

# MINUTES      Open (unconfirmed)

## TARANAKI DISTRICT HEALTH BOARD

7 July 2011

2.30pm

Corporate Meeting Room 1

Base Hospital David Street

New Plymouth

### Present

Mary Bourke (Chair), Peter Catt (Deputy Chair), Alex Ballantyne, Ella Borrows Kura Denness, Karen Eagles, Flora Gilkison, Brian Jeffares, Pauline Lockett, Alison Rumball,

### In Attendance

George Thomas (General Manager Finance & Corporate Services), Sandra Boardman (General Manager Planning, Funding & Population Health), Rosemary Clements (General Manager Hospital and Specialist Services), Kerry-Ann Adlam (Director of Nursing), Sue Carrington (Communications), Matua Ramon Tito (Kaumatua), Jenny McLennan (Minute Taker)

### 700.0 Declaration to Open Meeting

The meeting was opened at 2.30pm with a Karakia.

### 701.0 Apologies

#### Resolution

*That the Taranaki District Health Board receive and note the apologies from Ms Colleen Tuuta and Mr Tony Foulkes.*

*Rumball/Jeffares  
Carried*

It was noted that in addition to the apology received from Ms Tuuta feedback on various agenda items had been received and that these comments would be referred to as specific items were discussed.

### 702.0 Conflict of Interest

The Conflict of Interest Register was circulated for members to review and sign. No new conflicts were declared.

### 703.0 Public Comment

Mrs Health Crofsky, a representative of GreyPower referred to the consultation process underway in South Taranaki, and commented on ED and the provision of on-call services. Mrs Crofsky added that it seemed unreasonable to expect Doctors to be consistently in an on-call mode.

Mrs Crofsky also suggested Taranaki District Health Board try differing means of communication to ensure understanding and confidence in its actions.

The Chair thanked Mrs Crofsky and advised that the comments would be noted for future discussions.

Miss Bourke referred to the recent and future changes planned for the Committee structure adding that the intent was to ensure the Board's strategic focus and direction could be taken to a wider audience and that this would assist in the overall communications of the Board.

#### **704.0 Minutes of Previous Meeting**

##### Resolution

*That the Minutes of the Taranaki District Health Board 9 June 2011 be confirmed as a true and accurate record.*

*Bourke/Eagles  
Carried*

#### **705.0 Board Committee Reports**

##### 705.1 Hospital Advisory Committee

##### Resolution

*That the Taranaki District Health Board receive the unconfirmed minutes of the Hospital Advisory Committee meeting held 28 June 2011 and note the recommendations contained therein, subject to the following amendment:*

*(668.1 Management Reports)*

- Ms Denness noted that by accepting fewer referrals the burden of costs moves to the patient and that raising the waiting list bar would not be appropriate.*

*Borrows/Eagles  
Carried*

##### 705.2 Community & Public Health Advisory Committee/ Disability Support Advisory Committee

##### Resolution

*That the Taranaki District Health Board receive the unconfirmed minutes of the Community & Public Health Advisory Committee/Disability Support Advisory Committee held 28 June 2011, and note the recommendations contained therein.. The attendance of Mrs Rumball at the meeting was noted for inclusion.*

*Ballantyne/Rumball  
Carried*

##### 705.3 Matters arising

##### 705.4 Community Projects Funding

In response to a question raised by Ms Tuuta it was noted that advertising details of the Community Projects funding rounds would be provided at the next meeting.

##### 705.5 Regional Leadership Group

Following discussion it was noted that an invitation to the Regional Leadership Group to meet with the Board would be added to the Governance Workplan.

## 705.6 Whanau Ora Report

Ms Lockett commented positively on the Whanau Ora report prepared by Ms Henare and suggested its placement on the Board's website be considered.

