



MINUTES Open – Unconfirmed

TARANAKI DISTRICT HEALTH BOARD

5 July 2007

Corporate Meeting Room 1

Base Hospital

David Street

New Plymouth

Present

Hayden Wano (Chairman), Peter Catt (Deputy Chairman), Alex Ballantyne, Kura Denness, Dan Devadhar, Jan Dunlop, Flora Gilkison, Tom Mulholland, Tony Ruakere and John Young

In Attendance

Tony Foulkes (CEO), George Thomas (GM Finance & Corporate Services), Joy Farley (General Manager Hospital Services), Christine Henare (Chief Advisor Maori Health), Brian Gubb (Senior Manager Performance and Contracts), Debbie Taylor (General Manager Human Resources), Pamela Hikuroa (PA to Board)

510.0 Declaration to Open Meeting

The meeting was opened with a karakia.

511.0 Apologies

Tom Mulholland for lateness.

512.0 Conflicts of Interest

The following interests were amended:

Kura Denness	Chairman Taranaki PHO Ltd (previously Director) Chairman Te Aroha Medcare (previously Director)
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The following interest was removed from the register:

Hayden Wano	Co-opted Member Quality Health NZ
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513.0 Deputation

The Chairman advised that a deputation had been accepted from Dr Blayney, however due to other commitments Dr Blayney was unable to attend and Ms Nager would be presenting the deputation on his behalf.

Ms Nager referred to concerns over the provision of adequate lower-level secondary medical services in South Taranaki. The wishes of the people of South Taranaki was for a hospital which included low-level acute in-patient

services, a minimum medical staff level identified by the 2001 Pisk Report. This level of staffing had not been maintained which had resulted in a reduction of services at Hawera and there was a concern that this would lead to further downgrading of services.

The perceived problems identified in the deputation included:

1. Reduced number of Medical Officers employed at times.
2. Level of Specialist Physician Support
3. Retention and Recruitment and the role of the Hawera Hospital Steering Committee
4. Access to appropriate candidates – reliance on South African doctors has to end but access to appropriate New Zealand and British graduates has been nearly impossible.
5. Style of reporting to Board by Management
6. Hawera Hospital Steering Committee issues – communication difficulties remain between the public, the Steering Committee and the TDHB.

A number of suggested solutions were put forward which were considered to mainly involve simple policy changes by the DHB and some minor costs.

The solutions included:

- A commitment from the Board itself to fully support the three Medical officers plus cover for Hawera policy.
- Better focus on retention, with recruitment focused on New Zealand graduates
- Identifying four of the eight TDHB physicians who are prepared to be the regular visitors to Hawera for better outpatient continuity and better Medical Officer and GP support
- Greater community support by more open reporting to the public and inclusion of public input to the Hawera Hospital Steering Committee as well as a more direct feedback to TDHB members themselves.

In conclusion Ms Nager stated that support by the South Taranaki public and its Steering Committee, visiting physicians, the Hospital Advisory Committee and the full TDHB Board would encourage management to approve more positive, active and innovative ways to maintain a functional community hospital that is an asset to Taranaki rather than appearing to be portrayed as a liability.

Ms Nager advised that the deputation was signed by Dr Blayney with support from herself, Shirley Blayney and Neil Walker.

The Chairman thanked Ms Nager for the comments and noted that as there had already been a degree of discussion in the public arena, a response to the issues was appropriate and he invited the Chief Executive to comment.

Mr Foulkes acknowledged the comments made and respected the good intentions of those who made them. He stated that he would give an overview of the situation rather than respond directly to the issues raised and would ask Ms Farley to provide comment on arrangements at Hawera Hospital.

Mr Foulkes advised that he felt the need to express his frustration and disappointment at the comments made. The terms of reference for the Hawera Steering Committee had been agreed by the Board, members of the Committee and the committee reported to the Chief Executive. He advised

that he had recently re-read the Committee meeting Minutes of the last year and from those minutes and reflecting on feedback also received over that time could see good discussion and debate and indeed progress made on a number of issues particularly around working together on recruitment issues for Medical staffing. From re-reading the minutes he did not get the impression of the concerns and issues raised and through other feedback had not received the picture being put forward by the deputation necessarily representative of the reality.

