



MINUTES Open – unconfirmed

TARANAKI DISTRICT HEALTH BOARD

10 April 2008
TET MultiSports Complex
Portia Street
Stratford

Present

John Young (Chairman), Peter Catt (Deputy Chairman), Alex Ballantyne, Kura Denness, Dan Devadhar, Karen Eagles, Flora Gilkison, Grant Knuckey, Jenny Nager, and Tony Ruakere

In Attendance

Tony Foulkes (Chief Executive), George Thomas (General Manager Finance & Corporate Services), Joy Farley (General Manager Hospital Services), Christine Henare (Chief Advisor Maori Health), Pamela Hikuroa (PA to Board), Sue Carrington (Media Advisor)

400.0 Declaration to Open Meeting

The meeting was opened with a karakia.

401.0 Apologies

Kura Denness (Board member), John Doran (Chief Medical Advisor)

Resolution

That the apologies be sustained.

*Gilkison/Catt
Carried*

402.0 Conflicts of Interest

The following Board members tabled a copy of their declaration of interest as presented to the Ministry of Health at the time of their appointment, for inclusion in the Taranaki DHB Interest Register:

T Ruakere

The following new Interests were declared:

Karen Eagles	Short term contract with Te Pou Heretaunga re Elder Abuse May-June 2008
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The following interest was removed:

John Young Fulford Radiology Board Member

403.0 Public Comment

403.1 Peter Moeahu

In opening his comments, Mr Moeahu highlighted that Te Whare Punanga Korero value the relationship with the Board.

His submission was on behalf of TWPK with support of Taranaki Maori Health Collective who met last week to discuss these issues.

Mr Moeahu expressed views relating to institutional bias within the health system which he felt restricted improvement in Maori health.

He also commented on the level of investment in Maori health, the relative funding to Maori providers compared to non-Maori, and a view that little progress had been made in these areas, and workforce development with the position of Chief Advisor Maori Health. He made comparison with a previous role of General Manager, feeling the role had been downgraded. Mr Moeahu also felt that the DHB should increase the capacity of Maori health providers though a transfer of responsibility for health promotion programmes to them, and the DHB should go back and learn the lessons of the past, advocating for a structural reconfiguration to enable strategic goals to be achieved.

The Chairman thanked Mr Moeahu for his comments and asked the Chief Executive to comment.

Mr Foulkes in response noted that under normal circumstances the Board and management did not comment on the public comment, but he felt that in this instance it was necessary.

In relation to the issue of working together to improve Maori health gain that is exactly what the DHB wishes to do. Under the Memorandum of Understanding with Te Whare Punanga Korero there has been a great improvement in the relationships between the two organisations over the past 12-18 months. This had been agreed by both parties at their recent meeting.

In terms of the comments relating to the management structure within the DHB, this was the responsibility of the Chief Executive, and assured the Board that the position had not been downgraded and the role of the Chief Advisor Maori Health had far more influence structurally and practically within the DHB in terms of involvement with planning and funding than had been the case previously and perhaps the interpretation of the title was causing a misunderstanding.

The DHB was always looking at ways to do things differently and although good progress had been made we needed to improve further and was open to discussion around ways in which the DHB can work together with other organisations to achieve the strategic goals of improving Maori health.

404.0 Minutes

Resolution

That the Minutes of the Taranaki District Health Board meeting held 11 March 2008 be confirmed as a true and correct record.

*Gilkison/Nager
Carried*

404.1 Arising From Minutes

Old Hawera Hospital

The Chief Executive referred to the question raised on whether the Privacy Commissioner had been contacted with respect to this incident. He advised that the Privacy Commissioner's office had been informed of the events that had occurred and discussions had been held. As a consequence, the Privacy Commissioner had provided some guidance and check lists around ways of proceeding and dealing with the issue which had been very helpful.

Advisory Committees

The Chairman advised that the representation had not been completely finalised with some feedback awaited from TWPK, and that a public announcement of all Committee members would be made as soon as possible.

405.0 Board Committee Reports

405.1 Hospital Advisory Committee

The Chairman referred to the presentations given on the Service Projects which gave an overview of the change management which was happening in Hospital Services.

Further discussion took place with it being agreed that the quarterly updates on the projects would also be provided to the Board members through the Hospital Advisory Committee.

Board members were reminded that in addition to receiving all agenda papers they were welcome to attend all Advisory Committee meetings as observers even if they were not on the committee.

Questions were raised around the over provision of elective services and the dollar value. Ms Farley advised that the over provision amounted to approximately \$600,000.

The Chairman noted that the people of Taranaki benefited from the over-provision of elective services and it was pleasing to hear that the Ministry had agreed to provide funding. It was also important to note that other DHBs had not been able to replicate the performance of Taranaki DHB and he congratulated staff on their efforts.

