



MINUTES Open - unconfirmed

TARANAKI DISTRICT HEALTH BOARD

9 July 2009

Corporate Meeting Room 1

Base Hospital

David Street

New Plymouth

Present

John Young (Chairman), Peter Catt (Deputy Chairman), Alex Ballantyne, Kura Denness, Karen Eagles, Flora Gilkison, Grant Knuckey, Jenny Nager and Tony Ruakere

In Attendance

Tony Foulkes (Chief Executive), George Thomas (General Manager Finance & Corporate Services), Joy Farley (General Manager Hospital Services), Anne Kemp (QA/Risk Manager), Christine Henare (Chief Advisory Maori Health), Pamela Hikuroa (PA to Board), Sue Carrington (Media Advisor)

502.0 Declaration to Open Meeting

The meeting was opened with a karakia.

503.0 Apologies/Leave of Absence

Dan Devadhar (Board Member)

Resolution

That the apologies be sustained.

*Ballantyne/Eagles
Carried*

The Chairman advised that a letter had been received from Dr Devadhar with a supporting Doctors' Certificate, seeking an extension to his leave of absence for July and August 2009.

Resolution

That Dr Devadhar's leave of absence be extended to cover July and August 2009.

*Ballantyne/Eagles
Carried*

504.0 Conflicts of Interest

No new interests were declared.

505.0 Minutes

Resolution

That the minutes of the Taranaki District Health Board meeting held 4 June 2009 be confirmed as a true and correct record of proceedings.

*Nager/Gilkison
Carried*

506.0 Board Committee Reports

506.1 Hospital Advisory Committee

Resolution

That the Taranaki District Health Board receive the unconfirmed Minutes of the Hospital Advisory Committee meeting held on 30 June 2009 and notes recommendations contained therein.

*Nager/Catt
Carried*

506.2 Arising From Minutes

Mrs Nager referred anecdotally to the concern in the community over the proposed model for Hawera ED and felt that the sooner the matter was finalised the better as this would show that there was no real change to the service from a client perspective.

Ms Denness referred to the comments by Mr Moeahu around research in to institutional racism and asked whether the suggestion that a review of services had been implemented.

The Chief Executive advised that at this stage no further action had been taken, but noted that work was already planned with respect to discussions held with the cardiology service within the hospital for a review of systems and processes. The matter was also to be an item for discussion with Te Whare Punanga Korero at the next quarterly meeting with the Chairman and himself. Members of the Hospital Advisory Committee advised the Board that the presentation provided to the Committee on the Hawera Hospital had been very helpful and enlightening and asked Ms Farley to convey thanks to the Manager of the Hospital for the presentation. The Committee was supportive of the approach being taken to manage the proposed changes.

506.3 Community & Public Health and Disability Support Advisory Committees

Resolution

That the Taranaki District Health Board receive the unconfirmed minutes of the Community and Public Health and Disability Support Advisory Committees meeting held on 30 June 2009 and notes recommendations contained therein.

*Gilkison/Ballantyne
Carried*

Mrs Gilkison, Chairman of the Committee, referred to the item in the report on the oral health service with it being noted that oral health was no longer one of the national health targets. The Committee had been advised that the DHB was still aiming to improve oral health and she felt that this area needed to have a strong focus because a sign of poverty was people's teeth and it would be a shame if the oral health status of the Taranaki population declined.

507.0 Management Reports

507.1 Chief Executive's Report

Mr Foulkes took report as read highlighting the following:

- New Clinical Board had been appointed with their first meeting being held at the end of June. Feedback was very positive and constructive. Looking forward to the value the Board will be able to add to the organisation.
- Pandemic – Swine Flu - Formalised the Incident Management Team. This was an emerging and developing issue obviously in the community, nationally and internationally. Process enables the DHB to respond in a co-ordinated and if need be authoritative manner.
- QA/Risk Manager, who was currently the Incident Controller, was in attendance to give an update on the situation
- Project Maunga progressing to plan.

Discussion

Ms Kemp gave an overview on the situation in Taranaki with respect to the Swine Flu, updating on the number of current cases.

Moved from 'stamp it out' phase to 'management' phase with surveillance of the position being through GPs with only some people being swabbed.

Continuing to meet regularly with partners in the community.

Going forward monitoring on day by day basis and ensuring our response meets the needs of the community and that includes monitoring and feedback from GPs on number of presentations and also presentations to ED. Will move to community based flu clinic if required.

