



# MINUTES      Open - unconfirmed

## TARANAKI DISTRICT HEALTH BOARD

**4 September 2008**  
**Corporate Meeting 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, Jenny Nager

### **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), Kerry-Ann Adlam (Director of Nursing), Christine Henare (Chief Advisor Maori Health), Pamela Hikuroa (PA to Board), Sue Carrington (Media Advisor)

### **442.0 Declaration to Open Meeting**

The meeting was opened with a karakia.

### **443.0 Apologies**

Grant Knuckey and Tony Ruakere (Board Members)  
Joy Farley (General Manager Hospital Services) for lateness. The Chief Executive advised that Ms Farley would be late to the meeting as she was representing the organisation at the funeral of Dr Brumby a former employee.

### Resolution

*That the apologies be sustained.*

*Gilkison/Nager*  
*Carried*

### **444.0 Conflicts of Interest**

The Conflicts of Interest Register was circulated for updating by members. The Chairman advised the following interest had been removed:

Peter Catt                      Clinical Director Hauora Taranaki PHO

The Chairman advised that the following new interest had been declared:

Karen Eagles                      Trustee Waves Adolescent Health Trust 2008

#### **445.0 Minutes**

##### Resolution

*That the Minutes of the Taranaki District Health Board meeting held 7 August 2008 be confirmed as a true and correct record.*

*Denness/Eagles*

*Carried*

#### 445.1 Arising From Minutes

Deputation – Hugh Cunningham

In response to a question on response to the deputation made by Mr Cunningham, the Chief Executive advised that feedback would be reported back to the Board in due course.

Visit Associate Minister of Health

The Chief Executive advised that at this stage there was no indication that the visit by the Associate Minister of Health would be rescheduled.

#### **446.0 Board Committee Reports**

##### 446.1 Hospital Advisory Committee

##### Resolution

*That the Taranaki District Health Board receive the unconfirmed minutes of the Hospital Advisory Committee meeting held on 26 August 2008 and notes recommendations contained therein.*

*Nager/Eagles*

*Carried*

Dr Catt referred to the presentation on the mitigation strategies in place to monitor the hospital's budget which had been very helpful to the Committee. In response to an enquiry as to whether the presentation would be repeated for the full Board.

It was noted that all Board members were welcome to attend the advisory committee meetings and part of the structuring of the Advisory Committees was to avoid such duplication. It was agreed however that the Chief Executive would consider the matter and endeavour to ensure Board members had the opportunity to be appropriately informed on issues considered by the Hospital Advisory Committee.

##### 446.2 Community & 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 26 August 2008 and notes recommendations contained therein.*

*Gilkison/Ballantyne*

*Carried*

Mrs Gilkison advised that an excellent report had been provided on how the DHB achieved against the DAP and the 10 Health Targets.

Dr Catt congratulated the Mrs Boardman on the decision around the oral health facility noting that this would not have been an easy decision to make, but clearly followed the DHB's strategic plan of reducing inequalities and placing community services in the community.

Ms Denness referred to the process for allocation of the strategic investment reserve and sought clarification on the process and the comment that such investment was linked to the overall financial position of the DHB.

The Board was advised that the process was outlined in the paper on the Funding Envelope which had been presented to the February Board meeting and the comments in the advisory committee papers were consistent with the decisions made at that meeting.

#### **447.0 Chairman's Report**

The Chairman reminded Board members of the Treaty Training workshop to be held on Friday 5 September and advised that members of Te Whare Punanga Korero would also be in attendance.

#### **448.0 Management Reports**

##### **448.1 Chief Executive's Report**

Mr Foulkes took report as read highlighting the following:

- DHB Chief Executive's meeting held in August had covered issues around collaboration between the DHBs. Meeting had also been attended by the Ministry of Health's executive management team
- DHBNZ Strategic Plan included for Board endorsement. Will be subject of discussion at the Annual meeting of DHBNZ to be held on 15 September.
- Awaiting confirmation of signing of DAP by Minister. Have not been notified of any problem in terms of the plan and delay is more around process in Wellington.

#### **Discussion**

Discussion took place on the BERL report with the Chief Executive advising that the report gave a better understanding of the economic contribution and impact of Maori within the broader Taranaki community and would assist in future planning by the DHB and also other agencies.

The DHB had also commissioned a further report on the socio-economic profile of the Taranaki Maori population and this would be available in the near future. It was anticipated that the findings of the profile would show close synergies in terms of socio-economic profile and pressure areas in terms of health .

