

MEETING MINUTES

Wednesday, 11 September 2013

Commencing 2:00pm

Coffs Harbour Health Campus – Education Centre EDU016

& Videoconference: NCCI, Lismore - Mental Health

ITEM / DESCRIPTION		ACTION REQUIRED
A Attendance and Declarations		
Present: Warren Grimshaw Chair, John Barrett, Stephen Begbie, Richard Buss (via videoconference, Lismore Campus), David Kennedy, Neville Parsons, Neil Porter, Janine Reed, Jo Sutherland		For Noting
Apologies: Jan Ryan		For Noting
In Attendance: Stewart Dowrick, Chief Executive (CE), Barry Shepherd, Alan Tankel Chair MSC Coffs Harbour, Vahid Saberi, Tony Lembke, Medicare Local, Carolyn Guichard, Mary Malouf, Secretariat.		For Noting
Declaration of Pecuniary Interest, Conflict of Interest and Related Transactions: <u>Continuing:</u> <ul style="list-style-type: none"> Janine Reed in relation to Nambucca Valley Care and specifically Renal Services at Macksville. Neville Parsons in relation to possible Credit Union Investment/s. Richard Buss in relation to ICT review for both NNSW and MNC LHDs. <u>New:</u> <ul style="list-style-type: none"> There were no new Pecuniary Interests to note. 		For Noting
B Presentations		
Item 1	Presentations	
	1.1	Internal Audit Review - Barry Shepherd
	The Chair welcomed Barry Shepherd, the Internal Auditor, to the Board Meeting. Barry gave a presentation reporting on operation and activities during 2013. Items discussed and noted were: <ul style="list-style-type: none"> The financial accounts have previously been endorsed by the Board. We are awaiting the Management Letter from the Director General in relation to the audit which has been undertaken. The activities which were part of the process of carrying out the audit plan. Risk Management and the Risk Framework. In this regard it was noted that Board Committees are required to report to the Board on a quarterly basis in relation to risks which they are responsible for managing. The six A&RMC focus items which have been identified for 2013. Some of the repeat issues which present as risks. These issues will be highlighted in the Draft Management Letter which will soon be received from the Auditor General. In summary, the Chair noted the importance of the Board being reassured of the processes carried out as part of the audit review. 	
	1.2	North Coast Medicare Local – Vahid Saberi and Tony Lembke
Chair welcomed Vahid Saberi and Tony Lembke who were presenting on behalf of the Board of North Coast Medicare Local.		

ITEM / DESCRIPTION	ACTION REQUIRED
<p>Items discussed and noted were:</p> <ul style="list-style-type: none"> The positive relationship between MNCLHD and NCML and its positive effects on improving the health of the community. Medicare Locals are private companies, which are funded by the government to keep people out of hospitals and improve the connections between health services. The philosophy of a 'person centered health system' supported by a variety of health services for support. People are supported in or as near to their home as possible with a connected network of carers. The impact on Medicare Locals due to the change of government. Medicare Locals were a reform introduced by the previous government. The coalition government has advised that it will review Medicare Locals with the object of developing more frontline services. Government has advised that a review of Medicare Locals will be undertaken to introduce and develop more front line services. It is also possible that the name 'Medicare Locals' will be changed. The commitment from private practice in health care isn't new. Medicare Locals have just expanded the services available and improved awareness of these services. NCML is just 15 months old. The early stages were highly administrative. The benefits of the work carried out by Medicare Locals is still to be fully seen. Major priorities as seen by NCML over the next 6-12 months – noted a 'needs assessment' has been carried out. Priorities are aligned with the results of that assessment. This is largely in relation to integrating and better connecting patients with service providers. eHealth and Mental Health facilities are a high priority for Medicare Locals. Health Pathways – noted the receptiveness of MNCLHD to support the Health Pathways program. Care plans are much more standardised across large areas with the Health Pathways. The work being carried out in relation to coordinated care for aboriginal people. Medicare Locals are funding the gap in any cost of medical treatment for aboriginal people. The need to build strong partnerships to establish and develop effective pathways. There was open discussion on the vast possibilities and potential for Medicare Locals to have a direct and positive result in relation to patient care. One of the next steps in building the partnership between NCML and MNCLHD is joint planning. This would be in relation to topics such as Health Pathways and improved patient care. The CE noted a project which will soon be undertaken by MNCLHD with the intent of identifying specific areas to invest in while ensuring that areas aren't being 'doubled up' and repeated. The Board noted the need to identify areas which haven't previously been investigated. This is part of a plan to ensure that no one is repeating work which has already been carried out by a partnership organisation. 	
<p>1.3 Your Health Website – Carolyn Guichard</p> <p>Presentation by Carolyn Guichard, Project Manager</p> <p>Items discussed and noted were:</p> <ul style="list-style-type: none"> The aim of Your Health Link is to improve health literacy by providing access to health information. The website functions by providing links to sites which provide accurate, up to date information to the public on various topics. Some of the partnerships established to develop the website. The functioning and characteristics of the website in particular the 'text to speech' facility so that illiterate and/or blind people can have the pages read to them. The website is not designed as a local website but is a state based product. A marketing campaign is being coordinated to promote the website. There was open discussion in relation to who will maintain the website in the long term. It was noted that Health Share will be assisting to developing a business case for the ongoing maintenance of the site. Maintenance will be carried out by MNCLHD until May 2015 and alternative arrangements will be endorsed prior to that date. It was further noted that there are parties interested and willing to take over this maintenance. 	

