incl mental health) - Outsourced clinical services ($ 145K)
* Clinical supplies	6,266	5,682	584	-ve	10%	The cost overrun is arising from: - Pharmaceuticals ($ 157K) - Treatment consumables ($ 325K) - Implants & Prostheses ($ 137K)

TARANAKI DISTRICT HEALTH BOARD FISCAL YEAR : 2011-12

CONSOLIDATED FINANCIAL POSITION AS AT: 30 September 2011

($'000)

	As at 30 Sept 2011	As at 31 Aug 2011	Movement
CURRENT ASSETS			
* Bank Account	2457	1381	
* Short term deposits	27000	32000	
* Debtors (net of provision)	10231	9281	
* Inventory (net of provision)	2656	2667	
	42,344	45,329	-2985
CURRENT LIABILITIES			
* Creditors & other payables	28384	27930	
* Provisions	14591	15418	
	42,975	43,348	-373
WORKING CAPITAL	-631	1981	-2612
NON CURRENT ASSETS			
* Net Fixed Assets	105,563	101,450	
* Long term investments	975	975	
* Trust funds	724	724	
	107,262	103,149	4113
NET FUNDS EMPLOYED	**106,631**	**105,130**	**1501**
NON CURRENT LIABILITIES			
* Provisions - non current	1056	843	
* Term Loans	29000	29000	
* Leases	0	0	
	30,056	29,843	213
CROWN EQUITY			
* Crown Equity	27460	25839	
* Reserves	51905	51905	
* Retained earnings	-2790	-2457	
	76,575	75,287	1288
NET FUNDS EMPLOYED	**106,631**	**105,130**	**1501**

TARANAKI DISTRICT HEALTH BOARD FISCAL YEAR : 2011-12

CONSOLIDATED STATEMENT OF CASHFLOW : 30 September 2011

($'000)

	YTD Sept '11	YTD Aug '11	Movement
OPERATING ACTIVITIES			
* MOH funding	73746	49884	
* Other revenue	4218	3229	
total receipts	77,964	53,113	24851
* Payment of salaries & operating exp.	40605	26903	
* Payment to providers & DHB's	37534	26186	
total payments	78,139	53,089	25050
NET CASHFLOW FROM OPERATIONS	**-175**	**24**	**-199**
INVESTING ACTIVITIES			
* Sale of fixed assets etc	0	0	
* Increase / (decrease) in investments	-5465	-485	
* Interest receipts	-473	-310	
* Capital expenditure	7601	2209	
NET CASHFLOW FROM INVESTING	**1663**	**1414**	**249**
FINANCING ACTIVITIES			
* Equity injections / (repayments)	1621	0	
* Pvt.sector borrowings / (interest paid)	-482	-332	
* CHFA borrowings / (repayments)	0	0	
* Other liability movements	87	34	
NET CASHFLOW FROM FINANCING	**1226**	**-298**	**1524**
Total cash in	79190	52815	
Total cashout	-79802	-54503	
NET CASHFLOW	**-612**	**-1688**	**1076**
Add: Cash (opening)	3069	3069	
CASH (CLOSING)	**2,457**	**1,381**	**1076**

TARANAKI DISTRICT HEALTH BOARD

CAPITAL EXPENDITURE SCHEDULE - PERIOD : JULY 2011 TO JUNE 2012

(Amounts in $)	Capital Expenditure 2011 - 2012									
Asset Class	Sep-11				Year-to-Date			Forecast		
	Actual	Budget	Variance	Note	Actual	Budget	Variance	Forecast	Budget 2011/12	Variance
A									Budget 2011/12	
Plant & Equipment - Clinical	392,492	400,000	7,508		601,844	615,000	13,156	2,350,000	2,350,000	-
Plant & Equipment - Other	25,341	25,000	(341)		43,594	45,000	1,406	100,000	100,000	-
Information Technology	1,874,620	255,000	(1,619,620)	1	2,735,464	955,000	(1,780,464)	4,000,000	4,000,000	-
Buildings & site redevelopment	19,113	20,000	887		108,857	105,000	(3,857)	500,000	500,000	-
Motor Vehicles			0				0	50,000	50,000	-
Total	2,311,566	700,000	(1,611,566)		3,489,759	1,720,000	(1,769,759)	7,000,000	7,000,000	-
B										
Capital Contingency						1,000,000			1,000,000	

C Projects

Project	Sep-11 Actual	Sep-11 Budget	Sep-11 Variance	Note	YTD Actual	YTD Budget	YTD Variance	Forecast	Budget 2011/12	Variance
Project Maunga	2,980,588			2	11,059,091	life to Date			80,000,000	
Project Oral Health- Buldings	86,504		*MoH Funded*	2	1,343,244	life to Date			3,402,000	
Project Oral Health- Equipment			*MoH Funded*	2	158,695	life to Date			*MoH Funded*	

