

MINUTES **Open** (unconfirmed)

TARANAKI DISTRICT HEALTH BOARD

5 May 2011

2.30pm

Corporate Meeting Room 1
Base Hospital David Street
New Plymouth

Present

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

In Attendance

Tony Foulkes (Chief Executive), Rosemary Clements (Acting General Manager Hospital and Specialist Services), Gavin Woolley (General Manager HR and Organisational Development), Sue Carrington (Communications), Matua Ramon Tito (Kaumatua), Jenny McLennan (Minute Taker)

Becky Jenkins (Healthy Taranaki Development Manager), Dr Greg Simmons (Medical Officer of Health), Warwick Gilchrist (Service Planner), Dr Peter Liston (Head of Oral Health)

683.0 Declaration to Open Meeting

The meeting was opened at 2.30pm with a Karakia.

684.0 Public Comment

The Chair invited comments from the public:-

Ms Donna Willard-Moore addressed the Board on her concerns about fluoridation of the Taranaki water supply advising that she considered it 'medication without consent'.

685.0 Apologies

Resolution

That the apology from Sandra Boardman (General Manager Planning, Funding & Population Health) and George Thomas (General Manager Finance & Corporate Services) be received.

*Bourke/Catt
Carried*

686.0 Conflict of Interest

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

687.0 Minutes of Previous Meeting

Resolution

That the Minutes of the Taranaki District Health Board 7 April 2011 be confirmed as a true and accurate record.

*Borrows/Jeffares
Carried*

688.0 Board Committee Reports

688.1 Hospital Advisory Committee

The Chair noted that the comment made regarding the new facility should read that the project provided an opportunity to ensure an orderly process was in place for identifying any surplus equipment.

Resolution

That the Taranaki District Health Board receive and note the unconfirmed minutes of the Hospital Advisory Committee meeting held 26 April 2011 be received and the recommendations contained therein noted.

*Borrows/Catt
Carried*

689.0 Matters Arising

689.1 Turnover Rate

Ms Denness referred to the discussions regarding the turnover rate and supported comments by Mr Moeahu that 9% seemed high. Mr Foulkes advised that in relation to other DHBs the turnover rate was deemed appropriate.

689.2 Quality & Risk – Surgical Site Infections

Ms Denness advised that while strategies had been put in place to address this issue, the reporting of four surgical site infections following caesarian section was noted.

689.3 Community & Public Health Advisory/Disability Support Advisory Committee

Resolution from CPHAC/DSAC regarding the Fluoridation Position Statement was as follows:

Resolution

That the Taranaki District Health Board received the unconfirmed minutes of the Community & Public Health Advisory/Disability Support Advisory Committee meeting held 26 April and note the recommendations contained therein.

*Gilkison/Ballantyne
Carried*

Resolution

The Committee recommends the adoption of the position statement on the fluoridation of drinking water to Taranaki District Health Board, noting that the report would be amended to better reflect the level of risk and management of that risk.

Gilkison/Catt

Carried

Mr Ballantyne and Ms Tuuta abstained from voting

689.4 Position Statement – Fluoridation of Drinking Water in Taranaki

Dr Simmons commenced his address to the Board by explaining his roles and responsibilities as Chief Medical Officer and emphasised the statutory obligations, as designated by the Director General which are to protect and promote public health within Taranaki, as well providing advice to the DHB and local government.

In considering the recommendations members commented on the Position Statement as follows:-

- Ms Tuuta expressed concern as to whether members had been presented with sufficient information to make an informed decision for or against the motion and felt that only one side of the argument had been presented.
- Mrs Eagles fully supported the position statement and questioned when areas including Oakura, Inglewood and Opunake will be in a position to have effective fluoridation, noting the Oral Health campaign promoting the brushing of teeth twice per day.
- Mrs Rumball agreed with Mrs Eagles comments noting the option of fluoridation tablets was available for those in rural areas.
- Mrs Borrows noted the previous reference to 'mass medication' and had no interest in supporting a strategy that had that implication.
- Ms Denness agreed with Ms Tuuta noting that a balance of information and evidence should be provided and referred to 'medication without choice'. Ms Denness advised that having witnessed the negative side or oral health issues acknowledged the positive impact of fluoridation.
- In response to a question Ms Lockett was advised that it was possible to filter fluoride from the water system but there was an associated cost involved. Ms Lockett noted that this did provide people with an option.
- Dr Gilkison advised that it was the responsibility of Board Members to ensure they were informed and that researched Peer Reviewed evidence on fluoridation was available and was what had been considered in informing the Position Statement. Dr Gilkison noted that it was difficult for people with their own water supply to accurately fluoridate their own systems.
- Mr Jeffares supported the position statement presented.
- Mr Ballantyne advised he would not take part in the discussion or vote as he felt he had a conflict of interest with future South Taranaki District Council business.
- Dr Catt supported the advice provided by the Medical Officer of Health, the position statement and associated strategy that would provide a positive impact on the oral health of the community.