The Chairman also referred to the BERL report commissioned by Venture Taranaki on Taranaki future economic growth and what will constrain the growth and development of the region. A major constraint outlined in the report was the lack of skilled workers. Workforce development therefore becomes a critical factor for the Health Board as only one of the agencies in Taranaki, which needs to focus on skills and upskilling and training of young people. The challenge to the DHB was to be able to address this issue in a realistic form to improve health inequalities and therefore the importance of education becomes a critical factor.

Board members noted the difficulties being faced by Waikato Hospital due to the numbers of patients requiring admission to hospital from the emergency department and questioned whether the Taranaki DHB was experiencing the same issue.

The Chief Executive advised that he did not have figures available but the hospital had experienced very high occupancy over the past month.

Mrs Boardman advised that as part of the quarterly meetings between the provider and funder the increase in occupancy had been highlighted but it was not clear whether this was due to increased admissions via the Emergency Department.

#### 448.2 General Manager Finance & Corporate Services Report

Mr Thomas took report as read highlighting

- Result for July pleasing in that it was better than planned but cautioned that the challenges facing the hospital provider in particular remained and focus would continue on managing costs.

#### Discussion

Board members questioned whether due to the financial pressures facing the DHB it would be appropriate to report against forecast budget earlier than previous years. It may also enable a clearer position to be provided on possible initiatives which could be put in place if funding was available.

It was noted that the budget was set in February and a number of the assumptions made at that time were now out of date and it was felt that the forecast could be prepared with the known effects of the end of year wash-ups noted.

Mr Thomas advised that typically the forecast is provided after December due to the first quarterly being influenced by end of year washups which could provide an incorrect impression of the actual financial position, however, the forecast could be presented if required from the first quarter.

The Chairman noted that the Executives were focusing on key areas in an endeavour to achieve significant savings and also taking into account the implications of the new development and the effect that would have on the financial position and suggested that the Board show confidence in the executives and give them the liberty of continuing down the programme that had been outlined.

It was suggested that it would be useful if a report could be provided on the efficacy of the mitigation steps outlined by the provider as these were introduced during the year. The Chief Executive noted this.

Board members thanked Mr Thomas for providing the 12 month rolling cash flow forecast.

#### Resolution

*That the Taranaki District Health Board*

1. *Notes and receives the Chief Executive and management's reports and attachments.*
2. *Supports the Draft Strategic Plan 2008/11 for the 21 DHBs collaborative activity.*

*Gilkison/Devadhar  
Carried*

#### **449.0 Other Business**

##### **449.1 2007/08 Nursing and Midwifery Review**

Ms Adlam, Director of Nursing, spoke to the report highlighting  
Provide an overview of work being undertaken from a Nursing Midwifery  
perspective

Whilst do have some workforce issues from nursing perspective, generally  
Taranaki has a very stable experienced workforce

Great initiatives going on which are outlined in the report

Work well regionally as workforce sharing professional development  
educational opportunities and best practice and although may be little off the  
beaten track according to some great opportunities for nursing and midwives

University of Auckland deliver post graduate education

Innovative roles nursing perspective – nurse led pre-admission clinics, nurse  
led exercise tolerance clinics

TDHB good profile nationally and internationally

##### **Discussion**

Board members congratulated Ms Adlam on the report which gave readers an  
indication of the work being undertaken by and for the workforce in this area.

In response to a query on whether a similar report would be provided on  
Medical specialist workforce, the Chief Executive advised that this could be  
done, but not in the immediate future.

##### **Resolution**

*That the 2007/08 Nursing and Midwifery Review be noted and received.*

*Eagles/Nager*

*Carried*

##### **449.2 Taranaki Health Trust Report 2007/08**

The Chairman referred to the report from Dr Matthews Chairman of Trustees  
of the Taranaki Health Trust and on behalf of the Board requested the Chief  
Executive to convey the Board's thanks to Dr Matthews and trustees for their  
effort over the past year.

In response to questions from board members, the Chief Executive advised  
that the trustees were Dr Peter Matthews, Tony Foulkes, Sandra Boardman,  
Joy Farley, Anne Kemp and Kerry-Ann Adlam.

##### **Resolution**

*That the Taranaki Health Trust's Trustees Report for the period 1 July 2007 –  
30 June 2008 be noted and received.*

*Ballantyne-Eagles*

*Carried*

Ms Farley joined the meeting.

