

MINUTES

Wednesday, 9 July 2014

Dorrigo Multi purpose Service Meeting Room – Videoconference Centre

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

| ITEM / DESCRIPTION | |
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| A Attendance and Declarations | |
| <u>Welcome:</u> Warren Grimshaw, Chair | |
| Present: Warren Grimshaw Chair (WG), Richard Buss (RB), Neville Parsons (NParsons), Neil Porter (NPorter), Jan Ryan (JRyan), Jo Sutherland (JS), Janine Reed (JReed), David Kennedy (DK), John Barrett (JB), Elizabeth Ruthnam (ER) | |
| Apologies: Stewart Dowrick (SD), Stephen Begbie (SB) | |
| In Attendance: Kathleen Ryan (KR), Chrissie Crawford (CC), John Leary (JL), 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) – Karen Shirley, Dorrigo MPS |
| | <p>A 74 yr old lady presented to ED on Friday morning and was admitted and assessed as having a viral infection. It was difficult to ascertain the situation due to a few cardiac issues that were related. She didn't improve at all through the night and her obs were 'between the flags'. She ended up being transferred throughout the night to CHHC. This was a straight forward admittance and she found all staff pleasant.</p> <p>The patient was admitted for cardiac monitoring and went into a 4 bedroom ward. She noted the fourth bed was usually unoccupied but subsequently a man was admitted. Staff assured the women in the ward that he would only be there for 2 hours or so. He stayed longer and was very agitated and wanted to chat with everyone and go outside for cigarettes.</p> <p>Once the ward was secured for the night he became even more agitated because he couldn't get outside for a cigarette. The 3 women in the ward spoke amongst themselves when he was out of the room and agreed that they were all uncomfortable and he was encroaching on their personal space. She felt threatened, embarrassed and violated in her own personal space.</p> <p>The patient felt that the medical staff were easy to talk to and gave time to explain and reassure her about her medical condition however she didn't feel that she knew who was addressing her ie medical staff etc as staff worked from their first name only.</p> <p>This patient was very upset with the food in the hospital.</p> <p>Upon discharge she was reviewed by the cardiologist and found him to be an impatient man who had no time for her. Junior medical staff assured her that she would be transferred back to Dorrigo Hospital and she was taken to Dorrigo by her son.</p> <p>She was readmitted because of social reasons (not wanting to be on her own), not due to medical problems.</p> |

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| | <p>She disclosed her grievances to a community nurse, saying she felt abandoned by the hospital system. She doesn't want to take the grievance any further but she would like something to come out of it. She felt that man shouldn't have been in the ward as he was.</p> <p>This should be forwarded back to the relevant staff for reflection.</p> <p>Action Item: 1. KR and JS are to investigate and forward this Patient Story back to the relevant staff for reflection.</p> <p>2. Draw this Patient Story to the attention of the HCQC Committee and CHHC management.</p> <p>3. Need a report back in relation to the man in the ward and whether this is suitable policy.</p> <p>The Board noted that the past 3 patient stories contained dissatisfaction with the CHHC food. It was further noted there is a new food policy on its way that will include menu choice. This is hoped to improve the situation.</p> <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 11 June 2014</p> <p>Resolution: The Board resolved the Minutes of the Governing Board's meeting of 11 June 2014 be confirmed as a true and accurate record.</p> <p>CONFIRMED WITHOUT DISSENT</p> |
| D Business Arising | |
| Item 3 | <p>Action Table and follow up</p> <p>3.1 Action Table</p> <p>Noted the update contained in the Agenda.</p> <p>WG noted the item in relation to Aged Care (from December 2013) needs to be actioned.</p> <p>Special Board Meeting for Strategic Plan Update, Clinical Services Plan and Community Engagement to be further discussed later this meeting.</p> <p>Resolution: That the Governing Board note the update.</p> <p>CONFIRMED WITHOUT DISSENT</p> |
| E Chief Executive's Report | |
| Item 4 | <p>4.1 Chief Executive's Report for April 2014 (and attachments)</p> <p>KR Presented this report to the Board on behalf of SD.</p> <p>Action Item: SD to update data in respect of the Strategic Plan Meeting.</p> <ul style="list-style-type: none"> The Board noted the proposed restructure of Aboriginal Health Portfolio and that this will influence our strategic direction. <p>Action Item: Request report from SD with additional advice in relation to the effects of the restructure in Aboriginal Health against our Strategic Direction.</p> <ul style="list-style-type: none"> 2014/15 service department – noted there is still no budget. Noted that the Audit Committee now has a separate agreement for the MNCLHD and the North Coast. Need to be aware of the current contract where the Chair of Audit Committee can only stand for 4 years. This will be expired next year. <p>Resolution: It was agreed and resolved that we would like Barry Shepherd to continue as Chair for continuity. Noted that MNCLHD has sought an exemption to the 4 year timeframe and will report back asap.</p> <p>Further resolved that the Board should extend their appreciation in relation to the Expo with a letter from Chair.</p> |

