



MINUTES Open - unconfirmed

TARANAKI DISTRICT HEALTH BOARD

4 December 2008
Corporate Room 1
Base Hospital
David Street
New Plymouth

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) from 4.15pm, John Doran (Chief Medical Advisor), Christine Henare (Chief Advisor Maori Health), Pamela Hikuroa (PA to Board), Sue Carrington (Media Advisor)

573.0 Declaration to Open Meeting

The meeting was opened with a karakia.

574.0 Apologies

George Thomas (General Manager Finance & Corporate Services), Joy Farley (General Manager Hospital Services), Sandra Boardman (General Manager Planning, Funding & Population Health), Kerry-Ann Adlam (Director of Nursing).

575.0 Conflicts of Interest

The Conflicts of Interest Register was circulated for updating by members with the following clarification of a declared interest:

Kura Denness	Trustee Bayly Road Trust – future owner of land on which dental hub proposed to be situated.
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576.0 Minutes

Resolution

That the minutes of the Taranaki District Health Board meeting held 6 November 2008 be confirmed as a true and correct record.

Gilkison/Catt
Carried

577.0 Board Committee Reports

577.1 Hospital Advisory Committee

Resolution

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

*Nager/Eagles
Carried*

Discussion took place around the benchmarking targets with concern at the marker for ED which had a goal of 85% waiting no longer than six hours with a view being expressed that this was the wrong marker. It was felt that if waiting in ED waiting area for six hours it could still be a further time waiting in a cubicle before the patient was seen by a Doctor and therefore the waiting time was much longer.

Mr Foulkes advised that he would obtain further clarification but understood that this marker related to addressing the very issue alluded to and being able to assess time prior to some actions as opposed to simply waiting to be seen in first place and in order to be able to improve on that target some of the systems and process outside of ED, eg xray department, wards, required to be changed to free up potential capacity in order to enable patients to flow through quicker.

The Chief Medical Advisor also advised that the six hours was a national marker in line with the Ministry's directive.

Concern was also expressed around the recent resignations of three Doctors in mental health and whether this was due to dissatisfaction with the DHB. Mr Foulkes advised that the three clinicians included two from one family, and they were all moving for personal reasons and was not reflected of any issues at the DHB. He advised that at a farewell function all three members had expressed a desired to come back if they had the opportunity in the future.

578.0 Management Reports

578.1 Chief Executive's Report

Mr Foulkes took report as read highlighting

- Recorded the passing of Jamie Hodson a former employee of the DHB and HIQ. Number of staff, including senior executives, were attending his funeral today. He acknowledged the work undertaken by Jamie for the organisation over the years and extended sympathies to his wife and family.
- Revised format of quarterly update on inter DHB collaborative activities which outlined the achievements to date and work currently underway.
- Planning package was scheduled for release 8 December however indication has been received that this may be delayed, due to linkage of work in Wellington between the Ministry and adjusting to desires of new Government. No indication received at this point that overall timeframes will be amended as a consequence which means that at a local level in terms of the work we need to do will be over a shorter period. Indication also that funding envelope information which is traditionally provided Mid-December is also likely to be delayed and

this will put additional pressure at a local level over January/February/March.

- Drew Board members' attention to the Ministry's Long Term Sector Framework and the increasing expectations around collaboration with other DHBs. This was a focus for the new Government. This was an area which had been identified by the DHBs and the Ministry with respect to the need to strengthen our collaboration not only in operational type activities but also from a planning perspective and when reviewing our strategic plan there will be increased expectations around regional planning by the new Government. Discussions taking place with DHBs around how able to do and ensure that there is added value to all, particularly in terms of local communities. From Taranaki's view point, will continue to work hard to ensure that by undertaking regional collaborative work we do not close off relationships already established or some we may wish to establish with other DHBs outside of listed regions, eg the links we have with DHBs in the lower North Island and in Auckland are important to consider through this process rather than merely planning with particular DHBs.
- Recertification and Accreditation survey verbal feedback positive. Would have been disappointed if there had not been some areas for improvement highlighted. Expect written feedback in near future.
- Pleasure to introduce Gavin Woolley General Manager Human Resources and Organisational Development.
- Hospital Services – note activity over recent months continued last month, extremely busy to extent we are becoming significantly ahead of acute and elective activity which creates additional pressure on the hospital and all staff and I think to be able to manage that activity particularly over the period when faced with additional challenges around infection control, is credit to all staff involved. All staff worked extremely hard to minimise disruption to services and deliver more services than planned.
- Although activity very high found time to be able to have fun as well with the DHB Pantomime. This was a tremendous experience for whole organisation and created a real buzz for all involved and those able to enjoy the show.
- Financial performance – trends seen in previous months continued. Forecast position similar to that reported last month. Same challenges are continuing to be managed.