In terms of reporting to the Board, Mr Foulkes noted that the issues around Hawera and medical staffing were appropriately and accurately reported and in his opinion were not negative but highlighted the challenges and actions taken.

Mr Foulkes referred to the frustration felt by himself and management and the recurrence of the same issues around concerns of downgrading of services at Hawera which in turn fed rumour and speculation and this was despite regular assurances both at the Steering Committee, Board and Advisory Committee meetings and public meetings in South Taranaki, these outlined the efforts being undertaken to recruit and the services which were to be provided from Hawera Hospital. Management readily acknowledged that recruiting of medical staff in particular in South Taranaki was a challenge, however there have been successes and he was delighted to be able to confirm the appointment of a new member of the medical staff from 1 July which was a good news story, but was unfortunately overshadowed by the raising again of speculation of downgrading of services and fears around future of the hospital. This led himself and management to be concerned for the medical staff and other staff and also concerns for the new Doctor and his family who had made a huge commitment to come and join the organisation and were welcomed by discussion and fear about insecurity of his position. It must also be noted that these issues also created doubt in the minds of prospective doctors who we are trying to recruit to the area and other staff working in the organisation. Staff were working hard day and night to provide the agreed service. The raising of these concerns regularly despite discussions and clarifications, results in the General Manager and her team having to once again reassure staff around future of service and reconfirm matters confirmed numerous times before about lack of intent to downgrade services.

The continual raising of these concerns may actually have the opposite effect to what is desired in terms of our ability to recruit staff.

Mr Foulkes noted that he had not addressed specifics made in the deputation, most of which could be appropriately discussed at the Hospital Steering Committee, but in his view there was a need to collectively, as both a DHB and community in South Taranaki, to avoid a repetition of this matter and the negative ripple effects for current and prospective staff.

Ms Farley in commenting to the deputation wished to clarification incorrect perceptions:

Monitored beds:

Had absolute confidence and trust in the doctors and nurses at Hawera Hospital along with their colleagues at Base to make decisions about the appropriate clinical care for patients which would mean that some patients would be transferred to New Plymouth and others would remain in Hawera, in

the monitored beds or normal ward. These decisions were not made by management and were based on appropriate clinical practice.

When the decision was made to temporarily close the monitored beds this was because staff felt that this was the most appropriate way to utilise resources and was the correct decision for that time.

The monitored beds have been utilised regularly, in fact 26 patients had been treated through the monitored beds over recent months.

Perception that ECG services being downgraded was incorrect. Pleased to report a number of exercise ECG had been undertaken at Hawera on behalf of Base. Hawera and Base work closely together to maximise resources and on numerous occasions New Plymouth people are requested to travel to Hawera for testing. This ensures that the efficient use of available capacity across the DHB.

Clinical practice will drive utilisation of out patient clinics. Assure the Board that all of the general physicians visit on regular basis. As part of the visit time was set aside for supervision to meet with the doctors and for peer review.

Lastly, Hawera Steering Committee was considered to be positive in helping with the recruitment and communication of issues.

On a personal level Ms Farley endorsed the comments made by the Chief Executive.

The Chairman in summing up advised that from a Board perspective the reporting through to the Advisory Committee and the Board on issues around recruitment etc was considered appropriate and did not consider that the information was 'filtered'.

He noted that the Steering Committee was not a governance committee but a management committee which reported through to the Chief Executive. There was a clear governance structure in place and it was important to keep the separation of management and governance with the governance arm responsible for setting policy and management to implement.

