



MINUTES Open - Unconfirmed

TARANAKI DISTRICT HEALTH BOARD

8 July 2010

2.30pm

Corporate Meeting Room 1

Base Hospital

David Street

New Plymouth

Present

John Young (Chairman), Peter Catt, Alex Ballantyne, Kura Denness, Flora Gilkison, Jenny Nager, Grant Knuckey, Tony Ruakere, Dan Devadhar

In Attendance

Tony Foulkes (Chief Executive), George Thomas (General Manager Finance & Corporate Services), Sandra Boardman (General Manager Planning Funding & Population Health), Ngawai Henare (Chief Advisor Maori Health), Vick Kershaw (Portfolio Manager), Warwick Gilchrist (Service Planner), Sue Carrington (Communications), Ian Grant – Project Maunga, Ramon Tito (Kaumatua), Jenny McLennan (PA to the Board)

607.0 Declaration to Open Meeting

The meeting was opened with a karakia.

608.0 Apologies

Resolution

That the Taranaki District Health Board receive the apology from Mary Bourke and Karen Eagles.

*Gilkison/Denness
Carried*

609.0 Conflict of Interest

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

610.0 Public Comment

Mr Peter Moeahu addressed the Board stating his disappointment in the misinformation recently reported by the media.

Mr Moeahu noted his membership on the Hospital Advisory Committee and TWPK through which he had been kept informed of matters at Hawera hospital like other people.

As a member on the Hospital Advisory committee Mr Moeahu advised that he was party to details of the consultation process regarding the provision of ED services in South Taranaki. Mr Moeahu noted his disappointment in committee members of not keeping their communities informed.

Mr Moeahu extended his congratulations to the Board and registered his disappointment in some members of the Board's committee.

Mr Young thanked Mr Moeahu for his comments which were noted.

611.0 Minutes

Resolution

That the Minutes of the Taranaki District Health Board held 10 June 2010 be confirmed as a true and accurate record.

*Carried
Nager/Denness*

Matters Arising

611.1 Minute Notation

It was noted that the mover and seconder for the apology and exclusion of Public resolution was required to be included.

612.0 Board Committee Reports

612.1 Hospital Advisory Committee

Mr Young noted that the Hospital Advisory Committee meeting scheduled to be held 29 June 2010 had not been held due to a lack of a quorum.

A notation reporting this was received.

612.2 Community & Public Health / Disability & Support Advisory Committee

Resolution

That the Taranaki District Health Board receive the minutes of the Community & Public Health / Disability & Support Advisory Committee held 29 June 2010 and notes the resolutions contained therein.

*Gilkison/Ballantyne
Carried*

Matters Arising

612.3 Chairman's comment

Dr Gilkison advised the Board that at the Community & Public Health / Disability & Support Advisory Committee held in Hawera members of the public had attended a very open and transparent meeting. Members of the public had been invited to comment on the wide range of activity reported on and discussed at the meeting.

612.4 Methamphetamine Beds Initiative

Dr Gilkison highlighted to the Board the initiative regarding the placement of Methamphetamine beds in the region.

Mr Waghorn had drawn this initiative to the attention of the Board and encouraged the Board that every means of expanding such a programme be explored. It was noted that funding had been offered for two years only with no commitment past this timeframe. Mr Waghorn had noted the social impact in the community of Methamphetamine abuse.

612.5 Radiation Oncology Capacity Modelling

In light of the Midcentral Cancer Centre indication that there was insufficient capacity within its current linac arrangement to meet the new health target of radiation treatment within 4 weeks Ms Denness questioned the opportunity of patients receiving treatment elsewhere. It was noted that the new target was set to commence December 2010.

Mrs Boardman advised that it was the responsibility of the Cancer Centre to consider the provision of an alternative provider and that this would be in accordance with current clinical pathways.

612.6 Optimising the Patient Journey Pilot Project

Ms Denness advised that the decision of the Waitara practice not to continue with the Optimising the Patient Journey Pilot Project was due to the merge of two practices.