ITEM / DESCRIPTION		ACTION REQUIRED
	<p>Resolution: That the Board endorse Your Health website to be available for public use, in addition to exploring funding options to develop a business plan etc</p> <p>CONFIRMED WITHOUT DISSENT</p>	
C Minutes of Governing Board		
Item 2	2.1	Minutes of previous Meeting - Approval of Minutes from meeting of 14 August 2013
	<p>Amendment requested by JReed in relation to Patient Story. Amended to:</p> <p>“Noted the response to the patient story which was included in the Board Papers. This particular situation is not the intention of “Patient Story”. Further noted that the issue of privacy is serious and was somewhat dismissed from the story. Noted the report from the DON.”</p> <p>Resolution: That the Minutes of the Governing Board’s meeting of 14 August 2013 be confirmed as a true and accurate record.</p> <p>CONFIRMED WITHOUT DISSENT</p>	
	2.2	Minutes of Special Board Meeting to approve the 2013/14 Budget 28 August 2013
	<p>Amendment requested by JS in relation to her new declaration of pecuniary interest to be amended to:</p> <p>“These funds may be allocated to her department”.</p> <p>Resolution: That the Minutes of the Governing Board’s Special meeting of 28 August 2013 be confirmed as a true and accurate record.</p> <p>CONFIRMED WITHOUT DISSENT</p>	
D Business Arising		
Item 3	Action Table and follow up	
	3.1	<p>Action Table</p> <ul style="list-style-type: none"> • PMBH contingency funding – remove • MNCLHD Operational Plan 2012/13 – remove • Upcoming visits / events - remove <p>• Noted amending the action plan as detailed.</p> <p>Resolution:</p> <p>The Governing board endorsed/ noted actions.</p> <p>CONFIRMED WITHOUT DISSENT</p>
E Chief Executive’s Report		
Item 4	4.1	Chief Executive’s Report for July 2013 (and attachments)
	<ul style="list-style-type: none"> • The Board noted the information presented in the CE’s report. • The Board further noted that an incentive payment is most likely unsuccessful for MNCLHD. • Noted that the Draft Rural Health Plan is expected to be completed in January/February 2014. • Results of staff survey noted as an unsatisfactory result. • Noted however the positive improvement in relation to bullying and harassment. <p>Resolution: Seek an analysis of the Your Say Survey together with additional comments from management to be presented to the October Board Meeting.</p> <p>CONFIRMED WITHOUT DISSENT</p> <p>Resolution: That the Board re-endorse the letter sent to the Director General</p> <p>CONFIRMED WITHOUT DISSENT</p>	
	4.2	Chief Executive’s Performance Indicator Report (July 2013)
	<ul style="list-style-type: none"> • The Board noted the information contained in the report at 4.2. 	