## 706.0 Management Reports

### 706.1 Chief Executive's Report

As Acting Chief Executive, Mr Thomas took the report as read highlighting the following:

- Year to date financial results were better than planned.
- Early indications of the effectiveness and potential of the new website Kiwihealthjobs was encouraging.  
It was noted that the website was in the early stages of release, and wider information regarding the number of responses to Maori Health positions and the demographics of these applicants is expected to become available as the site developed.
- Pending satisfactory resolution with the NHB in the Primary Care, Cardiovascular Disease Health Targets and electives areas the Minister of Health had indicated his willingness to approve the Annual Plan 2011/12 for three years. This was being progressed satisfactorily.
- Ministry of Health approval of the Taranaki District Health Board's Maori Health Plan 2011/12 had been received.
- In accordance with the Ministry of Health Management of Service Change process advice had been received that while no specific service changes or proposals had been received for the following areas it was likely more information would be required as development in these areas may lead to service changes:
  - Project Splice
  - South Taranaki
  - Implementation of Whanau Ora and IFHC Centres
  - Maori Health
  - Taranaki Mental Health and Addictions and Continuum Project

The consolidation of Maori Health Service Contracts (31 contracts down to one or two – totalling \$6.7m) was supported by the Ministry on the condition that NHB needed to be satisfied that the integration of contracts would not materially affect access to services. It was noted that if this service change was to proceed further discussions and noting to the Minister would be required to be undertaken by the NHB.

- Project Maunga was proceeding well with site preparation underway. The Minister of Health was expected to visit 30 August to 'turn the first sod'.
- Project Whakapai KPI's were available for further discussion.

### Discussion

- Dr Gilkison noted that while the Health Target results were satisfactory details showing the trend of the results would be beneficial.
- Dr Gilkison was advised that new agencies such as the Health Quality & Safety Commission liaised with the National CEO Group as required.
- A Letter of Expectation from the Board to the Minister which would detail the expectations of the community was reiterated by Dr Gilkison as a proactive action that should be considered further.

- Mr Thomas advised that Performance Watch Monitoring was progressing and remained positive in view of the favourable financial results to date.
- Ms Denness noted that while Performance Overview results were positive there was a need to ensure that any unintended results or consequences of high throughput were identified and managed.
- Members expressed concern at the delayed establishment of a Taranaki Local Diabetes Group. The delay was on the request of the Midlands Regional Health Network. Mrs Boardman noted that the Diabetes Service Alliance team had reported to the Alliance Leadership Team on Models of Care for people with diabetes within the MRHN and that this report had just been received. Mrs Boardman added that waiting on the impact of the report would ensure rework would not occur.
- In response to a query from Ms Tuuta it was noted that discussion on how to further improve performance indicator results would be a discussion for the Hospital Advisory Committee.
- Dr Gilkison referred to the Project Whakapai KPI report and asked whether the coloured reporting style could be applied to the Risk Management report. Mr Thomas advised that the coloured reporting style provided the opportunity to focus on the areas of exception and that this application to the Risk Report would be explored .  
Mr Thomas reported that the increase in FTE highlighted in the KPI report related to the requirements of specialising – primarily in Mental Health. It was noted through discussion that this was an area that required ongoing monitoring and review to ensure that new models of care and technology were applied and taken advantage of in what was a high demand and complex area.
- Ms Denness noted the conditional approval of the consolidation of Maori Health contracts with the Chair questioning whether this had been noted through to the Minister. It was advised that notification had been included with advice on all DHB Annual Plans that had been submitted to the Minister by the National Health Board. Further discussions and notification would proceed once a provider was selected.
- Ms Denness questioned the 10% acute readmission to hospital rate, advising that 1% should be the target result. Mrs Clements advised that the figures also included planned acute readmissions.
- Mr Thomas advised that as part of the Annual Plan finalisation a further request for information relating to Electives funding and CVD target had been received following its submission.  
Members questioned when the wider national results of the Smoking -Help to Quit target would be available noting that results would then demonstrate the actual value of the health target efforts. It was noted that there was evidence that activities relating to the target did assist in prompting smokers to quit. Mrs Boardman advised that information collected via Primary Care contracts would assist in providing future results and trends.  
Miss Bourke noted the challenge in monitoring health target results and trends from a strategic perspective. Mrs Boardman advised that trend results would also reflect that what was recorded within the various health targets did sometimes change.