613.0 Chairman's Report

The Chairman reported that the Executive team had been incredibly busy in discussions with the Ministry and National Health Board regarding the Draft District Annual Plan 2010/11. Mr Young acknowledged the enormous amount of work required in meeting the required changes within the sector according to the Better, Sooner More Convenient strategic direction and Ministerial expectations.

614.0 Management Reports

614.1 Chief Executive's Report

Mr Foulkes took his report as read noting the following:-

- Shared Services Establishment Board formalised and began operating 1 July 2010 with an expectation of benefits associated with non-staff related costs and economics of scale.
- Individual DHB activity underway in considering the local application of the National IT Plan. Practical steps required to ensure the challenges of local implementation are met.
- Collaborative work continues with PHOs in accordance with the Primary Health Care Strategy and the development of the Midlands Regional Health Network Trust and the National Maori Health Network.
- Midland Regional Clinical Service Plan progressing well. Draft plan to be available for consideration at the August or September meeting.
- Ambulance Services - Written confirmation received from the Minister of Health to proceed with transition planning and engagement with NASO and ACC in service change arrangement. Anticipated that RFP process would commence in two/three months time.

Mr Foulkes assured the Board that a high quality and timely service would be maintained and that there was a National set of standards that ambulance services were required to comply with.

Ms Denness expressed concern regarding recent media reporting regarding training of ambulance staff involved in the recent delayed service incident. Ms Clements reported on a number of factors contributing to the recent incident and the learning's that had evolved, including –

- Staff involved was operating out of their normal region or work
- Element of human error
- Implementation of voice activated GPS system as a result of community generosity
- Double crewing where possible

Ms Clement advised that a meeting had been held with the family involved in the recent incident.

- DAP2010/11 – A letter from the Mr Ross Dunlop, Mayor South Taranaki District Council to the Chairman and members was tabled. The letter stated that at the meeting held 14 June 2010 between Mr Dunlop, Mr Burrows, the Hawera Hospital Committee and Mr Foulkes, that assurance had been given proposals would not be discussed by the Board until a decision had been made and released for public discussion. In light of the seriousness of the rumours currently circulating the letter urged the Board to keep the Council informed as soon as possible of any proposals regarding hospital / service configuration.

Mr Foulkes advised that immediately following the June Board meeting communication had been made with Messrs Dunlop and Burrows with a meeting held in Hawera the following Monday also involving a number of other local people, including from the Hospital Community Committee. Mr Foulkes had advised at the meeting due process was to be followed in respect of the Draft DAP in gaining support and approval by the Ministry and NHB. The meeting had covered issues regarding the need for change and the need for engagement. Timing of engagement was important and agreement was reached with Messrs Dunlop and Burrows that a meeting would be held at the end of July to discuss this process with subsequent meetings to follow.

As per advice previously provided Mr Foulkes restated commitment to the DAP process and the need for stakeholders to work together for the people of South Taranaki. The tabled report outlined the essence of previous Board discussion recognising the reality of what the Board was facing in terms of engaging in a constructive manner. This involves discussions with clinicians and listening to committee members and the community to ensure an understanding of the implications and if the implications are considered negative, to ensure what this means and the subsequent development of strategies to ensure impact was minimal. Mr Foulkes advised that he was happy to be guided by the Board in respect to the letter received from Mr Dunlop. The Board confirmed their desire for the approach outlined in Mr Foulkes report and for the discussion to continue, and to be relayed to Mr Dunlop.

Dr Devadhar questioned whether there was a definitive list of changes proposed for South Taranaki and if not what was stopping this from occurring. Mr Foulkes advised that a process had been agreed with the Mayor where the views of the Board encompassing the need for change, and an understanding of why these needed to occur would be discussed by engaging with a wide range of groups. The meeting to be held around the end of July was to assist in this working through this process and the associated timeline. Mr Foulkes hesitated in confirming what this timeframe may be as there was a need to ensure good engagement as well as to ensure Ministerial expectations were met regarding financial performance and the need to ensure quality service provision for South Taranaki people.

Mr Young indicated there was also a need to ensure the process considered the implications of the Primary Health Strategy through the close relationship with PHOs.

