



MINUTES Open - Unconfirmed

TARANAKI DISTRICT HEALTH BOARD

11 February 2010

2.30pm

Corporate Meeting Room 1

Base Hospital

David Street

New Plymouth

Present

John Young (Chairman), Alex Ballantyne, Mary Bourke, Kura Denness, Karen Eagles, Flora Gilkison, Jenny Nager, Tony Ruakere, Dan Devadhar, Grant Knuckey,

In Attendance

Tony Foulkes (Chief Executive), George Thomas (General Manager Finance & Corporate Services), Joy Farley (General Manager Hospital Services), Sandra Boardman (General Manager Planning Funding & Population Health), Gavin Woolley (General Manager Organisation Development and Human Resources) Krysti Wetton (Communications), Jenny McLennan (PA to the Board)

561.0 Declaration to Open Meeting

The meeting was opened with a karakia at 2.30pm.

562.0 Acknowledgements

The recent passing of Tina deVries and Dr Alan Parsons was acknowledge and noted

563.0 Apologies

Peter Catt (Board member)

564.0 Conflicts of Interest

No new interests were declared.

565.0 Minutes

Resolution

That the Minutes of the Taranaki District Health Board meeting held 10 December 2010 be confirmed as a true and correct record.

*Bourke/Nager
Carried*

566.0 Board Committee Reports

566.1 Hospital Advisory Committee

Resolution

That the Taranaki District Health Board receive the unconfirmed Minutes of the Hospital Advisory Committee meeting held on 26 January 2010 and notes recommendations contained therein.

Denness/Nager

Carried

566.2 Community and Public Health and Disability Support Advisory Committee

Resolution

That the Taranaki District Health Board receive the unconfirmed Minutes of the Community and Public Health and Disability Support Advisory Committee meeting held on 15 December 2010 and notes recommendations contained therein.

Gilkison/Denness

Carried

Matters Arising

566.3 Coastal Pharmacy Services

It was noted that Pharmacy Services were able to be provided in coastal Taranaki with no additional charges incurred to patients for courier services of prescriptions.

567.0 Chairman's Report

The Chairman advised that the Letter of Expectation for the DHB and their subsidiary entities for the 2010/11 year had been received today and Chief Executive would update members with his report.

568.0 Management Reports

568.1 Chief Executive's Report

Mr Foulkes noted the recent passing Dr Alan Parsons and acknowledged that Dr Parsons had commenced as a Paediatrician with the DHB in the early 1980's. Mr Foulkes further acknowledged Dr Parsons leadership ability and the work he had done for the community noting that he will be sorely missed.

Mr Foulkes took his report as read highlighting:-

- National sector issues moving forward at a pace within the various work streams.
- Shared Services Board undertaking a series of national initiatives which were expected to proceed eg joint procurement strategy. The need for involvement of clinicians and staff with appropriate expertise in the development of these strategies was noted. A detailed plan was expected end of March.
- Clinical Services Plan and District Strategic Planning process to be clarified in March and would be instrumental for the forthcoming years.

- Ministers Letter of Expectation received with an expectation from the Minister to see real gains from a unified system. Main points noted with the letter included:-
 - Improved financial performance
 - Deficits must be quickly worked out of the system
 - Improving service and reducing waiting times
 - Increase elective surgical volumes
 - Improve emergency department waiting times
 - Improve cancer treatment waiting times
 - Provide a wider range of services in community settings
 - No costs to be incurred by patients
 - Consolidation of PHOs where appropriate
 - Regional co-operation
- Health target results to be published once results confirmed. Advice to Board to follow.

Mr Foulkes advised there were significant challenges within the sector with regards to financial performance. Although Taranaki people had year-on-year received a good quality service there was a need to ensure value for money and review approach and processes to see whether the same services can be provided for less. Despite achievement of efficiency gains costs continue to increase and the reality remains the DHB was struggling to 'stand-still'. Further operational savings possible in this year would need to be accelerated. With the Board as guardian of Taranaki Health dollars it must be recognised we cannot afford to continue with the way things were currently provided. Short-term planning for the remainder of this year with further strategies for the long term was required and was consistent with the message from the Minister.

Financial performance monitoring by the National Health would have six categories as follows, not four. A correction to the report was noted.

- i. Excellent
- ii Good
- iii Satisfactory
- iv Needs watch
- v Close watch
- vi Intensive watch

Discussion

- 'Needs Watch' clarified as meaning monthly trends are considered with any indication of deterioration possibly resulting in a move to a different category. Strong focus on any variance to plan
- Sense of change of focus from looking at wellness as 'top-of-cliff' with preventative measures being expensive eg current Health of Older People deficit of \$700k. Mrs Boardman advised growth in this area was more than anticipated with a significant portion of people requiring a low level of household service rather than a high level of personal care. The service was demand driven with the worst case scenario noted that deficit could increase to \$1.3m which was not affordable or sustainable.

- Clarification on vulnerable services – General practices in primary care and O&G services. Mrs Boardman advised that action plans were in place to address both these issues.
- Confirmation of Ministerial Cap – Mr Foulkes reported that management and administration levels had been maintained at the 2008 level and that monthly monitoring meant that DHBs not within their indicated cap were identified.
- Management focusing on strategies over next six months to stay within plan with activity not expected to reduce. Challenging situation with hard decisions regarding both short and long term strategies required.
- ED services – The public misconception meant there was approx \$1.5m associated cost for provision of services for patients who should have been treated through general practice or primary services. Collaborative planning was underway with primary care providers to address access and public education issues. The timeframe was for 1 July 2010 implementation.
- Outsourced Medical Personnel –Clarification on where additional costs are incurred was requested. Ms Farley advised that locum junior doctors and ACC tend to drive over expenditure in this area. It was agreed that additional information through HAC would improve understanding of over expenditure.

Resolution

That the Taranaki District Health Board notes and receives the Chief executive and Managements reports and attachments.

*Gilkison/Eagle
Carried*

569.0 Date of Next Meeting

The next meeting was scheduled to be held on Thursday 11 March 2010 in New Plymouth.

573.0 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 reports on the Draft DAP2010/11 affecting future funding and delivery of health services in Taranaki in that the public conduct of the meeting would be likely to result in the disclosure of information where the with holding 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).
- 5. To present reports on the Proposed Funding Allocation 2010/11 affecting future funding and delivery of health services in Taranaki in that the public conduct of the meeting would be likely to result in the disclosure of information where the with holding 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).
- 6. To present reports on the Primary Care EOI's/Business Cases affecting future

funding and delivery of health services in Taranaki in that the public conduct of the meeting would be likely to result in the disclosure of information where the with holding 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).*

7. To present reports on the Evaluation of Very Low Cost Access Innovative Primary Health Care Pilots

affecting future funding and delivery of health services in Taranaki in that the public conduct of the meeting would be likely to result in the disclosure of information where the with holding 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/Eagle
Carried*

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Chairman

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Date