### Resolution

*That the Taranaki District Health Board notes and receives the Chief Executive's report and attachments..*

*Gilkison/Bourke*

*Carried*

#### 706.2 Financial Report – General Manager Finance and Corporate Services

The General Manager Finance & Corporate Services took his report as read highlighting the following:

- Year to date financial results were tracking better than plan, noting that the final month required close critical monitoring and allowance for additional year end closing costs.
- Ms Lockett noted that Triage four and five accounted for 56% of the total presentations to ED and questioned whether these patients should've gone to their own GPs and also whether there were processes in place to assist in redirecting these patients. Mrs Clements advised that while a number of these patients should or could go to their own GP, patients were not turned away from ED and that the waiting time target was used as a tool in the management of these patients.
- Ms Lockett was advised that the \$681k identified as Trust Funds were bequests for specific purposes and that these funds were managed by a TDHB Trust Committee which had an independent chair.
- Mr Thomas advised Ms Lockett that the \$89k variance in IT capital expenditure related to a project that had previously been initiated and progressed by TDHB, and subsequently received funding as a pilot project, thus reversing the spend.
- In response to a query Mrs Rumball was advised that there had been interest expressed in the advertised orthopaedic position.
- Mr Thomas advised that the arrest of growth in personnel costs had been encouraging, and along with savings from local and national initiatives on collective procurements of clinical supplies had contributed significantly to the management of costs.
- It was noted that ambulance services had previously cost more to operate than the level of funding that had been received, the current provision of Ambulance Services by St John resulted in a positive impact on both direct and indirect costs.
- Mrs Rumball noted that the ACC contract had not been signed by COOs and had been escalated for consideration to the CEO Group. It was noted the further advice would follow when further information was available.

### Resolution

*That the Taranaki District Health Board note and receive the report and attachments of the General Manager Finance and Corporate Services.*

*Gilkison/Bourke*

*Carried*

#### **707.0 Other Business**

##### 707.1 South Taranaki – Alive with Opportunities for Better Health Care

The consultation document for the South Taranaki project was received and was accompanied by a memorandum from the General Manager Planning & Funding.

The memorandum detailed the progress to-date which included:

- Completion of a health profile on the South Taranaki population.
- Public and patient engagement undertaken by the Bishops Action Foundation.
- Survey of businesses.
- Bed modelling

It was noted that the consultation process ran from 4 July to 4 August with community meetings being held in Kaponga, Eltham, Waverley, Patea, Hawera, Opunake and Manaia. Submissions to the consultation document were also able to be made on-line.

Following the consultation process:

- All responses to the consultation would be collated and independently evaluated.
- The Consultation Report and all responses to be reviewed by the Project Steering Group on 29 August.
- Steering Group to consider any changes required to the proposal and make recommendations to the Board on future health services in South Taranaki..
- In addition an Expert Advisory Panel, comprising of national experts on primary care, rural hospitals and health services management will evaluate both the proposal and response from consultation.

It was noted that at the October Board meeting the following will be considered:

- The proposal released for consultation
- Feedback to the consultation
- Recommendations of the Project Steering Group
- Recommendations of the Expert Advisory Panel

Mrs Borrowes requested bio-notes on the members of the Expert Panel.

The Chair reported that it was always planned that the consultation document would be circulated to the wider public. Dr Catt noted comments recently made by the South Taranaki Mayor, Mr Dunlop in that there were beneficial aspects within the proposal and other aspects that were not supported. This provided opportunities for constructive feedback.

### **708.0 Date of Next Meeting**

The next Board meeting was scheduled to be held on Thursday, 4 August 2011 in New Plymouth

### **708.0 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).

Catt/Denness  
Carried

.....  
Chairman

.....  
Date