He again assured the deputation that the Board was aware and informed of discussions taking place within the Hawera Steering Committee and was satisfied with management's reporting through to the Board particularly around the challenges and issues facing Hawera hospital. On this matter he felt that notwithstanding the challenges faced by the team the level of effort, motivation and energy put in to actively look to recruit medical staff, was undertaken in a positive way and this was reflected in the reporting mechanism.

The Chairman reiterated comments made publicly at various other meetings attended by himself and the Chief Executive, that the Board did not have an active policy of down grading Hawera Hospital or any form of underhand approach by the organisation to down grade the services. The key challenge for changes at Hawera Hospital were based on changes in clinical practice which was an issue also faced at Base hospital.

The Chairman thanked Ms Nager and representatives of her group.

514.0 Minutes

Resolution

That the minutes of the Taranaki District Health Board meeting held on 7 June 2007 be confirmed as a true and correct record.

*Young/Mulholland
Carried*

515.0 Board Committee Reports

515.1 Hospital Advisory Committee

Resolution

That the Taranaki District Health Board receive the unconfirmed minutes of the Hospital Advisory Committee meeting held 26 June 2007 and notes recommendations contained therein.

*Young/Catt
Carried*

515.2 Disability Support Advisory Committee

The Chairman advised that unfortunately a quorum was not present and therefore the meeting report were notes.

Ms Gilkison advised that an excellent report and presentation on Aged Residential Care had been made which had also proved to be of interest to the public present at the meeting.

515.3 Community and Public Health Advisory Committee

Mr Ballantyne sought permission to provide further background information around the resolution in these Minutes around the report from the Chief Advisor Maori Health.

The Chairman advised that this matter could be considered under arising from minutes for this matter.

Resolution

That the Taranaki District Health Board receive the unconfirmed minutes of the Community and Public Health Advisory Committee meeting held 26 June 2007 and notes recommendations contained therein.

*Catt/Ballantyne
Carried*

Arising From Minutes

Mr Ballantyne referred to the resolution passed at the Community and Public Health Advisory committee which sought Board endorsement of the measures outlined in the Chief Advisor Maori Health's report to combat health inequalities. Mr Ballantyne felt that a resolution from the Board giving specific support to this matter and urging the Prioritization Planning Panel to reflect this issue as a priority in their considerations when allocating resources would give clear direction to management on this matter. He felt that the time was right politically for an extra push in this area.

Mr Ballantyne recommended to the Board that a stronger message be relayed to management by changing the word notes to 'adopt the recommendation'.

General discussion took place with questions being raised on whether such a change would present any issues with the Board's District Annual Plan.

The Chief Executive in response advised that he felt it was consistent with the annual plan and the previous plans supported by the Board in relation to addressing inequalities and Maori health issues. The recommendation appeared to simply reconfirm the intentions expressed through those plans.

Ms Henare, Chief Advisor Maori Health, advised that the reference in her report to the prioritisation planning panel was to assure the Board and Committee that steps were being taken within the DHB's management to implement the actions contained in the District Annual Plan.

Board members also questioned Mr Ballantyne on whether his suggestion was for further urgency to be given to the prioritisation rather than re-emphasising the Board's directive.

Mr Ballantyne in response advised that in his view additional funding should be provided towards these priority areas.

The Chief Executive advised that in terms of the prioritisation policy it reflected the emphasis outlined in the Annual Plan for the upcoming year and reminded the Board that the new additional investment in this area of \$3m over the next three years, which had not existed previously, was something which the panel would consider and allocate to ensure that the overall goals and gains identified were achieved.

The Terms of Reference for the Panel required that the strategic improvements and directions of the Board and District Annual Plan process were taken into account which meant when assessing any contract or contract for renewal due consideration had to be given to whether the funding would improve inequalities for our population.

A Board member noted that the difficult area for the DHB will be when the old contracts come up for renewal and it was felt that this recommendation would come to the fore at that time. Reprioritising would be difficult politically but this additional endorsement from the Board would give the moral authority to management and support to use the prioritisation tool in the way it was intended.