1 Includes capitalisation of Software Projects, plus national projects undertaken by HIQ, on behalf of the sector

2 Project expenses since inception (2008)

TARANAKI DISTRICT HEALTH BOARD

CAPITAL EXPENDITURE SUMMARY - PERIOD : JULY 2011 TO JUNE 2012

(Amounts in $)		Capital Expenditure 2011-12		
Asset Class	Notes	YTD Sep 11 Actual	2011/12 Budget	Variance
Plant & Equipment				
-Theatre		98,960	**1,000,000**	901,040
-OPD + Pathology +Wards		11,897	**200,000**	188,103
-ICU & ED		453,673	**700,000**	246,327
-Other Clinical Equipment		37,313	**450,000**	412,687
-Beds & other Misc.		43,593	**100,000**	56,407
		645,436	**2,450,000**	**1,804,564**
IT & Computers				
-Projects		2,715,693	**3,000,000**	284,307
-Hardware Replacements		19,770	**500,000**	480,230
-Software.			**500,000**	500,000
		2,735,463	**4,000,000**	**1,264,537**
Buildings & site redevelopment				
-Minor site Redevelopment & Alterations		108,857	**450,000**	341,143
-Ground & car parks			**50,000**	50,000
		108,857	**500,000**	**391,143**
Motor Vehicles				
- Replace Leased Vehicles & Equipment			**50,000**	50,000
		-	**50,000**	**50,000**
Total DHB		**3,489,756**	**7,000,000**	**3,510,244**

Capital Contingency			**1,000,000**	

PROJECTS				
-Project Maunga	*life to date*	11,059,091	**80,000,000**	
-Project Oral Health Building	*life to date*	1,343,244	**3,402,000**	***MoH Funded***
-Project Oral Health Equipment	*life to date*	158,695		***MoH Funded***

TARANAKI DISTRICT HEALTH BOARD
CASH FLOW SUMMARY — JULY 2011 TO JUNE 2012 — Fiscal year : 2011/12

	Actual			Forecast									
RECEIPTS	2011 July	Aug	Sept	Oct	Nov	Dec	2012 Jan	Feb	Mar	Apr	May	June	2010/11 Total
MOH Funding	27,104,743	27,391,987	27,229,316	27,104,743	27,104,743	54,209,486	0	27,104,743	27,104,743	27,104,743	27,104,743	27,104,743	325,668,733
Other DHB receipts	0	1,690,521	1,418,500	250,000	250,000	250,000	250,000	250,000	250,000	250,000	250,000	1,000,000	6,109,021
Equity injection/(repay)	0	0	0	0	0	0	0	0	0	0	0	0	0
CHFA - loan/ (repay)	0	0	0	0	0	0	0	0	0	0	0	0	0
ST Deposit withdrawal	0	0	5,000,000	0	0	0	0	0	0	0	0	0	5,000,000
Asset disposals	0	0	0	0	0	0	0	0	0	0	0	0	0
Other receipts	4,244,661	1,544,111	1,861,915	4,000,000	4,000,000	4,000,000	4,000,000	4,000,000	4,000,000	4,500,000	4,500,000	6,000,000	46,650,687
Total Inflow	**31,349,404**	**30,626,619**	**35,509,731**	**31,354,743**	**31,354,743**	**58,459,486**	**4,250,000**	**31,354,743**	**31,354,743**	**31,854,743**	**31,854,743**	**34,104,743**	**383,428,442**
PAYMENTS													
ST Deposits	1,000,000	0	0	0	0	0	0	0	0	0	1,000,000	0	2,000,000
Gst / ACC	1,583,486	999,835	1,067,548	1,300,000	1,300,000	0	4,000,000	0	1,300,000	1,300,000	1,300,000	1,300,000	15,450,869
Capital Charge		0	0	0	0	0	2,975,000		0	0	0	2,975,000	5,950,000
Interest	157,068	0	0	500,000	0	0	500,000	0	0	500,000	0	343,000	2,000,068
Salaries	5,417,709	6,546,006	5,288,449	5,400,000	5,550,000	5,550,000	5,250,000	5,600,000	5,600,000	5,600,000	5,600,000	5,600,000	67,002,163
Paye/Super	2,420,425	1,930,791	2,280,517	2,200,000	2,300,000	2,300,000	2,000,000	2,400,000	2,400,000	2,400,000	2,400,000	2,400,000	27,431,732
Automatic Payments	1,808,299	1,960,356	1,769,172	1,450,000	1,450,000	1,450,000	1,300,000	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	18,687,827
HealthPAC	14,052,269	12,837,831	13,582,180	14,000,000	14,000,000	14,200,000	12,200,000	14,200,000	14,200,000	14,200,000	14,200,000	14,200,000	165,872,280
Purchases (op+cap)	5,957,235	6,479,321	10,549,598	7,000,000	7,000,000	6,000,000	5,000,000	7,000,000	6,000,000	6,000,000	6,200,000	6,200,000	79,386,154
Total Outflow	**32,396,491**	**30,754,140**	**34,537,463**	**31,850,000**	**31,600,000**	**29,500,000**	**33,225,000**	**30,700,000**	**31,000,000**	**31,500,000**	**32,200,000**	**34,518,000**	**383,781,094**
Net Cash	-1,047,086	-127,521	972,268	-495,257	-245,257	28,959,486	-28,975,000	654,743	354,743	354,743	-345,257	-413,257	-352,652
O/Balance	2,159,304	1,112,218	984,697	1,956,965	1,461,708	1,216,451	30,175,937	1,200,937	1,855,680	2,210,423	2,565,166	2,219,909	2,159,304
C/ Balance	**1,112,218**	**984,697**	**1,956,965**	**1,461,708**	**1,216,451**	**30,175,937**	**1,200,937**	**1,855,680**	**2,210,423**	**2,565,166**	**2,219,909**	**1,806,652**	**1,806,652**

