

Endorsed Meeting Minutes

DATE: Wednesday, 8 December 2021

TIME: 12.30pm – 5.00pm

VENUE: Port Macquarie Community Health

Item / Description

Attendance and Declarations

Welcome and Acknowledgement of Country: Professor Heather Cavanagh Chair

Apologies: Nil

Observer: Rebekah Florence

Declarations of Interest: Nil

In-Camera Session for Discussion / Presentations

1.0 In Camera Session – Nil

1.1 Presentations to be taken as read:

1.2 Digital Health, Information and Communications Technology

Simon James, Executive Director, Customer Engagement and Service Transitions, eHealth NSW Sarajane Hansen, A/Chief Information Officer

- Presentation on the MNCLHD digital strategy to guide future technology investments and the drivers for change, both NSW Health and MNCLHD.
- Digital Strategy 2019-2023 was provided to the Board which includes vision, guiding principles and digital capabilities assessment.
- General discussion regarding data analytics and improving health data to give better health outcomes.
- Data security is of great importance noting it is a shared responsibility between eHealth, Ministry of Health and LHDs.
- The Board thanked the presenters for a comprehensive presentation.

Action(s):

a) Provide detailed information on the expected outcomes and benefits of the report.

1.3 Culture Transformation Update

Rebekah Florence, Director People and Culture

- An update was provided on the progress of the transformation. The Board and SET have a common purpose/shared focus and commitment to change.
- Discussion about culture roadmap and the new Strategic Directions being the vehicle for cultural change.
- The Board thanked the Director for a comprehensive presentation.

Action(s):

- a) Distribute MNCCI Culture Diagnostic to the Board for reference.
- b) Submit executive PMES action plan for Board review.
- c) Submit proposal for preferred survey tool.
- d) Board to complete above/below the line activity in March and add as part of Board Orientation.



- e) Communication to SET regarding PMES completion rates.
- f) WDMH to celebrate and share what good looks like with other facilities.

1.4 Telehealth

Scott Handsaker, Nurse Practitioner

- Presentation taken as read and included information on patient outcomes, acceptability and service satisfaction related to videoconferencing with palliative care patients at home.
- The Board thanked Mr Handsaker for a great presentation.

Action(s):

a) Follow up with Chief Information Officer the usefulness of PowerChart on a mobile device.

1.5 Research Capacity and Culture in NSW LHDs

Nicole Raschke, Research Operations Manager

The following points were made:

- Presentation provided perceptions of research capacity and culture in LHDs. Included motivators / enablers and barriers and comparisons between metropolitan and rural/regional/remote LHDs.
- The Board thanked Ms Raschke for her presentation.

Resolution(s): The MNCLHD Governing Board accepted the Research Capacity and Culture in NSW LHDs presentation.

Item 2. Minutes and Action Table

2.1 Minutes of Governing Board Meeting 10 November 2021

Resolution(s): The MNCLHD Governing Board accepted

- 1. Endorsed Minutes of the meeting held 10 November 2021 as a true and accurate record.
- 2. Endorsed Minutes of In-Camera Session held 10 November 2021 as a true and accurate record.
- 2.2 Action Table December 2021

Resolution(s): The MNCLHD Governing Board accepted progress against action items.

Action(s):

- a) Update action table to include due dates.
- 2.3 Confirmation of Agenda

Resolution(s): No amendments to agenda.

Item 3. For Endorsement and/or Discussion

3.1 Governing Board Chair's Report – verbal update

Resolution(s): That the MNCLHD Governing Board discuss and accept the Governing Board Chair's Report.

Noted MNCLHD Chair's inaugural attendance at NSW Health Governing Board Chair's meeting.



- Meeting confirmed Brad Hazzard would continue as Minister for Health and Medical Research.
- Discussed LHD's priorities, the balance of working with COVID-19 and business as usual, and focus on working with our communities.
- Confirmed reappointment of Dr Jenny Beange as MNCLHD Governing Board member.
- Key themes include a regional focus, telehealth and maintaining strong community partnerships.
- Additional Governing Board members will be appointed in January.