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| | <ul style="list-style-type: none"> Construction of the new car park can commence at the end of this year and be complete by July next year (1 financial year). Noted the need to develop a strategy in relation to the announcement of this. Noted that there is a shortage of GP's in Macksville and/or the issue of GP's providing service at the hospital. <p>Resolution:</p> <ul style="list-style-type: none"> 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 (April 2014) |
| | <ul style="list-style-type: none"> Noted that MNCLHD is in the top three HD's. Ken Whelan has indicated that he will be promoting us for funding in relation to Integrated Care due to our performance. <p><i>Action Item: Chair proposed that the Board extend congratulations to the CE and Executive Team in relation to the results of our performance.</i></p> <ul style="list-style-type: none"> WG noted the tabled report on outstanding issues identified by the assessors as part of the accreditation process. <p><i>Action Item: The material in relation to the outstanding issues identified by the assessors as part of the accreditation process is to be referred to all Board Members by either KR, VE or MM.</i></p> |
| | <p>Resolution: That the Governing Board endorse/note the information provided in Item 4.</p> <p>CONFIRMED WITHOUT DISSENT</p> |
| F Strategic Matters for discussion and/or endorsement | |
| Item 5 | Standing Items |
| | 5.1 Budget |
| | 5.2 Aboriginal Health Plan |
| | There was general discussion in relation to the report included with the agenda. The Board would like to have a better understanding of this plan and discuss at a Strategic Meeting. DK will do a presentation to the Board together with Robyn Martin. DK covered the community consultation process involved in the development process of the plan. |
| | Resolution: That the MNCLHD Governing Board endorse the Aboriginal Health Partnership Plan. CONFIRMED WITHOUT DISSENT |
| | 5.3 Board Members – Information Sheet – Contesting Elections Guide |
| | Resolution: <ul style="list-style-type: none"> That the MNCLHD Governing Board note the information provided. CONFIRMED WITHOUT DISSENT |
| | It was noted that no Board Members are contesting elections. |
| | 5.4 Board Members – Information Sheet – Conflicts of Interest Guide |
| | Resolution: That the Governing Board note the information provided. CONFIRMED WITHOUT DISSENT |
| 5.5 MoH Annual Reporting – Board Member Training Board Training Template | |

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| | <p>ER requested that she have an Orientation session prior to the next Board Training Session early in 2015 so that new Board Members are up to date with issues etc.</p> <p>Action Item: <i>VE to investigate training possibilities with NOUS and Australian Institute of Company Directors (AICD).</i></p> <p>Resolution: That the MNCLHD Governing Board note the information provided.</p> <p>CONFIRMED WITHOUT DISSENT</p> |
| 5.6 | <p>Governance review – email from Ken Whelan</p> <p>The Chair advised the CE of a review of the governance of Districts across the state.</p> <p>Action Item: <i>Distribute copy of the correspondence in relation to Governance of Districts across the state to Board Members.</i></p> <p>Resolution: That the MNCLHD Governing Board note the information provided.</p> <p>CONFIRMED WITHOUT DISSENT</p> |
| 5.7 | <p>Macksville District Hospital</p> <p>Noted the need to seek further advice from the executive for options/actions in relation to staffing issues at Macksville District Hospital.</p> <p>Resolution: That the MNCLHD Governing Board note the information provided.</p> <p>CONFIRMED WITHOUT DISSENT</p> |
| 5.8 | <p>Integrated Care</p> <p>The Chair noted that the report indicated that there will be some actions to support MNCLHD. To be included on the Planning Day Agenda.</p> |
| 5.9 | <p>Medicare Local Update</p> <p>WG provided an update however LHD's and Medicare Locals are still unsure about what is going to happen.</p> <p>Resolution: That the MNCLHD Governing Board note the information provided.</p> <p>CONFIRMED WITHOUT DISSENT</p> |
| 5.10 | <p>MNCLHD Work Health Safety Report – PE March 2014</p> <ul style="list-style-type: none"> Noted the extensive report circulated with the Board papers. Complaints are decreasing however there is still concern about open claims in relation to body stress and mental stress. Noted that insurance premiums have been reduced due to the progress made. NP to pass on the Board's commendation to the committee. <p>Resolution: That the MNCLHD Governing Board note the information provided.</p> <p>CONFIRMED WITHOUT DISSENT</p> |
| G Directorate Updates | |
| Item 6 | Directorate Updates |

