

MINUTES

Wednesday, 11 June 2014

Port Macquarie Community Health Campus – Videoconference Centre

& Videoconference: Coffs Harbour Health Campus – Edu20, Lismore – Mental Health

ITEM / DESCRIPTION	
A Attendance and Declarations	
<u>Welcome:</u> Warren Grimshaw, Chair	
Present: Warren Grimshaw Chair (WG), Richard Buss (RB), Stephen Begbie (SB), Neville Parsons (NParsons), Neil Porter (NPorter), Jan Ryan (JRyan), Jo Sutherland (JS), Janine Reed (JReed), David Kennedy (DK)	
Apologies: John Barrett, Elizabeth Ruthnam	
In Attendance: Stewart Dowrick (SD), Kathleen Ryan (KR), Barry Shepherd (BS), Robyn Martin (RM) (item 1.1), Carmen Parter (CP) (item 1.1), Vanessa Edwards (VE), Mary Malouf (MM)	
Declaration of Pecuniary Interest, Conflict of Interest and Related Transactions:	
<u>Continuing:</u>	
<ul style="list-style-type: none"> • Neville Parsons in relation to possible Credit Union Investment/s. • Richard Buss in relation to ICT review for both NNSW and MNC LHDs and Aboriginal Mental Health. • Neil Porter in relation to employment with Holiday Coast Credit Union (HCCU) • Neville Parsons in relation to a family member who has started work in Medical Imaging • Janine Reed in relation to Nambucca Valley Aged Care (in relation to aged care matters) 	
<u>New:</u>	
There were no interests to declare.	
B Presentations	
Item 1	Presentations/Guests
1.1	Patient Story (Standing Item) – Robyn Martin, Director Aboriginal Health & Primary Partnerships and Carmen Parter
	<p>The patient story is of a middle-aged male who was diagnosed with chronic kidney disease in 2012 but refused to take treatment. On 9 May 2012 he was transferred to hospital very unwell. He was immediately admitted to the intensive care unit and placed on continuous renal therapy. He was eventually discharged on 25 May 2012.</p> <p>The patient felt that he was always healthy and didn't go to the Doctor. He ended up at hospital due to chronic fatigue and confusion. He needed five hours of dialysis, three times per week and stayed in hospital for approximately one month.</p> <p>While in hospital he was assisted to find a better place to live on discharge.</p> <p>The patient felt that during the course of his dialysis treatment, the people in the dialysis unit became like family. He undertook training so that he could be provided with home dialysis.</p> <p>The patient has been able to have access to home dialysis since 2013 which has really improved his quality of life.</p> <p>As he has the dialysis of a night while he sleeps, this doesn't disrupt his life so greatly. Patient also decided to quit smoking to take better care of his body.</p> <p>He noted the most positive aspect as being able to do the dialysis in home by himself so that he had more time with family and friends.</p> <p>Any negative aspects – Patient noted that he doesn't like needles and at the beginning he was very unsure of</p>