Resolution(s): The MNCLHD Governing Board accepted the Chair's verbal report and noted suggestion for future meeting discussion on regional workforce planning/marketing.

Action(s):

- a) Communicate correct first use of acronyms in papers submitted to the Board
- b) Review and update Governing Board Charter
- c) Source and distribute old skills matrix
- d) Update succession planning report to include timelines
- e) Circulate emergency plan for backfilling executive roles

3.2 Chief Executive's Summary

- Chief Executive reported on management of COVID-19 over Christmas through Hospital in the Home and the COVID in the Community programs.
- Update provided on surgery, workforce and winter modelling is being projected for business as usual post-COVID-19.
- Noted digital enhancements for the Annual Public Meeting with the success of District Connect to ensure maximum participation.

Resolution(s): The MNCLHD Governing Board accepted the Chief Executive's Report and attachments.

Action(s):

- a) Draft a plan to celebrate surgical milestones
- b) Board member access to District Connect
- 3.3 Service Agreement September 2021-2022 Organisational Performance Scorecard
 - Discussion regarding mental health budget, presentations to ED and surgery.
 - New manager appointed to the Workforce team.
 - Noted focus on community programs.

Resolution(s): The MNCLHD Governing Board discussed and accepted the Organisational Performance Scorecard and noted that Accreditation is scheduled for 2022.

Action(s):

- a) Mental Health Funding: Source and distribute emergency department data.
- 3.4 Business Paper: Enterprise Risk Report (ERM)
 - 3.4.1 MNCLHD Governing Board Risk Report Dec 2021

Resolution(s): The MNCLHD Governing Board accepted Business Paper: Enterprise Risk Report (ERM) and MNCLHD Governing Board Risk Report - Dec 2021 and note the outstanding risk (743).



Action(s):

- 1. Enterprise Risk report: eMR and eMeds Risk (743) provide information on risk mitigation for face to face training.
- 3.5 Business Paper: Day of Surgery Cancellations (with additional detail and commentary on cancellations)
 - Discussion on cancellation of surgery process and improving surgery cancellations.

Resolution(s): The MNCLHD Governing Board accepted Business Paper: Day of Surgery Cancellations.

Action(s):

a) Review initiatives to reduce day of surgery cancellations.

Item 4. Standing Items

4.1 Business Paper: Serious Adverse Event Review (SAER) and Coroner Recommendations Report November 2021

Resolution(s): The MNCLHD Governing Board

- 1. Accept Business Paper Serious Adverse Event Review (SAER) November 2021.
- 2. Accept Report SAER and Coroner Recommendations November 2021.
- 4.2 Business Paper: Update on Anderson Report (Staff Safety)

Resolution(s): The MNCLHD Governing Board accept Business Paper: Update on Anderson Report (Staff Safety).

Action(s):

- a) Add target completion date to Anderson report
- 4.3 Business Paper: Patient Story
 - Focus of this patient story was around a community member who tested positive to COVID-19.
 - It was noted the continuity of care provided was particularly impressive.
 - Strategic discussion on mobile data for healthcare in the community

Resolution(s): The MNCLHD Governing Board accept Business Paper: Patient Story.

Action(s):

a) Send thank you to the patient for sharing their story.

Item 5. Business Papers - to be taken as read

5.1 Business Paper: People and Culture Transformation update

Resolution(s): The MNCLHD Governing Board accept Business Paper: People and Culture Transformation update (refer to Item 1.3).

- 5.2 Business Paper: Whole of Health Patient Flow
 - Discussion regarding increased emergency department presentations.



