

## MINUTES

Wednesday, 13 August 2014

### Port Macquarie Community Health Campus – Videoconference Centre

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

ITEM / DESCRIPTION	
<b>A Attendance and Declarations</b>	
<u>Welcome:</u> Warren Grimshaw, Chair	
Present: Warren Grimshaw Chair (WG), Stephen Begbie (SB), Richard Buss (RB), Neil Porter (NPorter), Jan Ryan (JRyan), Jo Sutherland (JS), Janine Reed (JReed), John Barrett (JB), Elizabeth Ruthnam (ER)	
Apologies: David Kennedy (DK), Neville Parsons (NParsons)	
In Attendance: Stewart Dowrick (SD), Dr John Roberts (JR), Christoph Groger (CG), Vanessa Edwards (VE), Sam Sangster (SS), Mary Malouf (MM)	
Declaration of Pecuniary Interest, Conflict of Interest and Related Transactions: Continuing: <ul style="list-style-type: none"> <li>• Neville Parsons in relation to possible Credit Union Investment/s.</li> <li>• Richard Buss in relation to ICT review for both NNSW and MNC LHDs and Aboriginal Mental Health.</li> <li>• Neil Porter in relation to employment with Holiday Coast Credit Union (HCCU)</li> <li>• Elizabeth Ruthnam in relation to Baringa Private Hospital</li> <li>• Noted Janine Reed’s conflict in relation to Nambucca Valley Care</li> </ul> New: There were no interests to declare.	
<b>B Presentations</b>	
<b>Item 1</b>	<b>Presentations/Guests</b>
1.1	Patient Story (Standing Item) – Christoph Groger
	<p>The patient story is from a 48 year old woman who had previously studied nursing but is now a police officer. She has 2 children, and her husband has passed away. He daughter now suffers from a mental illness.</p> <p>Patient suffers from Polio and presented to ED with medical history however doctors repeated all tests for new results. There were a number of concerns raised by this patient including:</p> <ul style="list-style-type: none"> <li>• She was admitted to the hospital without being consulted and this left her worried about her children at home.</li> <li>• She experienced a great amount of pain until finally receiving some additional pain relief.</li> <li>• Patient was unable to dress herself, feed herself (she found it particularly difficult to open the packaging of meals delivered) or care for herself due to pain.</li> <li>• This left her feeling abandoned by nursing staff. Patient needed another pair of non-slip socks and after waiting 4 hours she had not received another pair.</li> <li>• The patient’s bed pan was left, full, on the floor near her bed. The patient requested the pan be removed. The nurses did not remove/collect the urine. This resulted in tests not being carried out.</li> <li>• This patient has stated that she witnessed poor treatment of other patients as well – one elderly lady was placed on the toilet and left there for over an hour.</li> <li>• Noted that nurses did not respond to the buzzer.</li> <li>• Her 4 hourly obs were not completed.</li> <li>• After 5 days the bed had not been made by the nurses, or the linen replaced.</li> <li>• At times the patient felt harassed and abused by staff.</li> </ul> <p>Some issues were addressed however considerable stress was experienced by the patient in relation to the</p>