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	<p>what the treatment involved and he wasn't sure what dialysis actually was. Patient also didn't like the food at the hospital.</p> <p>Patient noted that there was never a time in the hospital when he felt unsafe.</p> <p>Patient was confident throughout the experience that he was being well looked after by the nurses and doctors. Patient said he would promote home dialysis to his family and community and encourage them to have this treatment if required. Patient feels that his community don't know enough about kidney disease and home dialysis.</p> <ul style="list-style-type: none"> • From the first time he was diagnosed it was two years before he came back into the health system • for treatment (until he became so unwell he had to re-present) • The Board noted the importance of education in the community • One of the key issues is early identification and early intervention • We need some cultural change in relation to health services being accessible to all people • The Board noted the cost implications of providing home dialysis • Noted there was a need to identify a common goal and common purpose amongst stakeholders <p>Noted there could be some improvements to the aesthetics of the hospital to make people feel more comfortable there.</p>
1.2	<p>Strategic Focus: Health Literacy – Audit & Risk</p> <ul style="list-style-type: none"> • Barry Shepherd, Chair Audit & Risk Committee
	<p>Barry Shepherd provided a brief to the Board in relation to the undertakings of the A&RMC. As Chair of the A&RMC, Barry provides regular briefings and this is the first brief for 2014.</p> <ul style="list-style-type: none"> • During a review of the A&RMC it was identified that the Committee was addressing all issues in the Charter and functioning well. • Noted that the AG has commenced the 2014 audit. At this stage there are no standout issues. • AG is carrying out Performance Reviews – this is a 3 year program to review. <p>There was discussion in relation to the Board's priorities for the 2014-15 review.</p> <ul style="list-style-type: none"> • Key items identified are: <ul style="list-style-type: none"> ○ Monitor and pursue the clearance of audit office recommendations, and encourage steps to reduce the number of 'repeat issues' ○ Encourage greater emphasis on corruption and fraud prevention ○ Further influence the value of the MNCLHD's governance, risk, control and external accountability frameworks. ○ Continue to enhance the Committee members' understanding and appreciation of the District's operations. • Discussed the issue of staff overtime payments. It was identified that this was largely thought to be in relation to high work ethics and the wish to provide the best care to patients. • It was noted that a large amount of un-rostered overtime could be addressed/eliminated with improved staffing/rostering. • Noted that this is an area currently having significant impact on the MNCLHD budget.
	<p>Resolution:</p> <ul style="list-style-type: none"> • The Board resolves to endorse/note the information provided in Item 1. <p>CONFIRMED WITHOUT DISSENT</p>
C Minutes of Governing Board	
Item 2	<p>2.1 Minutes of previous Meeting - Approval of Minutes from meeting of 14 May 2014</p>
	<p>Resolution: The Board resolved the Minutes of the Governing Board's meeting of 4 May 2014 be confirmed as a true and accurate record.</p> <p>CONFIRMED WITHOUT DISSENT</p>

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D Business Arising		
Item 3	Action Table and follow up	
	3.1 Action Table	
	Noted the update contained in the Agenda.	
	Resolution: That the Governing Board note the update. CONFIRMED WITHOUT DISSENT	
E Chief Executive's Report		
Item 4	4.1 Chief Executive's Report for April 2014 (and attachments)	
	SD presented his report to the Board. <ul style="list-style-type: none"> Noted that correspondence has been sent to the Department Secretary regarding the continuation of surgery and a decision has been received since the May 2014 Board Meeting advising of the continuation of this surgery. The Board noted progress in relation to this issue. Discussion – law suit in relation to medical practitioner. Noting that this is a matter for the CE. In this context members sought additional information to ascertain if there are any strategic implications for the future. <p><u>Accreditation:</u> Members noted progress in dealing with issues arising from the accreditation process and in particular noted that an audit would be undertaken to ascertain the effectiveness of our medication management systems. The importance of raising the awareness of staff to this issue was noted.</p> <p><u>Action Item:</u> <i>A further report from KR in relation to the Medication Management audit is to be presented to the July Board Meeting. CE to provide the report.</i></p> <p>In continuing the consideration of the CE's report the following were discussed:</p> <ul style="list-style-type: none"> Continuation of Medicare Locals – to be discussed as a strategy item at the July meeting. An announcement has been released in relation to proposed funding of \$15M for a dental school noting that funding was no longer available and that alternative strategies were being considered in consultation with SCU. <p>Resolution:</p> <ul style="list-style-type: none"> Note the CE report in relation to the legal issue and further note the CE to resolve and report back to the Board. Board to have a strategic discussion session in relation to the continuing partnership with Medicare Locals. Note the report presented in 4.1. <p>CONFIRMED WITHOUT DISSENT</p>	
	4.2 Chief Executive's Traffic Light Report	
	4.3 Chief Executive's Performance Indicator Report (Mar 2014)	
	Resolution: That the Governing Board endorse/note the information provided in Item 4. CONFIRMED WITHOUT DISSENT	
	F Strategic Matters for discussion and/or endorsement	
	Item 5	Standing Items
5.1 Budget – date for Special Budget meeting to be confirmed once budget information has been received from NSW Health. Note that we have not yet received the service document. A date for this meeting will be set following receipt of this document.		
5.2 Brief – Maternity Services Review – progress update		