ITEM / DESCRIPTION		ACTION REQUIRED	
4.3	Chief Executive's Traffic Light Report		
	<ul style="list-style-type: none"> The Board noted the information contained in the report at 4.3. 		
	<p>Resolution: That the Governing Board receive and note the information provided in Item 4. CONFIRMED WITHOUT DISSENT</p>		
F Strategic Matters for discussion and/or endorsement			
Item 5	Standing Items		
	5.1	Budget	No Items
	5.2	Board Sub Committee reports (due Sep 2013 & Feb 2014)	No items
	Other items		
	5.3	Coffs Harbour Health Campus Parking	
		<ul style="list-style-type: none"> An update was provided by the CE. The Board noted that the organisation is currently going through a process to seek funding. Noted that a communication strategy is being developed for staff and the community in relation to any proposed changes to parking at CHHC. Discussions with Coffs Harbour City Council are continuing. The Board noted that the access road is included as part of the entire project. 	
	<p>Resolution: That the MNCLHD Governing Board notes updated information including the proposed development of a Communications strategy in collaboration Health Infrastructure. CONFIRMED WITHOUT DISSENT</p>		
5.4	MNCLHD Mental Health Clinical Services Plan		
	<ul style="list-style-type: none"> John Leary, Director Mental Health and Drug & Alcohol Services presented the Mental Health Clinical Services Plan Discussion around the six items identified as fundamental challenges in the plan in delivering on the recommendations before the Board. Some members were of the view that we should proceed with the six points as listed and in support of the position argued that we should make special approaches to the Ministry identifying the constraints imposed by the current resourcing levels. In this context it was noted by all that the progression of the resourcing proposed would directly influence the capacity of the Board to meet other clinical priorities identified through our clinical services plan and associated documentation. The Board also noted that the Mental Health Commission was soon to report which would inevitably influence the adoption of a final position by the Board. It was generally agreed that the recommendations required further review and modification. In moving in this direction the Board was conscious of its responsibilities to enhance mental health provision, particularly at Port Macquarie and Kempsey, and the need to enhance and increase resourcing available to the clinical health teams. Re: Ellimatta Lodge, several issues raised pertaining to the history and purpose of this facility and its future role. The recommendation that Ellimatta Lodge be used for youth and family services, day and outpatient clinics for was supported in principle pending a Board visit to the facility. A brief on the history of Ellimatta Lodge and the changes that occurred in the service over time will be provided to the next meeting of the Board. Discussion in relation to the contrast of funding for Mental Health and ABM. The Board extended appreciation to the Director Mental Health and Drug & Alcohol Services (John Leary) for his work in the development of the plan. 		
	<p>Action: <i>The Board is to visit Ellimatta lodge prior to making a final decision on its use.</i></p>		