##### **449.3 Redevelopment Base Hospital Facilities – Overview Presentation**

The Chief Executive referred to the approval by the Minister of Health and  
Minister of Finance for investment in major redevelopment of the base

hospital campus which enabled more detailed planning to commence to give life to the proposals put forwarded and supported by the Board last year. Ms Farley would be providing a presentation to refresh memories of the business case and an update in terms of the indicative timeframe. He also highlighted that the facility redevelopment was around modernising the facilities and services available to the people in the province.

Ms Farley's presentation covered:

Case for change

What will be difference about new facility

Staging proposal

Next steps

Case for Change

Theatre capacity inadequate

Day Stay capacity inadequate and links with patient flows poor

Outpatient services – multiple location and duplication

Services for elderly ward and general inpatient accommodation poor and disjointed

Allied health not conducive to patient flows

ED area needs development for acute assessment

Remote location of Maternity and NNU

Opportunity to earthquake strengthen building

What will be different about new facilities

Consolidation of all patients facilities and services

More compact efficient hospital

Provision of collocated ambulatory services to enable development of models of care that facilitate contemporary clinical practice

Development of processes for patient flow – integration primary/secondary care

Meet demands for theatre capacity to achieve elective service targets

Improve operational efficiency

Provision of sufficient accommodation to meet requirements to 2015 and beyond

Improve inpatient accommodation to standard generally found or currently being provided in other hospitals in New Zealand – especially Base Hospitals in regional New Zealand

Models of Care

Provided example of new day stay

Day procedures taken out of inpatient wards

Theatres co-located. Designed to allow day stay processes to be separate from inpatient

Theatres ground level close proximity between Surgical Day Ward and ICU and CSSD

Development of Ambulatory Services

All procedures currently undertaken in wards and outpatients areas will take place in defined ambulatory areas

All day stay and DOSA patients enter through ambulatory centre  
 Cardiology services included in ambulatory – but need to consider in future  
 may be doing angioplasties and other interventional cardiology  
 Colposcopies/Gynae and Urological procedures performed in procedures  
 area of ambulatory centres

#### Staging Proposal

Stage one – Only stage approved

Theatres, Day Stay related ambulatory facilities

Services for Elderly and Allied Health Facilities

Medical and Surgical Inpatient ward accommodation

In planning stage 1 will be taking into account requirements for Stage 2 and 3

#### Stage two

Demolition of Stainton block

ED/AAU

co-location of Paediatrics, Maternity and NNU

#### Stage 3

Strengthening of existing facility and refurbish accommodate outpatient  
 services

#### Next Steps

TASK	INDICATIVE START DATE	INDICATIVE COMPLETION DATE
<u>Stage One</u>		
Appoint Project Director/Design Consultants	September 2008	January 2009
TDHB Facility Committee	September 2008	October 2008
Project Steering Group	September 2008	October 2008
Project Team	September 2008	October 2008
Project Control Group	September 2008	October 2008
User Groups	September 2008	November 2008
Development of Project Execution Plan	September 2008	February 2009
Design	January 2009	December 2009
Construction Procurement/Activities	January 2010	Early-Mid 2010
Construction	Early 2010	Mid 2012
Commissioning	Mid 2012	

Discussion

Discussion took place around the need to increase theatre capacity when the population was decreasing.

Ms Farley explained that the business case process involved demographic modelling using the Ministry of Health’s tool and also expert advice in this area. The tool provides information around intervention rates, health needs and percentage changes required around number of beds and facilities. It should also be noted that population is not declining in real terms, but other areas are increasing at a greater rate and therefore Taranaki DHB’s share of funding is decreasing in comparison to other areas.

We are confident in the details provided in the business case around bed numbers, theatre requirements etc and the case has also been peer reviewed by experts and the Ministry.

In respect to the management of highly infectious diseases, eg noro virus, Ms Farley advised that management of these patients is about good isolation rooms, nursing techniques, hand washing, antibiotic resources and ward management. The new facilities wards being four, two and single bed rooms will enable easier management of patients should noro virus occur at the DHB than the current six bed wards.

The Board members noted the updated and the Chairman thanked Ms Farley for the presentation.

**450.0 Date of Next Meeting**

The next meeting was scheduled to be held on Thursday 9 October 2008 in New Plymouth

**451.0 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 Report on Redevelopment of Facilities Update 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 4.10pm to reconvene at 4.15pm

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Chairman

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Date