Message is disease is mild and moderate for most but those with underlying health condition should seek medical assistance. First point of call is through Healthline and GPs.

General discussion took place with questions around protection available for the DHB workforce. Ms Kemp advising that first call was personal protective equipment (gloves and masks). Strictly Infection Control procedures were also in force.

Ministry is sourcing 300,000 vaccine doses which is earmarked for frontline health staff in the first instance.

Dr Ruakere emphasised that even with all the planning and action being taken there was the possibility that nothing could be done and the infection could envelop a community and be beyond all our facilities and resources.

With respect to how manage in the hospital, Ms Kemp advised that if considered appropriate visiting would be restricted.

The Chief Executive advised that plans were in place to manage the situation and contingency plans in place around clinical areas to ensure staffing was available.

Board members sought further information around progress on the Regional Clinical Services Plan and other collaborative initiatives and ensuring that the DHB meets the targets. The Chief Executive advised that considerable work was being undertaken both regionally and nationally on a number of initiatives. With respect to meeting the targets, clearly the DHB must meet the Ministry and Government's expectations but priority would continue to ensure that we are doing what is right for the patients.

Ms Farley had been invited to join the national ED advisory group and one of their roles was to disseminate new ideas throughout the DHBs.

Mr Foulkes advised that he hoped to be in a position to provide further details around the regional clinical services plan at the next meeting.

507.2 GM Finance & Corporate Services Report

Mr Thomas took report as read highlighting:

- Operating pressures continue
- Forecast remained unchanged and expect to meet budget if the extraordinary item was removed.
- Note hospital provider is managing to a deficit
- Overall volumes ahead. Two reasons, acute demand in medicine but surgery also well ahead of contract as requested by funder.
- One of the challenges is pressure on FTE resources. This area was a key driver of costs and noted that increase in personnel numbers over the last three or four months was solely in the clinical area. It was difficult to cap this area because the service must be provided.

The Chief Executive apologised for the error in photocopying which resulted in a page being missed from copies. A copy of the financials to be attached to the Minutes of the meeting.

Discussion

Discussion took place around the implications to the DHB if budgets were not met noting that the Ministry's report on the financial position of DHBs disclosed that 13 out of the 21 DHB provider arms were reporting deficits.

The Chairman in response advised that the accountability lay with the Board, but felt that the management team should be commended for the service being provided to the people of Taranaki which included additional elective and acute activity but still forecasting a balance budget at year end.

Mr Thomas advised that the focus was on cash to consolidated result and managing the individual operations within the funding to the best of ability.

Concern was expressed that if there was a continued concentration on the consolidated result then this could result in the focus areas outlined in the District Annual Plan not being appropriately resourced.

The Chief Executive noted the point as valid and right in relation to the strategic plan but as a consequence of the environment over the last year or two the DHB has not been able to progress areas of the Strategic Plan as quickly as it would have liked, eg workforce development, investment in priority areas and there has therefore been the need to reassess the phasing of the investment and at the same time control and continue to contain costs within other areas of expenditure. This was in effect what the District Annual Plan was doing, ie restating the expectations because it would be fair to say

that in the last year we have been more optimistic than perhaps should have been. The plan is now realistic, but challenging at the same time.

Mr Foulkes also highlighted that significant increased funding had gone into the non-hospital and hospital sectors and the DHB was continuing to fund services planned to be provided but what it was unable to do was to make additional investments above and beyond in say new initiatives, pilots, strategic investment for longer term health gain. The reality of the situation was that although both the hospital and non-hospital sectors had received significant increases in funding costs were growing quicker than the increases in funding.

Over the next couple of years the position will be very challenging partly because of the financial environment but also due to the challenges the facility redevelopment creates, not only on costs but also people's time and the support of the Board is appreciated.

Resolution

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

*Gilkison/Nager
Carried*

508.0 Next Meeting

The next meeting is scheduled to be held on Thursday 6 August in New Plymouth.

509.0 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).*
- 4. To present report on Appointment of Directors in 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.*
- 5. To present report on Approval of Term Loan from CHFA in that the public conduct of the meeting would be likely to result in the disclosure*

of information whether 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.

*Catt/Nager
Carried*

The meeting adjourned at 3.25pm to reconvene at 3.40pm

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Chairman

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Date