Mr Ballantyne advised that he appreciated that the Draft DAP must remain confidential and thought this was understood by Mr Dunlop. Mr Ballantyne added that it was unfortunate that some papers had been leaked.

Mr Ballantyne referred to the national report on Acute Care in Provincial Hospitals and questioned the scope of this report. Mr Foulkes advised that the report was about neither Hawera or New Plymouth hospitals specifically but provided a systematic review of issues for the provision of services in 10 provincial hospitals. The NHB intended to follow up pieces of work that were relevant to all including Taranaki eg workforce development and access to services.

Mrs Nager advised that anything that had impact on South Taranaki eg Project Splice, the EOI, Ambulance service the provision of GP services in Stratford added to the anxiety within the community. Mr Foulkes advised that this was a valid and important point, with people gaining bits of information and not understanding how they connected together within the wider health sector and the community. As part of the engagement process a Steering Group comprising of clinical and non-clinical stakeholders would engage in a wide range of discussions to ensure they were well informed and understood the connections within the sector and community and would also link in with other groups as required.

Ms Denness expressed her comfort with the due process the DAP had followed and advised that the plan considered the whole of Taranaki including regional service provision.

In response to a question from Mr Ballantyne Mr Foulkes advised that the statement by the Minister 'hospital will not close' was reported from a conversation directly between Taranaki Newspapers and the Ministers office.

- Midland Region Clinical Services Plan – In response to a question from Dr Gilkison Mr Foulkes advised that the Plan would be available once some final amendments had been made following the consultation process and its receipt at the latest Midland CE meeting. Mr Foulkes added it was pleasing to note that over 50% of the consultation with clinicians responses had been from Taranaki.
- Initial Quality & Accreditation report from the Medical Council of NZ received and under consideration.
- Work continuing to resolve the issues currently faced by the Taranaki Rescue Helicopter Trust. A meeting was to be held in Wellington to address the issues on a national level to ensure sustainable service delivery within DHBs involved.

614.2 Finance & Corporate Services Report

M Thomas took his report as read highlighting a number of points that were discussed:-

- Financial trend continuing with an increase in the hospital services deficit.
- Consolidated budget results beyond budget with forecast remaining at \$2.9m.
- Management of IDF washup required activity by DHB involved and were charged according to national levels
- Ms Denness noted that the forecast was 40% worse than the consolidated budget.
- Dr Gilkison questioned whether budgeting an increase of funds to the hospital provider earlier rather than utilising funder funding to assist balancing books at the end of the year.

Mr Thomas advised there was a requirement to monitor trends of both funder and provider sections and that the Funder Contract as a deliberate strategy needed to remain independent.

Mr Foulkes reiterated that the need to address a change in service provision to address the deficit was included in the Draft DAP 2011/12.

Dr Gilkison compared the performance of Primary Health against that of the hospital and referred to the hospitals performance of each individual cost centres against previous DAP targets and budget as an area of ongoing concern.

Dr Catt advised that moving forward this was area that required tight control.

Mr Young noted that over 50% of hospital expenditure was in labour costs. Mr Foulkes advised that while there were inbuilt cost escalation in place to manage increments and national agreements each day and each month it cost more to provide the same level of service.

Dr Gilkison spoke of the positive activities reported at the recent CPHAC meeting regarding workforce development and the importance of ongoing activity to ensure strategies continue to ensure ongoing momentum in their development.

Resolution

That the Taranaki District Health Board notes and receives the Chief Executive and Management reports and attachments.