Discussion

The Chairman concurred with the Chief Executive's views about staff morale and the pantomime with very good comments being received from staff members. He also advised that the lunch provided for staff today had been very well attended and the hospitality of the Board was well received by staff. These events were creating an environment where we follow up on the New Plymouth's Mayor's desire to have Taranaki a good place to live and work and enjoy life and also added to the culture and understanding within the organisation.

Board members congratulated management on the verbal feedback received on the recertification and accreditation audit and asked for a summary of the highlights and any issues.

The Chief Executive advised that the audit and recertification was undertaken under a new set of standards and therefore the surveyors and staff alike were going through a learning process. The new standards looked more at organisational based service as opposed to the silo approach in previous standards. A common theme was the need to evaluate system changes etc. to close the quality cycle. Clinical surveyors made the comment that they believed Taranaki DHB was a good place to come and be cared for and treated.

Certification was the minimum standard and accreditation was around on-going improvement over and above minimum standards. This was the sixth survey of its kind for accreditation which we believe is the most of any DBH hospital in the country and therefore in many ways created additional challenges because a lot of what surveyors were looking for was continuing evidence of on-going improvement further and therefore expectations were higher.

Some further examples of feedback will be highlighted in Hospital Advisory reports and when the full written report received more feedback will be provided to the Board.

Mr Foulkes also noted that these standards were Australasian standards and New Zealand was starting to synchronise with Australia in terms of how going about business and instil a culture of evaluation within the organisation. He felt that lessons could be learnt from Australian counterparts and also from other contacts DHB management had with counterparts in other countries.

Dr Doran also commented that the feedback from surveyors to clinicians highlighted the need to undertake evaluation of projects undertaken to ensure that learnings are shared with other sections of the organisation. This approach would hopefully improve outcomes for patients by more efficient use of resources.

Discussion took place around the long term sector framework with the Chief Executive advising that no firm timeline was in place as this was an evolving piece of work and the desire was for it to be a framework rather than a plan. It was the intention that a framework be established to determine how planning processes are undertaken. The framework will have major implications for the DHB as we move forward.

578.2 General Manager Finance and Corporate Services

Mr Foulkes took the report as read and noted

- Financial challenges continued and although some subtle changes had occurred on monthly figures, the year to date and forecast gave a similar picture to the previous month.

Discussion

Mrs Gilkison advised that the Fulford Service Level Agreement had been agreed, but not yet signed, and that the five year agreement came up for review in June 2009 and an agreed pathway of how the review would be undertaken had been established.

Board members noted that although there was increased activity and complexity of cases the Hospital had managed to undertake this work with existing FTEs and only a minor increase in cost. It was noted that the overall FTEs had increased with the Chief Executive advising that these increases related predominantly to specifically funded initiatives mainly in the public health area, eg healthy eating healthy action where the project was being resourced by the Ministry.

Resolution

That the Taranaki District Health Board notes and receives the Chief Executive and management's reports and attachments.

*Ballantyne/Nager
Carried*

579.0 Other Business

579.1 District Annual Plan 2009/10

Mr Foulkes referred to the paper provided by the General Manager Planning, Funding and Population Health, highlighting

- Planning Package due 8 December but indication received that this may be delayed, likewise funding envelope may also be delayed.
- In absence of these critical pieces of information cannot afford to do nothing in terms of commencing planning processes.
- The paper was conditional on receipt of this information and was a desire to signal and receive support for continuing to populate and develop the substance of the draft plan which builds upon the work in the current DAP and aligns to the Board's Strategic Plan.
- Important to note potential links to whatever happens with the regional planning discussions.
- The DAP will also be dictated and influenced by the Minister's letter of expectations and importantly what the funding envelope contains and the interpretation and potential scope we may have for strategic investments.
- No indication at present of what will be within those documents other than it is known that work has taken place nationally by the Ministry, with input from DHBs, around the appropriate pricing levels for hospital and specialist based services. It is anticipated that the funding envelope will have increases in the national prices for hospital and specialist services which will be helpful for the hospital however if the total package is not increased this will impact on other areas and will create additional challenges and problems which have been discussed previously and no doubt will result in further discussion and debate when the numbers come to hand.

Discussion

General discussion took place with Dr Catt advising that he supported the approach outlined until information on the Minister's expectations and funding envelope etc had been received.

Further discussion took place around the strategic areas with reference to oral health for older people and concern that this area did not appear to be covered with the focus being on younger people. Mrs Gilkison felt that this

was an area which impacted on older peoples lives and felt that perhaps some improvements could be provided in this area without the requirement to spend large amounts of money, but may merely be to highlight to family members through communication that this was an area which could be affecting their elderly relatives. It was noted that the cost of dental treatment was a barrier to older people.