<u>Contingency cash lines</u>

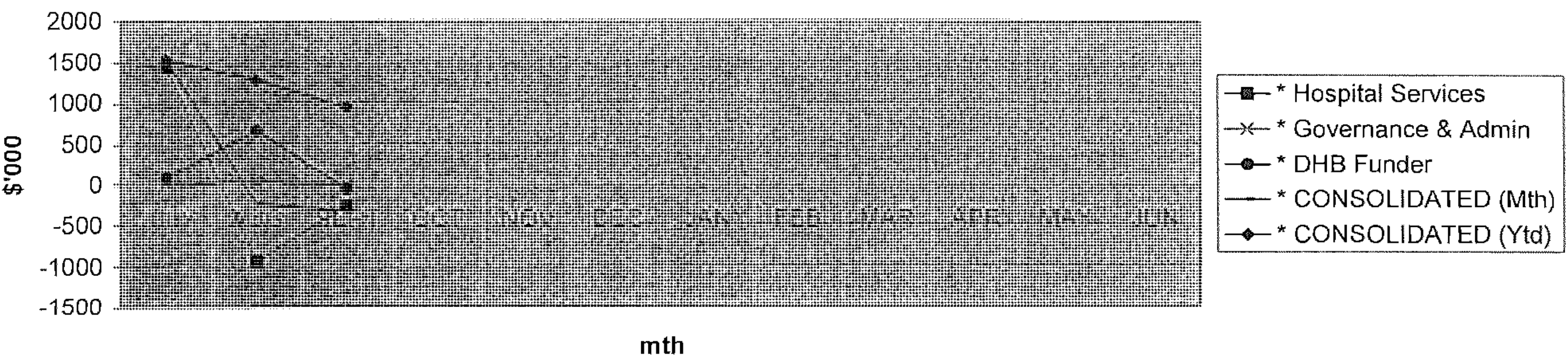
Standby overdraft facility with ASB
On call and short term deposits

TARANAKI DISTRICT HEALTH BOARD

MONTHLY MOVEMENTS IN FINANCIAL PERFORMANCE: DHB CONSOLIDATED : FISCAL YEAR 2011-12

($'000) 2011 2012 2011-12

	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	YTD ACT	YTD BUD
* Hospital Services	1428	-934	-262										232	962
* Governance & Admin	6	31	-13										24	7
* DHB Funder	81	658	-58										681	96
* CONSOLIDATED (Mth)	1515	-245	-333										937	1065
* CONSOLIDATED (Ytd)	1515	1270	937											
FTE's	1211	1217	1216										1216	1201



TO	The Board
FROM	Tony Foulkes Chief Executive

MEMORANDUM

DATE	3 November 2011
SUBJECT	Shareholder Representation – Annual Meetings –Subsidiary and Associated Companies

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INTRODUCTION

The Annual General meetings with respect to the financial year ended 30 June 2011 for TDHB's subsidiary and associated companies will be held over the coming months. (It is possible that the annual meetings may be held by way of entry in Minute Book which will not require representatives to attend in person).

To enable TDHB to be represented resolutions appointing the Board's Shareholder representatives are required to be made.

Current representatives on the Board's of subsidiary companies are as follows:

Fulford Radiology Services Ltd	Flora Gilkison and Simon Barrett
HIQ Limited	Peter Catt, Tony Foulkes, George Thomas
Allied Laundry Services Ltd	Kura Denness and Simon Barrett
HealthShare Limited	Tony Foulkes

RECOMMENDATION

That the Taranaki District Health Board

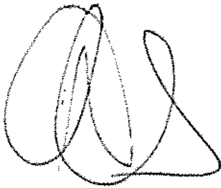
1. Appoint the following as its shareholder representative to the Annual General Meetings, with respect to the financial year ended 30 June 2011:

Fulford Radiology Services Ltd	Flora Gilkison, or failing her Simon Barrett
HealthShare Limited	Tony Foulkes

HIQ Limited	Peter Catt or failing him George Thomas
Allied Laundry Services Ltd	Kura Denness or failing her Simon Barrett

2. The appointed representatives to the Annual Meetings to have authority to be heard and vote on all issues of business that may be transacted at the meetings.

It should be noted that the AGM for Allied Laundry was held 25 October and a letter from the Chair confirming Ms Denness as shareholder representative, or failing that Mr Barrett was tabled at the meeting.



Tony Foulkes
CHIEF EXECUTIVE