Dr Simmons advised that fluoridation was not included on the Medication Schedule and noted that chlorine which was added to water supplies did not attract the same attention as fluoride. It was noted that studies confirmed that fluoridation was a cost effective manner to improve oral health standards.

The Chair advised that all members had been given the opportunity to speak to the motion and reminded members that it was role of the Board to evaluate and consider the information received and that information provided by the Medical Officer of Health would also advise local authorities.

Dr Liston as a surgeon often seeing the consequences of poor oral health stressed the benefits and importance of water fluoridation.

Resolution

And that the Taranaki District Health Board adopt the Position Statement: Fluoridation of Drinking Water in Taranaki as presented to the meeting.

Mary/Catt

Carried

Against the motion: Tuuta and Borrows

Abstained: Ballantyne

Mrs Jenkins, Dr Simmons, Dr Liston and Mr Gilchrist left the meeting at 3.15pm.

690.0 Chair's Report

690.1 Future Meeting Arrangements – Advisory Committees

Further to previous discussions with board members the Chair presented a paper to members that outlined a framework for future meeting arrangements.

The Chair sought feedback from members which was noted as follows:

- Mr Ballantyne advised that he was unable to support the paper and noted the calibre of those on the advisory committees and the support that they provided to the Board. Mr Ballantyne also expressed concern with the timing of the decision and the impact on public relations.
- As a signatory of the paper presented Dr Catt supported the proposal and questioned the real added value provided by the committees to the decision making process in that their previous form. Dr Catt added that the proposed arrangement doesn't prevent co-opting members as required. It was noted that the proposed changes would provide more rather than less reporting and meeting opportunities.
- Ms Lockett noted the efficiency gains of the proposal with one meeting day per month and the advantages of all Board Members sitting on the Advisory Committees. Ms Lockett noted the concerns raised by Mr Ballantyne and recognised the need to ensure that appropriate communications with the rural sector were addressed through the communication strategy.
- Ms Denness supported the proposal and suggested the scheduling of FAC meetings in the intervening months when CPHAC/DSAC wasn't meeting. Ms Denness would like to see local people brought in as required for discussions.

- Mrs Borrows supported the paper and the proposal to bring groups in for discussion, noting that Board Members would be on all committees. Mrs Borrows considered that taking some meetings into the community would open up opportunities for wider discussion.
- Mrs Rumball endorsed the comments made around the table and questioned whether the Board room was the best venue for a meeting wanting community participation.
- Mrs Eagles advised that there was a need to ensure transparency through public advertising and that previously all members were able to attend all committee meetings. The option of seeking advice and input could be sought from specific individuals and interest groups as and when required for particular items or issues.
- Ms Tuuta felt that as a Ministerial appointment attendance at all meetings provided the opportunity to increase her knowledge base. The proposal would have efficiency gains including arranging meetings on one day and provide opportunities for co-opting members for special advice. Ms Tuuta expressed concern about the level of confidence she had in the information provided.
- Dr Gilkison supported the fundamental direction of the paper and had differing views on how the outcome could be achieved. Dr Gilkison suggested that the HAC meeting be held just before the Board Meeting with the attendance of more clinicians and that CPHAC/DSAC be held on a different day, every two months, two weeks before the Board meeting. The presentations at CPHAC/DSAC would provide a wider public forum, an agenda programme for the year with various groups invited to attend. Dr Gilkison suggested that a Letter of Expectation could be provided to the Minister.
- Mr Jeffares supported the intent of the paper, noting that as a former co-opted member to HAC he had struggled with the intention of the representation. It was noted there was a need to ensure issues for the whole of Taranaki were considered by the Board.

The Chair addressed the Board advising that whilst there was a need to ensure a good interface with the community was maintained it should be remembered the seven members were elected from the community, and that all appointments were from the community.

In summary the changes would mean:

- All Board members would become members of Advisory Committees which would meet prior to the Board Meeting on the same day.
- Noting that the Board membership includes seven elected community members, there would be no long term "co-opted" appointments to the Advisory Committees, other than through Te Whare Punanga Korero (TWPK).
- The work programme for Advisory Committees would include a schedule of topics for discussion to which community groups would be invited to attend and participate.
- The Committees would continue to be chaired by Ella Borrows (Hospital Advisory Committee) and Flora Gilkison (Community & Public Health/Disability Support Advisory Committee).