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	Resolution(s): The MNCLHD Governing Board accept Business Paper: Whole of Health Patient Flow.			
5.3	Business Paper: Performance Review Compliance			
	• Staff performance and talent (PAT) reviews are undertaken every 12 months and 3 months after commencement in a role. PAT reviews are an accreditation KPI.			
	Resolution(s): The MNCLHD Governing Board accept Business Paper: Performance Review Compliance.			
5.4	Business Paper: 2021 People Matter Employee Survey			
	Resolution(s): The MNCLHD Governing Board accept Business Paper: 2021 People Matter Employee Survey.			
5.5	Business Paper: Status on Unvaccinated Employees (COVID-19)			
	Resolution(s): The MNCLHD Governing Board accept Business Paper: Status on Unvaccinated Employees (COVID-19).			
5.6	Business Paper: Doctors in Training Survey			
	Resolution(s): The MNCLHD Governing Board accept Business Paper: Doctors in Training Survey noting additional survey results were issued out of session.			
5.7	Business Paper: Consumer Feedback Report			
	Resolution(s): The MNCLHD Governing Board accept Business Paper: Consumer Feedback Report.			
5.8	Business Paper: Digital Health and ICT Operating Model Review			
	Resolution(s): The MNCLHD Governing Board accept Business Paper: Digital Health and ICT Operating Model Review.			
5.9	Business Paper: Accreditation Update			
	Resolution(s): The MNCLHD Governing Board accept Business Paper: Accreditation Update.			
	Action(s): a) Provide Governing Board accreditation schedule.			
Item 6. Directorate Reports - to be taken as read				
	Integrated Mental Health, Alcohol and Other Drug Services			
6.1	Discussion regarding scope of Safe Haven and suicide prevention teams.			
	Resolution(s): The MNCLHD Governing Board accept Directorate Report: Integrated Mental Health, Alcohol and Other Drug Services.			
6.2	North Coast Public Health Unit			



	Resolution(s): The MNCLHD Governing Board accept Directorate Report: North Coast Public Health Unit
	Aboriginal Health and Primary Partnerships 6.3.1 CSU-MNC PHF Communique
6.3	Resolution(s): The MNCLHD Governing Board accept Directorate Report: Aboriginal Health and Primary Partnerships
	Action(s): a) Circulate the District Aboriginal Health Strategy to the Board
	Nursing, Midwifery and Services Reform
6.4	Resolution(s): The MNCLHD Governing Board accept Directorate Report: Nursing, Midwifery and Services Reform.
	Clinical Governance and Information Services
6.5	Resolution(s): The MNCLHD Governing Board accept Directorate Report: Clinical Governance and Information Services.
	Financial Operations and Asset Management
6.6	Resolution(s): The MNCLHD Governing Board accept Directorate Report: Financial Operations and Asset Management.
	Communications and Strategy
6.7	 Governing Board are looking forward to seeing the project "Through many eyes"
6.7	Resolution(s): The MNCLHD Governing Board accept Directorate Report: Communications and Strategy
	Coffs Clinical Network
6.8	Resolution(s): The MNCLHD Governing Board accept Directorate Report: Coffs Clinical Network
	Hastings Macleay Clinical Network
6.9	Resolution(s): The MNCLHD Governing Board accept Directorate Report: Hastings Macleay Clinical Network
	People and Culture
6.10	Resolution(s): The MNCLHD Governing Board accept Directorate Report: People and Culture
	Research and Knowledge Translation
6.11	Board looking forward to reviewing Research Annual Report for January meeting.
	Resolution(s): The MNCLHD Governing Board accept Directorate Report: Research and Knowledge