Ms Farley advised that the elective programme was likely to be severely disrupted by the impending junior doctors' industrial action.

Resolution

That the Taranaki District Health Board receive the unconfirmed minutes of the Hospital Advisory Committee Meeting held on 25 March 2008 and notes recommendations contained therein.

*Catt/Nager
Carried*

406.0 Management Reports

406.1 Chief Executive's Report

Mr Foulkes took report as read and sought questions from the Board.

The Chief Executive also highlighted the proposed visit by Associate Minister of Health. It is the intention for the Associate Minister to have two visits to

Taranaki DHB, firstly to meet briefly with the Chairman and Chief Executive and the second visit would be a longer visit to gain a better understanding of the work of Taranaki DHB. The opportunity would also be taken to meet with the full Board.

Discussion

Hawera Hospital Emergency Department

Discussion took place around the resignations by Hawera GPs and questioned whether these resignations were linked to the withdrawal by SouthCare from the contract for ED and after hours service with the suggestion being that the loss made by the South Taranaki Medical Trust had impinged on their ability to provide GPs with the funding they believed they were entitled to.

The Chief Executive advised that the Emergency Department and issues around funding as previously reported was felt to be fair and reasonable and sufficient to provide service not aware of any intention from District Health Board or SouthCare of that contract being a means of subsidising employment of GPs.

Mrs Boardman advised that with respect to GP salaries, as far as the DHB was aware the salaries paid were comparable with other GP salaries. She also advised that the bad debt level incurred by the practise was not dissimilar to other similar services.

It was acknowledged that there were concerns within the community around the continuation of GP services and the DHB was working with Hauora Taranaki PHO and SouthCare to address this matter. Support had been offered around recruitment. Meetings had also been held with the three PHOs and Dr Blayney regarding the provision of after hours service GP service. Every GP had an obligation to make arrangements for after hours service provision for their registered population.

Ms Farley confirmed that ED services would continue to be provided but it was unlikely to be a combined service.

406.2 General Manager Finance & Corporate Services Report

Mr Thomas took report as read advising that a revision of the financial forecast showed an improvement in the consolidated position of \$700k.

Discussion

General discussion took place around the cost impacts of the junior doctors' strike. Ms Farley advised that although the costs for service provision would not be incurred over this time additional costs would be incurred in provision of cover for the junior doctors etc. The strike could also result in the growth of waiting lists for elective services and additional costs being incurred to bring back to the current level.

Questions were also raised around effect of current high interest rates with Mr Thomas advising that the DHB had locked in current debt for 5 years.

Mr Thomas again offered to assist any Board members to gain a better understanding of the Board's financial reporting. Board members wishing to take up this offer outside of the meeting would arrange this with Mr Thomas.

Resolution

That the Taranaki District Health Board receives and notes the Chief Executive's Report and attachments, and management reports for February 2008.

Gilkison/Ballantyne

Carried

407.0 Other Business

407.1 Ministry of Health Quarter 2 Report 2008

Mrs Boardman drew the Board's attention to the following

Continue to achieve outstanding for elective services performance indicators, which is process have in place for ensuring that the processes elective services is open fair and efficient

Clarify for Board Nil report received is because indicator refers to 4 cancer centres and not Taranaki DHB

Resolution

That the report be noted and received.

Devadhar/Nager

Carried

407.2 St Johns Report – More Than Friendship: The Social and Economic Benefits of Two St John Programmes

Discussion took place around the recent report from St Johns circulated for information, with board members questioning whether Taranaki DHB had a memorandum of understanding with St Jones and whether we had in place 'Friends of ED' and 'Caring Caller' protocols at our hospitals

Management advised that Taranaki DHB's ambulance services were operated and owned by the DHB which provided an excellent service and was considered core business.

TDHB ambulance service complies with same industry standards as St Johns in Wellington.

St Johns presence in Taranaki was mainly centred around event management and support to individual sports groups.

The services referred to in the report were not provided in Taranaki by St Johns but similar initiatives were provided by different organisations.

Taranaki DHB is fortunate to have a large number of volunteers providing support to people locally and their contribution is acknowledged by the DHB on a yearly basis.

It was agreed that management would provide, due course, information on the volunteer services currently being provided to the community.

408.0 Next Meeting

The next meeting was scheduled to be held on Thursday 8 May in New Plymouth.

409.0 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).*
- 4. To present report seeking Shareholder approval for purchase of additional shares in HIQ Ltd 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.*

*Nager/Gilkison
Carried*

The meeting adjourned at 3.30pm to reconvene at 3.45pm

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Chairman

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Date