Gilkison/Nager

615.0 Project Maunga Presentation

Mr Grant gave a presentation which provided an update on Project Maunga:-

- Project Maunga – Report to Board – Base Hospital Redevelopment
- User Group Consultation Design Process - July '10
- User Group Workstreams - Developed Design
 - Developed Design – 1:50 room layouts completed
 - All User Groups signed off
 - Drawings checked by User Groups and Hospital Staff
 - Mock-Up, One Bed Room and Ensuite construction currently underway – scheduled to be open to staff on the 19th July with Public Open Day being Saturday 24th July 2010
- Standard 1 bed room
 - Birdseye view
 - Sectional perspective
 - Perspective from entry perspective from window
- Standard 4 bed room
 - Birdseye view
 - Perspective from window
 - Perspective from entry
- Key Project Milestones: Jan – April 2010
 - Cost Check Preliminary Design v. Budget
 - Lodge Resource Consent (PD) – Mar '10
 - Complete Preliminary Design (PD) – Mar '10
 - Cost Check PD v. Budget – Apr '10
 - Complete Developed Design (DD) – Jun '10
 - Cost Check DD v. Budget – Jul '10
 - Complete Detailed Design (DD) – Nov '10
 - Construction – 2011 - 2012
- Nature as Metaphor
 - Healing
 - Nature
 - Calming
 - Diversity
 - Enhance
 - Therapeutic
 - Assurance
 - Restful
 - Healing
- Project Design Principles
 - Design Intent
 - Psychological aspects of the space
 - Durability / Sustainability
 - Material selection with regard to its' specification
 - Staff / Patient / Visitor Safety & Privacy
 - Design that accounts for visibility & confidentiality
 - Way Finding

- Ease of navigation
 - Benchmarking
 - Measuring design success with built examples
- Inpatient Accommodation - Typical Ward Components Level 3 Ward
- Typical Bedroom Design: Philosophy & Componentry
 - Bedroom:
 - A place of sanctuary and rest. A home that is temporary.
 - Hospitality & home-like aesthetic references.
 - Recognition of patient dignity & privacy balanced with staff need for oversight in a safe manner.
 - Other components:
 - Services panel – ease of access, part of bedhead aesthetic
 - Clinical hand basin – convenient & accessible location.
 - Wardrobe – practical storage needs.
 - Flower shelf – reinforcing connection to friends & family.
 - Ensuite – patient mobility & staff accessibility.
- Single Bedroom
 - Maximise width across bedhead for clear & direct access to services & patient.
 - Unencumbered clear floor space for patient trolley transfers.
 - Accommodate various lighting req'ts.: general, exam, bedhead, & night light.
 - Managing acoustic noise control.
- Paediatrics
 - Playroom concepts
- Wall Protection & Patient Hand Railing: Typical Ward Corridor
 - Wall vinyl is a homogenous, heavy duty product providing excellent impact resistance with easy installation properties. It affords a seamless look when matched with the corridor wall painted finish or can afford feature accents in another colour. Sheets are directly affixed to the wall and afford protection by accommodating the various trolley height traffic.
 - Timber-look hand railing with polished chrome returns provide reassuring support and
 - protection, especially when used in conjunction with the installation of vinyl wall protection.
- Finish Design Principles
 - Project wide selections will be based on:
 - Durability & low maintenance.
 - Sustainability – e.g.: low VOC paint to walls.
 - Patient safety – appropriate slip resistance, sufficient contrast colours.
 - Material availability now & in the future.
 - Ability to withstand appropriate cleaning regimes consistent with infection control.
 - Aesthetics.
- Finishes: Softs and Furnishings
 - Fabrics to bed screens, bed covers & furniture will be chosen to meet:
 - Smoke developed & fire indices requirements.

- Durability – Coping with the harsh conditions of bulk laundering.
- Stain resistance – Crypton fabrics with enough patterning or background to retain look despite heavy use or the use of vinyls.
- Privacy curtain tracking system.
- Window treatments.
- Use of artwork as community outreach.
- Wall Graphics, Artwork, Feature Film
- Sanitary Fixture & Fittings: Bedroom & Ensuite
- Typical Bedroom: Nursing Hand Basin Station
- Typical Bedroom Ensuite

Mr Grant also advised that the mock up room was nearly complete and would provide an excellent opportunity to obtain further feedback on the design and specifications. It was noted that an Arts Committee was to be established as part of the Project.

6.0 Exclusion of Public

Resolution

That the Taranaki District Health Board exclude the public from the meeting on the basis of the following matters:

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).*

*Gilkison/Catt
Carried*

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Chairman

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Date