The Chief Executive noted the comments but advised that the DAP reflected to a large extent the national oral health strategy and also a requirement for prioritisation of resources in line with the strategy and that the priority at present was on extending oral health services for adolescents.

Ms Denness expressed her concern that the plan contained items which it was known would not be able to be achieved in the year ahead and even though it would be desirable to be able to do all the things outlined if it was not going to be possible it would be preferable to remove from the plan.

The Chief Executive noted the comments and advised that perhaps a reality check could be passed over the summary page and only include items where there was a clear intent to do something beyond the status quo.

Further discussion took place with Dr Ruakere expressing the view that improved oral health for elderly was not a priority for the Ministry and referred to the establishment of a dental service through Te Tihi which received funding assistance from WINZ but unfortunately this service could not continue due to lack of funding.

Mr Ballantyne advised Benefit Advocates may be able to assist people in this area as funding was available from WINZ in the way of emergency grants and interest free loans and also felt that retaining this area in the DAP was a good aim although difficult to achieve but preferable to having it removed.

Ms Denness noted her conflict of interest as Chairman of Hauora Taranaki PHO, and advised that should could not support the DAP as it was more of the same and the same results will be achieved. In her view the Board should take a step back and look at ways in which we could improve the health of the population rather than being so focussed on the hospital service. The current approach means that initiatives and expenditure in the primary sector were sacrificed for the hospital service and questioned whether this approach gave value for money in comparison to new initiatives which could be put in place in the NGO sector.

The Chairman felt that the criticism was unfair and noted that the new facility was part of the initiatives to change the way in which the DHB services the people of Taranaki and a major focus of management. He asked Mr Foulkes to comment.

The Chief Executive acknowledged the sentiment behind the comments around benefits of focusing on the population as a whole as opposed to treatment services alone and did not believe anyone would disagree, however it was incorrect to say that no initiatives or expenditure was being put into the primary and community sectors. The DHB spend in terms of investment in primary health compared with 2-5 years ago was significantly greater and in addition:

- Key strategic priority areas had been identified and despite constraints on resources additional funding had been provided, eg \$2.5m in workforce development, \$3m additional Maori health investment.

- Considerable funding had also been provided through the Public Health initiatives, particularly around the HEHA project.
- Mental Health services in the community were significantly greater

He agreed that this was the tip of the iceberg and more was needed however there were financial restraints and the money could not be spent twice. As owners of the hospital services the DHB must manage down those costs. The financial constraints were a reality and yet despite those constraints and difficult circumstances, the DHB has and continues to make significant investments in key priority areas. We would like to be able to do more.

Board members agreed with the Chief Executive's comments and referred to the prioritisation policy which had been approved by the Board to enable funds to be applied to new initiatives if the Board's financial position allowed but unfortunately there was limited funding available.

Dr Ruakere thanked the Chief Executive for the summary but concurred with Ms Denness's comments that the hospital system continued to receive the bulk of resources.

The Chairman referred to the public based funding system and allocation on a per head basis with Taranaki's share, being 2.8% of New Zealand's population, the taxpayer was investing about \$260m in Taranaki and the DHB of which we were all members, was required to adjudicate on the way in which the money was allotted within the guidelines. He questioned how much the taxpayer would be prepared to fund to ensure there was more funding allocated to Taranaki and felt that as a Board we must encourage Executives to develop a realistic annual plan and that was the recommendation before the Board today. The Board is requested to endorse the initial version and then also give Executives the opportunity to recognise that there will inevitably be Ministerial priorities to take into account, and continue to strive to achieve equality of health in the region, and acknowledge that even at this stage we do not necessarily have that but that must continue to be the primary focus.

Board members also noted that the Board must also ensure that the DAP reflected what the population wanted and they wanted and expected hospital care.

Resolution

That the Taranaki District Health Board

1. *Supports the approach taken to developing the 2009/10 District annual Plan*
2. *Endorses the overall direction signalled in version 1.0 of the draft 2009/10 district annual plan*
3. *Notes the possible requirements for change in the light of Ministerial priorities.*

*Gilkison/Nager
Carried*

Ms Denness recorded her vote against the resolution.

580.0 Date of Next Meeting

The next meeting is scheduled to be held on 5 February 2009 in New Plymouth.

581.0 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 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).*
- 3. *To present report on Fulford Radiology re Letter of Support 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 on Shareholder approval for re-purchase of shares by 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.*
 - (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/Nager
Carried*

The meeting adjourned at 3.35pm to reconvene at 3.55pm

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Chairman

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Date