The Chairman in summing up noted that the recommendation put forward was broad and encompassed the strategic objectives outlined by the Board and gave a clear signal to management of the approved direction and also the possibility of accelerating actions in this area if funding permitted.

Resolution

That the Taranaki District Health Board adopt the measures to combat health inequalities outlined in the Maori Health Report for period ended May 2007 and urges the Prioritisation Planning Panel to reflect this priority in its resource allocation.

*Ballantyne/Catt
Carried*

516.0 Management Reports

516.1 Chief Executive's Report

The Chief Executive took report as read advising there were no specific issues to highlight. Mr Foulkes advised that his monthly report would have normally included an update on national issues discussed at the CEO

meeting, but due to illness he had been unable to attend. A full update will be provided in next month's report.

Discussion

General discussion took place on the report.

Questions raised around community residential care and whether the under-utilisation was a result of oversupply.

In response management advised that currently there was an over supply of beds but further modelling was required around future requirements. It was also noted that policy changes in this area had led to a reduction in usage of recent times with people having other options than residential care available.

General discussion took place around the occupancy levels in the mental health area with an outline being given on the initiatives which had been put in place over recent years to enable earlier intervention and greater community based care.

Discussion took place around the proposed facility redevelopment with Dr Mulholland questioning when submissions or recommendations could be made regarding the concept of the development being based on a 'wellness centre' focusing on health promotion etc.

The Chief Executive advised that in terms of the concept, provided the Board was supportive, this concept could be incorporated within the business case which was to be submitted for Board consideration at the end of August.

Ms Farley advised that such suggestions were helpful and in fact she would welcome input and had read some interesting articles on how design could reduce the length of stay. Detailed design work would not occur until next year, after approval of the business case.

516.2 General Manager Finance and Corporate Services

Mr Thomas took report as read highlighting:

Financial Result

Improvement in position resulting from improved result for Planning and Funding. Hospital services deficit increased over previous month but as signalled seasonal conditions have had a bearing on the result.

Forecast

In view of the hospital results the forecast has been revised downwards. The deficit for the Hospital is likely to be in the region of \$2.1m. Funder is on track to meet the forecast result.

Discussion

General discussion took place on the result with the question being raised as to why seasonal influences were not built into the budget. In response it was noted that the budget is phased based on previous year's results and anticipated position but the effect of the cost of funding gap was also recognised in the final quarter. The phasing was improving but this was an imperfect science.

MoH Health Report

Questions were raised around the Taranaki DHB position compared with other DHBs particularly outsourced services and the result shown in the Health Report not being as was understood from management reports.

Ms Farley advised that the Health Report data was not comparing 'apples with apples'. DHBs have different ways of contracting for services and had different configurations, for example Taranaki had a unique contract for anaesthetic services. To compare out-sourced services it was necessary to Board members suggested that the Ministry note such variances in the commentary.

Discussion also took place around recruitment and that hospitals with training facilities did not appear to have the same difficulty in attracting staff and whether regional hospitals like Taranaki should be allotted greater funding to enable junior doctors to be attracted to the area. Ms Farley advised that this year the situation for employment of junior doctors in particular was extremely difficult nation wide, however, the more opportunities available for education and training the greater the ability to attract staff. Additional funding would be helpful but salary level was not the main driver and the ability to participate in training programmes was the greater incentive.

One way the DHB was looking to attracting staff for Hawera was through such things as GP rotation. Certification of this programme would take time but was being pursued. It should be noted that it took over a year to obtain the advanced training programme accredited at Base but it is an opportunity the DHB wants to create in an endeavour to attract doctors to the area.

Resolution

That the Taranaki District Health Board receives and notes the Chief Executive's Report and management reports for May 2007.

*Mulholland/Catt
Carried*

517.0 Date of Next Meeting

The next meeting is scheduled to be held on Thursday 9 August 2007 in New Plymouth.

518.0 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 Committee Minutes 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).

*Wano/Young
Carried*

The meeting adjourned at 4.05pm to reconvene 4.30pm

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Chairman

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Date