ITEM / DESCRIPTION	ACTION REQUIRED																														
<p>Resolution: That the Board notes the recommendations 1-6 and that further work will be undertaken in establishing a position in this crucial area of policy.</p> <ol style="list-style-type: none"> Enhance the capacity of community mental health teams with 10 additional positions in each of the Clinical Networks by 2016, with a priority on enhancement of specialist mental health services for older people (SMHSOP's) and ambulatory support for consumers in program places such as HASI supported accommodation Establish a 25 bed consolidated inpatient mental health unit for Hastings Macleay Clinical Network at PMBH with 19 adult acute beds, including 4 intensive care beds and 6 older person acute beds Establish an Older Persons Inpatient Unit at KDH, led by a psycho-geriatrician who will provide leadership in the provision of psycho-geriatric services across the LHD, and providing 8-10 SMHSOP's beds for the care and treatment of older people on the Mid North Coast with acute psychogeriatric disorders. These beds would be complimented by the development of acute older persons beds at PMBH, and in the longer term, potentially additional SMHSOP's beds at CHHC. Note the need to develop the capacity to provide consultation liaison psychiatry services in each of the three major general hospitals on the Mid North Coast. Undertake a thorough review of models of care operating in both inpatient and ambulatory settings across the Mid North Coast, with the aim of updating these on the basis of latest evidence as to what works best for consumers, including new models of care that have been implemented successfully in other locations, under the guidance of the Consortium of Service Providers. That the MNCLHD Governing Board notes the information in the brief and attachments and endorses the distribution of the plan and preparation of a media statement. <p>CONFIRMED WITHOUT DISSENT</p> <table border="1" data-bbox="296 1137 1530 1406"> <tr> <td data-bbox="296 1137 379 1189">5.5</td> <td data-bbox="379 1137 1530 1189">Theresa Beswick – Network Update</td> </tr> <tr> <td data-bbox="296 1189 379 1406"></td> <td data-bbox="379 1189 1530 1406"> <ul style="list-style-type: none"> KPI's being achieved in all categories over the past 6 months and confident KPI's will be achieve by the end of the year. NEAT and EAP achieved for August 2013. Presentation in relation to Readmissions Within 28 Days Unplanned readmissions have a large impact on funding. The Board noted the actions being undertaken to reduce the number of unplanned readmissions. </td> </tr> </table>	5.5	Theresa Beswick – Network Update		<ul style="list-style-type: none"> KPI's being achieved in all categories over the past 6 months and confident KPI's will be achieve by the end of the year. NEAT and EAP achieved for August 2013. Presentation in relation to Readmissions Within 28 Days Unplanned readmissions have a large impact on funding. The Board noted the actions being undertaken to reduce the number of unplanned readmissions. 																											
5.5	Theresa Beswick – Network Update																														
	<ul style="list-style-type: none"> KPI's being achieved in all categories over the past 6 months and confident KPI's will be achieve by the end of the year. NEAT and EAP achieved for August 2013. Presentation in relation to Readmissions Within 28 Days Unplanned readmissions have a large impact on funding. The Board noted the actions being undertaken to reduce the number of unplanned readmissions. 																														
G Directorate Updates																															
Item 6	<p>Directorate Updates</p> <table border="1" data-bbox="296 1503 1530 2033"> <tr> <td data-bbox="296 1503 379 1554">6.1</td> <td data-bbox="379 1503 1254 1554">Mental Health & Drug and Alcohol</td> <td data-bbox="1254 1503 1530 1554">For Noting</td> </tr> <tr> <td data-bbox="296 1554 379 1606">6.2</td> <td data-bbox="379 1554 1254 1606">Allied Health & Hosted Clinical Services</td> <td data-bbox="1254 1554 1530 1606">For Noting</td> </tr> <tr> <td data-bbox="296 1606 379 1657">6.3</td> <td data-bbox="379 1606 1254 1657">Public Health</td> <td data-bbox="1254 1606 1530 1657">For Noting</td> </tr> <tr> <td colspan="3" data-bbox="296 1657 1530 1709">The Chair noted his concern in regard to immunisation rates.</td> </tr> <tr> <td data-bbox="296 1709 379 1760">6.4</td> <td data-bbox="379 1709 1254 1760">Aboriginal Health & Primary Partnerships</td> <td data-bbox="1254 1709 1530 1760">For Noting</td> </tr> <tr> <td data-bbox="296 1760 379 1812">6.5</td> <td data-bbox="379 1760 1254 1812">Nursing, Midwifery & Workforce</td> <td data-bbox="1254 1760 1530 1812">For Noting</td> </tr> <tr> <td data-bbox="296 1812 379 1863">6.6</td> <td data-bbox="379 1812 1254 1863">Clinical Governance & Information Services</td> <td data-bbox="1254 1812 1530 1863">For Noting</td> </tr> <tr> <td data-bbox="296 1863 379 1915">6.7</td> <td data-bbox="379 1863 1254 1915"> Financial Operations <ul style="list-style-type: none"> ABF (Standing item) </td> <td data-bbox="1254 1863 1530 1915">For Noting</td> </tr> <tr> <td data-bbox="296 1915 379 1966">6.8</td> <td data-bbox="379 1915 1254 1966">Planning (NB Clinical Services Plan consultation period concluded 9 August) (no items)</td> <td data-bbox="1254 1915 1530 1966">For Noting</td> </tr> <tr> <td data-bbox="296 1966 379 2033">6.9</td> <td data-bbox="379 1966 1254 2033">Executive Support & Strategic Relations</td> <td data-bbox="1254 1966 1530 2033">For Noting</td> </tr> </table> <p>Capital Works (no items)</p>	6.1	Mental Health & Drug and Alcohol	For Noting	6.2	Allied Health & Hosted Clinical Services	For Noting	6.3	Public Health	For Noting	The Chair noted his concern in regard to immunisation rates.			6.4	Aboriginal Health & Primary Partnerships	For Noting	6.5	Nursing, Midwifery & Workforce	For Noting	6.6	Clinical Governance & Information Services	For Noting	6.7	Financial Operations <ul style="list-style-type: none"> ABF (Standing item) 	For Noting	6.8	Planning (NB Clinical Services Plan consultation period concluded 9 August) (no items)	For Noting	6.9	Executive Support & Strategic Relations	For Noting
6.1	Mental Health & Drug and Alcohol	For Noting																													
6.2	Allied Health & Hosted Clinical Services	For Noting																													
6.3	Public Health	For Noting																													
The Chair noted his concern in regard to immunisation rates.																															
6.4	Aboriginal Health & Primary Partnerships	For Noting																													
6.5	Nursing, Midwifery & Workforce	For Noting																													
6.6	Clinical Governance & Information Services	For Noting																													
6.7	Financial Operations <ul style="list-style-type: none"> ABF (Standing item) 	For Noting																													
6.8	Planning (NB Clinical Services Plan consultation period concluded 9 August) (no items)	For Noting																													
6.9	Executive Support & Strategic Relations	For Noting																													