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	There was general discussion in relation to the report included with the agenda.
	Resolution : That the MNCLHD Governing Board note the information provided and move forward with the development of a Community and Patient Strategy. CONFIRMED WITHOUT DISSENT
5.3	Nambucca Renal Dialysis Unit - Update
	Resolution: <ul style="list-style-type: none"> That the MNCLHD Governing Board note the successful commencement of services at Nambucca. CONFIRMED WITHOUT DISSENT
5.4	Ministerial Advisory Committee – Rural Health Plan
	Resolution: That the Governing Board note the draft Plan. CONFIRMED WITHOUT DISSENT
5.5	Brief – Macksville District Hospital – future planning options <ul style="list-style-type: none"> Media Statement issued Nambucca Guardian – newspaper article Flyer for Public Meeting
	The Board noted the report contained with the Agenda. <ul style="list-style-type: none"> WG noted that some concern has been expressed from clinicians at Macksville in relation to the lack of planned redevelopment of Macksville Hospital. Noted the Board’s decision to further explore options for development of Macksville District Hospital with consideration to the clinical services most required for the Macksville community. Action Item: <i>A plan for the redevelopment of Macksville Hospital is to be developed by Theresa Beswick in consultation with the community.</i> Resolution: That the MNCLHD Governing Board review and discuss the options proposed. SD to explore options for resourcing the work. CONFIRMED WITHOUT DISSENT
5.6	Brief – Improved access for forensic and medical services for services for sexual assault victim (and Attachment)
	Resolution: That the MNCLHD Governing Board note the information regarding additional funding allocated to MNCLHD for forensic sexual assault services. CONFIRMED WITHOUT DISSENT
5.7	Brief – Successful applicants of the “Big Idea Grant”
	SB spoke to this report and brought the Board up to date in relation to the resourcing/responsible staff for these projects. The Board noted it is hoped this funding grant will become an annual opportunity.
	Resolution: That the MNCLHD Governing Board note the successful recipients of the Big Ideas Grants for 2014 and commend their work. The Board also expressed appreciation for those involved in developing this concept. CONFIRMED WITHOUT DISSENT
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5.9	Brief – Medicare Local Engagement
<p>Resolution: That the MNCLHD Governing Board note the information.</p> <p>CONFIRMED WITHOUT DISSENT</p>	
5.10	Final Report - Accreditation
<p>Resolution: That the MNCLHD Governing Board noted the update, noting the importance of ongoing progress reports to the Board. This is to be listed as an item for the next few Board Meetings.</p> <p>CONFIRMED WITHOUT DISSENT</p>	
5.11	Community Engagement – process and future support
<p>KR presented the proposal in relation to the process for conducting the community engagement program.</p> <ul style="list-style-type: none"> Noted the need to publically report outcomes to the community. JReed noted that the Board should have access to the accreditation report when available. The Board noted the progress on the framework for the Community Engagement program. <p>Resolution: This item will be revisited following review of the proposed program by the CESC.</p> <p>CONFIRMED WITHOUT DISSENT</p>	
G Directorate Updates	
Item 6	Directorate Updates
6.1	Mental Health & Drug and Alcohol <ul style="list-style-type: none"> Mental Health Performance report Jul-Dec 2013
Noted the positive results attracting Mental Health clinicians into programs.	
6.2	Allied Health & Hosted Clinical Services
6.3	Public Health
6.4	Aboriginal Health & Primary Partnerships <ul style="list-style-type: none"> Aboriginal Health Report Card (see Item 7.13)
6.5	Nursing, Midwifery & Workforce
6.6	Clinical Governance & Information Services
6.7	Financial Operations
6.8	Executive Support & Strategic Relations
<p>Resolution: That the Governing Board receive and note the information provided in Item 6.</p> <p>CONFIRMED WITHOUT DISSENT</p>	
H Recommendations from Governance Committees	
Item 7	Finance and Performance Committee
7.1	Confirmed Minutes of Meeting – March and April 2014
7.2	Chair – Summary
<p>There was discussion in relation to revenue.</p> <p>Action: Chair to write to the Secretary of the Ministry in relation to revenue capacity etc. Need monetary/budget details for Chair to progress.</p>	
Health Care Quality Committee	