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	<p>care from nurses.</p> <p>SD noted that wards are staffed in accordance with industrial requirements.</p> <p>The Board noted that the patient story will be provided to the NUM of the Ward for staff information. The NUM has confirmed that he was aware that the patient was dissatisfied with the care she had received.</p> <p>The Board further noted the importance in having a process to address these issues.</p> <p>Discussion in relation as to whether this patient could have been managed more effectively and more suitably without admitting her.</p> <p><b>Resolution:</b> That an investigation be undertaken into why the patient experienced such a poor level of care. This is to be undertaken via the Clinical Governance Committee.</p> <p><b>CONFIRMED WITHOUT DISSENT</b></p>
1.2	Strategic Focus: Capital Works – Sam Sangster, Health Infrastructure
	<p>SS gave a presentation which detailed the role and current works being undertaken by Health Infrastructure in NSW.</p> <p>An update was provided on the current, recent and future capital works projects in the MNCLHD.</p> <p>The Board commended the acknowledgement from Health Infrastructure of the need for additional psychiatric beds in the District and other capital priorities including Macksville and Coffs Harbour Health Campus.</p> <p><b>Resolution:</b> The Board resolves to endorse/note the information provided in Item 1.</p> <p><b>CONFIRMED WITHOUT DISSENT</b></p>
<b>C Minutes of Governing Board</b>	
<b>Item 2</b>	<p>2.1 Minutes of previous Meeting - Approval of Minutes from meeting of 11 June 2014</p> <p><b>Resolution:</b> The Board resolved the Minutes of the Governing Board's meeting of 9 July 2014 be confirmed as a true and accurate record, but noted a change to Action Item in relation to the Patient Story. JS is to be removed from responsibility of carrying out this action and left to KR to complete.</p> <p><b>CONFIRMED WITHOUT DISSENT</b></p>
<b>D Business Arising</b>	
<b>Item 3</b>	<p><b>Action Table and follow up</b></p> <p>3.1 Action Table</p> <p>Aged Care – noted that recruitment is underway in relation to this item. SD noted that there won't be an Aged Care Strategy completed in 2014. This will be further considered as part of future planning processes.</p> <p><b>Resolution:</b> That the Governing Board note the update.</p> <p><b>CONFIRMED WITHOUT DISSENT</b></p>
<b>E Chief Executive's Report</b>	
<b>Item 4</b>	<p>4.1 Chief Executive's Report for June 2014 (and attachments)</p> <p>Noted the possibility that funds would be made available for capital works to be carried out at Macksville. SD is unable to inform the Board of the amount at this stage but it is expected that this will be announced soon.</p> <p>There was discussion in relation to the future car park at CHHC and the fee/charging structure and concessional arrangements. The detail of this was tabled.</p> <p>Noted that SS is meeting on 14 August 2014 with Coffs Harbour City Council in relation to the acquisition of land and the future development of the car park.</p> <p><b>Resolution:</b> Endorse the proposal of the CHHC Car Park, noting proposed concessional rates and a proposed consultation process.</p> <p><b>CONFIRMED WITHOUT DISSENT</b></p>

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4.2	Chief Executive's Traffic Light Report
4.3	Chief Executive's Performance Indicator Report (June 2014)
<p>The Board noted the information provided in relation to the accreditation process and the view that we are meeting all of the urgent matters identified. Good progress had been made in medical management and staff appraisals. The details of other 'not mets' as identified in the accreditation report were noted.</p> <p><b>Action Item:</b> Request that the Board be provided with regular (bi-monthly) reports of other 'not mets' and of progress.</p> <p>Noted that John Leary will be attending the next Board Meeting to address any items as required in relation to the Mental Health Plan/Forum. The Board adopted the report as provided and will continue the discussion when John Leary is present.</p> <p><b>Resolution:</b> That the Governing Board endorse/note the information provided in Item 4.</p> <p><b>CONFIRMED WITHOUT DISSENT</b></p>	
<p><b>F Strategic Matters for discussion and/or endorsement</b></p>	
<p><b>Item 5</b></p>	<p><b>Standing Items</b></p>
	<p>5.1 Special Budget Meeting held 1 August 2014 – Draft Minutes Correspondence – Chair to Mary Foley dated 4 August 2014</p>
	<p>Nick DeGroot was present for discussion in relation to this item.</p> <p>The Board noted the similarities in relation to costing for both Coffs Clinical Network and Hastings Macleay Network.</p> <p>The Chair noted that from 2015 it is requested that a different way of presenting the budget to the Board is to be developed, together with more regular progress reports to the Board as the budget is being developed.</p> <p><b>Resolution:</b> That the Governing Board:</p> <ol style="list-style-type: none"> <li>1. Endorse the Minutes of the Special Budget Meeting from 1 August 2014</li> <li>2. Note the correspondence from the Chair regarding the Service Agreement</li> <li>3. Note the additional papers tabled at/prior to the meeting.</li> </ol> <p><b>CONFIRMED WITHOUT DISSENT</b></p>
	<p><b>Other Items</b></p>
	<p>5.2 Performance report MDAAC Jan – June 2014 Performance Questionnaire</p>
	<p>This report was noted by the Governing Board.</p> <p><b>Resolution:</b> That the MNCLHD Governing Board endorse the MDAAC Performance Report.</p> <p><b>CONFIRMED WITHOUT DISSENT</b></p>
	<p>5.3 Brief: COAG Telehealth Project</p>
	<p><b>Resolution:</b></p> <ul style="list-style-type: none"> <li>• That the MNCLHD Governing Board support the implementation of the COAG funded "Linking Emergency Departments to Residential Aged Care Facilities Telehealth Project".</li> </ul> <p><b>CONFIRMED WITHOUT DISSENT</b></p>
	<p>5.4 Brief: Audit &amp; Risk Committee Appointments</p>
	<p><b>Resolution:</b> That the Governing Board note the actions taken and advice provided in regards to Audit &amp; Risk Committee Appointments.</p> <p><b>CONFIRMED WITHOUT DISSENT</b></p>
<p>5.5 Brief: Results of MNCLHD HR Review Workforce Review Final Report</p>	