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| 6.1 | Mental Health & Drug and Alcohol | |
| Noted the updated provided. Action Item: <i>Pass on the Board's congratulations on progress to John Leary.</i> | | |
| 6.2 | Allied Health & Hosted Clinical Services | |
| The Chair noted and commended the Health Pathways. | | |
| 6.3 | Public Health | |
| The Chair presented the report from Paul Corben. | | |
| 6.4 | Aboriginal Health & Primary Partnerships | |
| Action Item: <i>Noted the need to look at some of the items raised before they become issues.</i> | | |
| 6.5 | Nursing, Midwifery & Workforce | |
| 6.6 | Clinical Governance & Information Services | |
| <ul style="list-style-type: none"> • KR noted the only target not on track is unplanned readmissions. • A lot of investigation has taken place in relation to the data. • KR provided an in depth update. Action Item: <i>1. On the matter of outstanding issues identified in the accreditation process (see earlier discussion re material) the Board would appreciate out of session advice on progress in the implementation of recommendations prior to the August deadline.</i> <i>2. KR to develop and present a 6 monthly report in relation to the progress of implementation of recommendations from the accreditation.</i> | | |
| 6.7 | Financial Operations | |
| 6.8 | Executive Support & Strategic Relations | |
| <ul style="list-style-type: none"> • VE sought questions in relation to this report. • Noted that KR and VE will liaise in relation to issues in relation to the Health Care Complaints Commissions. | | |
| Resolution: <i>That the Governing Board receive and note the information provided in Item 6.</i> | | |
| CONFIRMED WITHOUT DISSENT | | |
| H Recommendations from Governance Committees | | |
| Item 7 | Finance and Performance Committee | |
| | 7.1 | Endorsed Minutes of Meeting – 27 May 2014 |
| | 7.2 | Chair – Summary – Meeting 24 June 2014 |
| | <ul style="list-style-type: none"> • Noted that tonight is the close off for 'the books' (finances) for the financial year. • The outcomes/results will be presented at the special finance meeting. • Budget allocation will also be dealt with at the special finance meeting. | |
| | Health Care Quality Committee | |
| | 7.3 | Confirmed Minutes of Meeting – 31 March 2014 |
| | 7.4 | Chair – Summary – Meeting 26 May 2014 |
| | <ul style="list-style-type: none"> • JS noted that ideally quality outcomes would be aligned with budget performance. • Noted that the HCQC reviewed their ToR at the last meeting and did make some amendments. • Nigel Lyons from ACI will be invited to further assist in these processes. | |
| | Action Item: <i>Nigel Lyons to be invited to a future meeting of the Board.</i> | |

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| MDAAC | | |
| 7.5 | Confirmed Minutes of Meeting - 13 June 2014 | |
| 7.6 | MDAAC Recommendations Noted the growth and improved outlook of the committee (deeper investigation into appointments). | |
| 7.7 | Chair – Summary – Meeting 13 June 2014 | |
| Workforce, Health & Safety Committee | | |
| 7.8 | Confirmed Minutes of Meeting | |
| 7.9 | Chair – Summary | |
| Health Services Development & Innovation Committee | | |
| 7.10 | Confirmed Minutes of Meeting – 13 June 2014 | |
| 7.11 | Chair – Summary | |
| Close the Gap Committee | | |
| 7.13 | Draft Minutes of Meeting | |
| 7.14 | Chair – Summary from Meeting | |
| Community Engagement Committee | | |
| 7.15 | Confirmed Minutes of Meeting – 16 April 2014 | |
| 7.16 | Community Reference Group | |
| 7.17 | Community Connections Report | |
| 7.18 | Chair – Summary | |
| <ul style="list-style-type: none"> Noted some disagreements regarding the overarching framework for Community Engagement. SD has signed off on recruiting a suitable person for this position and there will be a recommendation brought to the next meeting regarding the appointment and resources to service this workload/position. The Board supported the resourcing of this position. The Board noted the need for a plan and strategy in relation to Community Engagement. <p><i>Action Item – 1. A strategy paper is to be prepared in consultation with KR for consideration by the Board at its next meeting.</i></p> <p><i>2. Proceed with workshop as proposed in the papers with the object resolving some of the issues</i></p> <p><i>3. Specific KPI's for Community Engagement responsibilities need to be developed as part of the Strategic process.</i></p> <p>July 2014 Community Connections – no one turned up for today's Community Connections forum.</p> | | |
| 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 | |
| | 8.2 | People MATTER Survey - update |
| | Resolution: That the Governing Board receive and note the information provided in Item 8. | |
| CONFIRMED WITHOUT DISSENT | | |

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| J Quality & Safety (no items) | | |
| Item 9 | 9.1 | RCA Summary Report <ul style="list-style-type: none"> RCA 14/07 |
| K For Information of the Board (Discussion by exception) | | |
| Item 10 | Items to be Noted | |
| | 10.1 | Minister for Health Media Release Record \$19.9 Billion Health Budget Boosts Frontline Care |
| | 10.2 | Minister for Health letter to Governing Board Chair |
| | Resolution: That the Governing Board receive and note the information provided in Item 10. | |
| L General Business | | |
| Item 11 | General Business, Correspondence & Questions on Notice | |
| | 11.1 | Confidentiality (Standing Item) |
| | Resolution: That the Governing Board receive and note the information provided in Item 11. CONFIRMED WITHOUT DISSENT | |
| M Upcoming visits and events | | |
| Item 12 | 2014 | |
| | 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) | |
| | <ul style="list-style-type: none"> The Board also noted the upcoming Finance Committee meeting. Noted the suggestion of a Special Board Meeting to be held in 2014 (AGM) to cover specific items. The Board noted and discussed the issue in relation to Group Certificates and the related inconvenience and cost involved. <p>Action Item: 1. Express the Board's deep concern for matters such as the issue in relation to Group Certificates and the cost involved (12 months on).</p> <p>2. Also question/investigate the processes in relation to this incident.</p> | |
| Item 13 | Meeting closed at 4.30pm | |