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	7.3	Confirmed Minutes of Meeting
	7.4	Chair – Summary
	MDAAC	
	7.5	Confirmed Minutes of Meeting - 8 May 2014
	7.6	MDAAC Recommendations Approval & Critical Action Compliance Declarations
	7.7	Chair – Summary
	Workforce, Health & Safety Committee	
	7.8	Confirmed Minutes of Meeting (19 May 2014)
	7.9	Chair – Summary
	Noted item 4.7 in the minutes contained within the report. The Chair raised the issue of the long timeframes experienced when a grievance is raised. There is a proposal before the Senior Management Team in relation to the engagement of an additional staff member to specifically address grievance issues within the MNCLHD.	
	Health Services Development & Innovation Committee	
	7.10	Confirmed Minutes of Meeting
	7.11	Chair – Summary
	Close the Gap Committee	
	7.13	Aboriginal Health Report Card
	7.14	Chair – Summary from meeting June 2014
	Community Engagement Committee	
	7.15	Confirmed Minutes of Meeting – Nil
	7.16	Community Reference Group
	7.17	Community Connections Report
	7.18	Chair – Summary
	Resolution: That the Governing Board receive and note the reports and recommendations provided in Item 7. CONFIRMED WITHOUT DISSENT	
I Workplace Culture Action Plan		
Item 8	8.1	Your Say Strategies – reporting MNC (deferred until June 2014)
	Nil	
	Resolution: That the Governing Board receive and note the information provided in Item 8. CONFIRMED WITHOUT DISSENT	
J Quality & Safety (no items)		
K For Information of the Board (Discussion by exception)		
L General Business		
Item 11	General Business, Correspondence & Questions on Notice	

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11.1	Confidentiality (Standing Item)
<p>Resolution: That the Governing Board receive and note the information provided in Item 11. CONFIRMED WITHOUT DISSENT</p>	
M Upcoming visits and events	
Item 12	2014
	MNCLHD Innovation Awards – proposed date 12 June 2014 (Port Macquarie)
	2014 LHD Board Members Conference – Friday 20 June 2014
	Board meeting – 9 July (Dorrigo Multipurpose Service)
	Board meeting – 13 August (Coffs Harbour Health Campus)
	Board meeting – 10 September (Coffs Harbour Health Campus) - NB time 2pm-5pm
	Board meeting – 8 October (Bellinger River District Hospital)
	Board meeting – 12 November (Port Macquarie Base Hospital)
	Board meeting – 10 December (Coffs Harbour Health Campus)
General Business	
	<p>FILM: Small Acts of Kindness A film was played to highlight the Commitment of Health Workers and how the small acts of kindness make such a big difference to patients. VE noted the video has been played by MNCLHD at the Senior Manager’s Meeting. This film has since been distributed to Senior Managers to be played at their department/team staff meetings. This will also be available on Health eTube.</p> <p>SD: There has been a Brief received in relation to Enhancing Vascular Services at CHHC SD has not seen this Brief but brought the item to the attention of the Board.</p> <p>Fitpass: Update by SD.</p>
Item 13	Meeting closed at 6.40pm