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	<p>Noted that the report will go to the next Workforce Committee. Further updates are to be provided to the Governing Board.</p> <p><b>Resolution:</b> That the MNCLHD Governing Board note the content of the Workforce Directorate Review and support the finalisation of the prioritised recommendations in the 2014/15 Financial Year.</p> <p><b>CONFIRMED WITHOUT DISSENT</b></p>
5.6	<p>Brief: Coronial Inquest</p> <p>The Board noted that this situation must run its process. It was further noted that Governing Board members are not in a position to give comment to the Media if approached.</p> <p><b>Resolution:</b> That the MNCLHD Governing Board note the information contained in the Brief.</p> <p><b>CONFIRMED WITHOUT DISSENT</b></p>
5.7	<p>Brief: Establishment of Aboriginal Health Accord for MNC Draft – MNC Aboriginal Health Accord 2014-2018</p> <p><b>Resolution:</b> That the MNCLHD Governing Board endorse the development of the Mid North Coast Aboriginal Health Accord with its partners as listed.</p> <p><b>CONFIRMED WITHOUT DISSENT</b></p>
5.8	<p>Brief: Reimbursement of Consumers on Committees</p> <p>JRyan advised that she did not agree with the propositions contained in the paper and presented with the Agenda.</p> <p><b>Resolution:</b> That the MNCLHD Governing Board request a proposal be presented from the CESC in relation to:</p> <ul style="list-style-type: none"> <li>• The introduction of a process of reimbursement of consumers who participate as MNCLHD committee members as a Participation Fee per meeting.</li> <li>• The adoption of a payment method where consumers are registered as Vendors in the system using a defined code, with payments made on validation of meeting attendance</li> </ul> <p>And advises of the:</p> <ul style="list-style-type: none"> <li>• Board's position on exploring the option of a 'sitting fee' to be paid in addition to the Participation Fee</li> </ul> <p><b>CONFIRMED WITHOUT DISSENT</b></p>
5.9	<p>Coffs Harbour Health Campus – car park Brief (to be tabled as late paper)</p> <ul style="list-style-type: none"> <li>• Fact Sheet</li> <li>• Proposed Fee Structure</li> <li>• Q &amp; A</li> </ul> <p>This item was dealt with as part of the CE Report, 4.1.</p> <p><b>Resolution:</b> That the MNCLHD Governing Board note the information.</p> <p><b>CONFIRMED WITHOUT DISSENT</b></p>
<b>G Directorate Updates</b>	
<b>Item 6</b>	<b>Directorate Updates</b>
6.1	Mental Health & Drug and Alcohol