ITEM / DESCRIPTION		ACTION REQUIRED	
H Recommendations from Governance Committees			
Item 7	Finance and Performance Committee		
	7.1	Confirmed Minutes of Meeting - 30 July 2013	For Noting
	7.2	Chair – Summary	For Noting
	Health Care Quality Committee		
	7.3	Confirmed Minutes of Meeting - 15 July 2013	For Noting
	7.4	Chair – Summary of 19 August 2013	For Noting
	MDAAC		
	7.5	Confirmed Minutes of Meeting - 8 August 2013	For Noting
	7.6	Recommendations Approval & Critical Action Compliance Declarations from 8 August 2013	For Noting
	7.7	Chair – Summary of 8 August 2013	For Noting
	Workforce, Health & Safety Committee		
	7.9	Confirmed Minutes of Meeting - 15 July 2013	For Noting
	7.10	Chair – Summary	For Noting
	Health Services Development & Innovation Committee		
	7.11	Confirmed Minutes of Meeting – 5 July 2013	For Noting
	7.12	Chair – Summary	For Noting
	Close the Gap Committee (no items -next meeting 22 August 2013)		
	Community Engagement Committee		
	7.14	Confirmed Minutes of Meeting	No Items
	7.15	Community Reference Group	No Items
7.16	Community Connections Report	No Items	
7.17	Chair – Summary	No Items	
The Board to note the report as tabled at the meeting.			
Resolution: That the Governing Board receive and note the information provided in Item 7.			
CONFIRMED WITHOUT DISSENT			
I Workplace Culture Action Plan			
Item 8	8.1	Your Say Strategies – reporting MNC	For Noting
	8.3	Workers Compensation Report	For Noting
	Resolution: That the Governing Board receive and note the information provided in Item 8.		
CONFIRMED WITHOUT DISSENT			
CE noted that the way we are currently trending is a strong indication that OH&S issues are being reduced. This is being reflected in insurance premiums.			
Resolution: That the Board (Chair) express their appreciation to the team who have improved culture in order to achieve these results.			
CONFIRMED WITHOUT DISSENT			

ITEM / DESCRIPTION		ACTION REQUIRED	
J Quality & Safety (no items)			
K For Information of the Board (Discussion by exception)			
Item 10	Items to be noted		
	10.1	HETI rural Health & Research Congress Program	For Noting
	10.2	Hosted Services Review Update	
	Resolution: That the Governing Board receive and note the information provided in Item 10. CONFIRMED WITHOUT DISSENT		
L General Business			
Item 11	Questions on Notice, Correspondence & Other Business		
	11.1	Correspondence Barry Shepherd ICT	For Noting
	Resolution: That the Governing Board receive and note the information provided in Item 11. CONFIRMED WITHOUT DISSENT		
MUpcoming visits and events			
Item 12	2013		
	Board meeting – 9 October (Coffs Harbour Health Campus)		
	Noted the importance of making the most of the opportunity to meet with ACI Chair and CE. A one hour workshop will be arranged with ACI prior to the Board Meeting. Invitations to key clinical staff to attend this workshop – this is to be progressed.		
	Board training – 16 October (Coffs Harbour Health Campus – 10.30am-2.30pm)		
	NSW Rural Health & Research Congress – 21-23 October (Port Macquarie)		
	Board meeting –13 November (Macksville District Hospital)		
	MNCLHD Annual Public Meeting – 3 December (Port Macquarie)		
	Board meeting –11 December (Port Macquarie Base Hospital)		
	2014		
	Board meeting – 15 January (Coffs Harbour Health Campus)		
	Board meeting – 12 February (Wauchope Health Campus)		
	Board meeting – 12 March (Macksville District Hospital)		
	Board meeting – 9 April (Port Macquarie Base Hospital)		
	Board meeting – 14 May (Coffs Harbour Health Campus)		
	Board meeting – 11 June (Port Macquarie Community Health Campus)		
	MNCLHD Innovation Awards – proposed date 12 June 2014		
	2014 LHD Board members Conference – Friday 20 June 2014		
	Board meeting – 9 July (Dorrigo Multipurpose Service)		
	Board meeting – 13 August (Kempsey District Hospital)		
	Board meeting – 10 September (Coffs Harbour Health Campus)		
Board meeting – 8 October (Bellinger River District Hospital)			

ITEM / DESCRIPTION	ACTION REQUIRED
	<p><i>Board meeting – 12 November (Port Macquarie Base Hospital)</i></p>
	<p><i>Board meeting – 10 December (Coffs Harbour Health Campus)</i></p>
	<p>Resolution: That the Governing Board receive and note the information provided in Item 12.</p>
	<p>Other Business: Noted that presentations to Board should be flagged as training sessions for Board Members. Note we are to have a Patient Story at October/November Board Meeting.</p>
<p>N Meeting Close</p>	
<p>Item 13</p>	<p>There being no further business the meeting closed at 6.45pm</p>