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	Translation			
	Action(s): a) Research and Knowledge Translation: Detail the purpose of the Directorate in the summary of the Directorate.			
	Internal Audit, Risk and Compliance			
	6.12.1 MNCLHD IA and Management Obligations			
6.12	Resolution(s): The MNCLHD Governing Board accept Directorate Report: Internal Audit, Risk and Compliance.			
	Integrated Allied, Community and Cancer Care Services			
6.13	Resolution(s): The MNCLHD Governing Board accept Directorate Report: Integrated Allied, Community and Cancer Care Services.			
Item 7. Board Sub-Committees – Papers to be taken as read				
7.1	Board Sub-Committee: Submission: Partnering with Consumers			
7.2	Board Sub-Committee: People and Culture			
7.3	Board Sub-Committee: Medical and Dental Appointments Advisory			
	Resolution(s): The MNCLHD Governing Board accept Chair's Summary and Minutes of the of the Medical and Dental Appointments Advisory held in October 2021.			
7.4	Board Sub-Committee: Integrating Allied, Community and Cancer Care Services			
	Resolution(s): The MNCLHD Governing Board accept the Chair's Summary and Endorsed October Minutes of the Integrating Allied, Community Cancer Care Committee.			
7.5	Board Sub-Committee: Health Care Quality			
	Resolution(s): The MNCLHD Governing Board accept the Chair's Summary and Endorsed October Minutes of the Health Care Quality Committee and Minutes.			
7.6	Board Sub-Committee: Research, Innovation & Health Service Development			
	Resolution(s): The MNCLHD Governing Board accept the Chair's Summary and Endorsed Minutes of the			
	Research, Innovation & Health Service Development Committee and noted the opportunity for internal communications, knowledge sharing and showcasing of successful projects across the District.			
	communications, knowledge sharing and showcasing or successful projects across the district.			
7.7	Board Sub-Committee: Finance and Performance			
	Resolution(s): The MNCLHD Governing Board accept the Chair's Summary, Minutes of the Finance and Performance Committee and October 2021 FOAM Report.			
7.8	Board Sub-Committee: Audit and Risk			



7.9	Board Sub-Committee: Close the Gap					
Item 8. Risk Register (link)						
Item 9. Annual Planner (Diligent)						
9.1	1	The MNCLHD Governing Board agreed to stagger Directorate reports throughout the year, ors attending 2 out of 3 meetings a year when they submit a report.				
Item 10. General Business Without Notice and Correspondence						
10.1	Coffs Harbour (City Council Mayor sent an email thanking staff.				
10.2	Notification of January 2022.	Tania Ellis resignation as Governing Board Support Officer. Brooke White will commence in				
10.3	Chief Executive commences leave during December returning in January 2022.					
Item 11. Governing Board Reflections						
11.1	Did we spend time on the important things: Yes					
11.2	Did we add value: Yes					
11.3	How could we have done things better: Reduce the number of items on the agenda Consider bringing finance report forward					
11.4	Any feedback for management? Late paper tab worked well, use sub-tabs when there are a lot of late papers.					
Item 12. Upcoming Events and Proposed Presentations						
19 January 2022		Governing Board Strategic Planning day – Charles Sturt University Port Macquarie Campus				



MID NORTH COAST LOCAL HEALTH DISTRICT GOVERNING BOARD MEMBERSHIP

Chair

Deputy Chair (Acting)

Professor Heather Cavanagh

Neil Porter

Dr Jennifer Beange Dr Tim Francis

The Hon. Luke Hartsuyker Susan McGinn OAM Dr Alison Seccull

Secretariat

Tania Ellis

Right of Audience and Debate

Stewart Dowrick Chief Executive

Delwyn Kruk Corporate Governance Manager

DECLARATION OF INTEREST

Governing Board members are responsible for disclosing circumstances that give rise or may give rise to actual, potential or perceived conflicts of interest.

Declarations are to be submitted to the Board Secretary in writing prior to the meeting. The Board will determine the appropriate course of action, which may include the member leaving the meeting for the duration of the item or abstaining from discussion and/or decision.

IT IS NOTED THAT ALL GOVERNING BOARD PAPERS AND DISCUSSION ARE CONFIDENTIAL

ROLES AND RESPONSIBILITIES OF THE GOVERNING BOARD

The Board provides governance oversight for the local health district, not day-to-day management, or operations. The Board is focused on leading, directing and monitoring the activities of the local health district and driving overall performance. The specific functions of the Board are outlined in the Board Charter (available here) and in Section 28 of the Health Services Act 1997. The Board Chair also has an oversight role in respect of the Chief Executive, in relation to appointment, annual performance agreement and annual performance review as provided for under the Health Executive Service Framework.

GOVERNING BOARD REFLECTION

- 1. Did we spend the most time on the most important things?
- 2. Did we add value?
- 3. How could we have done things better?
- 4. Any feedback for management?