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	The Board noted the resignation of one of the medical officers working in Mental Health.
6.2	Allied Health & Hosted Clinical Services
6.3	Public Health
6.4	Aboriginal Health & Primary Partnerships
6.5	Nursing, Midwifery & Workforce
	The Board noted the issue of staff security working in the Wauchope area after hours.
6.6	Clinical Governance & Information Services
	The Board noted the details of unplanned readmissions, which continues to be an issue.
6.7	Financial Operations
6.8	Executive Support & Strategic Relations <ul style="list-style-type: none"> <li>Briefing note and hand written comment - Minister</li> </ul>
	<b>Resolution:</b> That the Governing Board receive and note the information provided in Item 6. <b>CONFIRMED WITHOUT DISSENT</b>
<b>H Recommendations from Governance Committees</b>	
<b>Item 7</b>	<b>Finance and Performance Committee</b>
7.1	Endorsed Minutes of Meeting – 24 June 2014
7.2	Chair – Summary
	<b>Health Care Quality Committee</b>
7.3	Confirmed Minutes of Meeting – June 2014
7.4	Chair – Summary – July 2014
	JS drew the attention of the Board to the rate of caesarean section across the District. This figure is being investigated by the District Midwifery.
	<b>MDAAC</b>
7.5	Confirmed Minutes of Meeting - 10 July 2014 (noting that there are no Recommendations or CACDs from this meeting)
7.6	MDAAC Recommendations Approved & Critical Action Compliance Declaration (NIL)
7.7	Chair – Summary
	<b>Action Item:</b> Write to John Wickham and commend him for his work with this Committee.
	<b>Workforce, Health &amp; Safety Committee</b>
7.8	Confirmed Minutes of Meeting (21 July 2014)
7.9	Chair – Summary
	NPorter noted the continuing impact of grievance claims on the LHD. This has resulted in mental health/stress claims which are continuing.
	<b>Health Services Development &amp; Innovation Committee</b>
7.10	Confirmed Minutes of Meeting
7.11	Chair – Summary

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<b>Close the Gap Committee</b>		
7.13	Minutes of Meeting 26 May 2014	
7.14	Chair – Summary from Meeting June 2014	
<b>Community Engagement Committee</b>		
7.15	Confirmed Minutes of Meeting – May 2014 Confirmed Minutes of Meeting – June 2014	
7.16	Community Reference Group	
7.17	Community Connections Report	
7.18	Chair – Summary	
JRyan noted a very successful Community Connections Meeting was held yesterday in Port Macquarie at the Cancer Unit.		
<b>Resolution:</b> That the Governing Board receive and note the reports provided in Item 7.		
<b>CONFIRMED WITHOUT DISSENT</b>		
<b>I (Item 8) Workplace Culture Action Plan (No Items)</b>		
<b>J Quality &amp; Safety (no items)</b>		
<b>Item 9</b>	9.1	RCA Summary Report <ul style="list-style-type: none"> <li>RI 200</li> <li>RI 238</li> </ul>
		Seek input from John Leary in respect to the RCA Reports and the number of mental health related deaths.
<b>K For Information of the Board (Discussion by exception)</b>		
<b>Item 10</b>	No discussion.	
	<b>Resolution:</b> That the Governing Board receive and note the information provided in Item 10.	
<b>L General Business</b>		
<b>Item 11</b>	<b>General Business, Correspondence &amp; Questions on Notice</b>	
	11.1	Confidentiality (Standing Item)
	<b>Resolution:</b> That the Governing Board receive and note the information provided in Item 11.	
	<b>CONFIRMED WITHOUT DISSENT</b>	
<b>M Upcoming visits and events</b>		
<b>Item 12</b>	<b>2014</b>	
	<b>Board meeting – 10 September</b> (Coffs Harbour Health Campus) – Guest Conrad Groenewald, CE HealthShare	
	<b>Board meeting – 8 October</b> (Bellinger River District Hospital) – Guest John Leary – Director Mental Health and Drug & Alcohol	
	<b>Board meeting – 12 November</b> (Port Macquarie Base Hospital) – Nigel Lyons, ACI	
	<b>Board meeting – 10 December</b> (Coffs Harbour Health Campus) – Barry Shepherd, Chair Audit & Risk – (face-to-face meeting – all Board Members to be present in person). Discussion ensued as to the desirability of board Members meeting on a face-to-face basis every few months. On this note members noted clinical and other commitments which might impede the achievement of this goal.	



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Item 13	Meeting closed at 6.15pm