Resolution

That the Taranaki District Health Board approve the proposal as outlined in the paper presented by the Chair and Deputy noting the additional feedback from Board members.

And that the Chief Executive, in consultation with the Chair and Deputy Chair, develop a change management process to implement and communicate the proposed improvements taking into consideration the feedback received.

Bourke/Catt

Carried

Against motion: Ballantyne

691.0 Management Reports

691.1 Chief Executive's Report

The Chief Executive took his report as read highlighting the following:

- The Project 'South Taranaki – Alive with Opportunities' was progressing on track with a workshop involving clinicians, health professionals, provider and key stakeholders held 27 – 29 April 2011. It was expected that the outcome of the workshop will form the basis of a proposal for public consultation in June.
- Mr Foulkes presented the KPI scorecard report for Project Whakapai which showed areas of good progress and those where more focus was required. Clear trend apparent that growth in FTE and costs has been arrested.
- Twelve new graduate nurse positions had commenced six weeks ago with some impact reflected in KPI's.
- Training on Project Whakapai management reporting was continuing.
- Dr Gilkison noted that as permanent position increased there was an expectation that the use of casual would reduce. Mr Foulkes advised the data demonstrated that while some progress had been made a better and clearer understanding of what was required to ensure further progress was made and maintained.
- Ms Lockett noted the various stages of implementing a project and indicated there was an expectation that \$1m of savings would be made through Project Whakapai from implementation, to understanding and then to use of data to make decisions which are then reflected in the expenditure.
- Mr Foulkes noted that in relation to the e-Medicines Reconciliation initiative of which Taranaki DHB is the national pilot site he had been invited to sit on a new National e-Medication Steering Group representing DHBs.

Resolution

That the Taranaki District Health Board notes and receives the report and attachments of the Chief Executive.

Bourke/Rumball

Carried

691.2 Finance and Corporate Services Report

It was noted that the financial statements had been discussed at the Finance Audit & Compliance Committee meeting and that results were in accordance with the overall budget.

Discussion

Discussion took place on whether the outsourced personnel results were following previous trends and whether there were opportunities to link their management into Project Whakapai.

Resolution

That the Taranaki District Health Board notes and receives the General Manager Finance & Corporate Services report and attachments.

*Tuuta/Jeffares
Carried*

692.0 Media and Communications Strategy and Workplan 2011/12 – Draft

A draft Media and Communication Strategy and Workplan for 2011/12 was received for consideration.

Discussion

- Ms Tuuta questioned whether Board Members were prepared to capture the challenge of adhering to the policy presented and go out into the community, while providing a balance of services within the resources available.
- Dr Gilkison suggested a quarter page advertisement detailing what had been successful and what hadn't.
- Miss Bourke advised that the Communication Strategy was a fundamental policy and provided a two way framework on how the Board dealt with and valued what members of the public relayed to the Board.
- Mrs Rumball indicated that the strategy was focused in the right direction and expressed concern that previous conversations of the day may be misinterpreted by the media and impact on the hospital and staff adversely.
- There was an expectation by public that there would be open communication with the Board on an individual and collective basis.
- Ms Lockett noted that there were internal and external audiences within a communication strategy and that while the same general principles applied objectives varied in accordance with the different stakeholders.
- It was noted that appropriate performance indicators would be beneficial and there were opportunities to learn from other organisations, noting that NPDC had recently won an award for their website.
- Mrs Eagles congratulated Ms Carrington advising that members needed to consider activities already underway through 'business as usual' and that the public needed to be provided with good general information, including maps. Subscribing to the Pulse was also noted.
- Mr Ballantyne advised that a regular 'health newsletter' was a positive strategy with Mrs Borrows adding that publications and messages needed to be succinct and accessing a real issue.
- Mrs Lockett referred to Project Maunga and the use of technology, associated fund-raising and also the development of screens/information in the foyer of the new hospital.
- Ms Tuuta noted the opportunities on Facebook, Twitter and the scheduling of reminders.

Resolution

That the Taranaki District Health Board note and support the Media and Communications Strategy and Workplan 2011/12 and take into consideration the feedback provided.

Bourke/Eagles
Carried

692.0 Date of Next Meeting

The next Board meeting was scheduled to be held on Thursday, 9 June 2011 in New Plymouth

Mr Jeffares and Mrs Borrowes left the meeting.

691.0 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).

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Chairman

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Date