

# **Governing Board Minutes**

**Date:** Wednesday, 12 April 2023 **Time:** 11.30am – 3.30pm

Venue: Coffs Harbour Health Campus

# ITEM / DESCRIPTION

#### **Attendance and Declarations**

Welcome: Prof H. Cavanagh

Acknowledgement of Country: Prof H. Cavanagh

Attendance: Prof H. Cavanagh, Dr J. Beange, Mr M. Coulter, Hon L. Hartsuyker, Dr S. Salindera, Mrs T. Singleton, Mr

P. Treseder, Mrs J. Zirkler, Mr G. Humphreys (MS Teams)

Apologies: Mrs S. McGinn

Observers: Mr S. Dowrick, Ms D. Kruk, Mrs L. Lawrence, Mrs T. Rosten

**Declarations of Interest: NIL** 

# ITEM 0. IN-CAMERA SESSION FOR DISCUSSION/PRESENTATIONS

0.1 NIL

# **ITEM 1. MINUTES AND ACTION TABLE**

1.1 Minutes of Governing Board Meeting 8 March 2023

**Resolution(s):** The Mid North Coast Local Health District (MNCLHD) Governing Board (Board) endorsed Minutes of the meeting 8 March 2023

1.2 Action Table April 2023

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

# **ITEM 2. PATIENT / STAFF STORY**

2.1 Staff Story - Graduate of the MNCLHD Aboriginal Nursing Cadetship Program

**Resolution(s):** The Board thanked the Close the Gap (CTG) Sub-Committee for providing the staff story, acknowledging the positive feedback and support of the staff members who provided suggestions to improve the experience for future cadets

# **ITEM 3. FOR DISCUSSION**

3.1 Chief Executive's Summary

The Chief Executive provided an update on:

- District finance and performance rating
- Key performance and operational metrics
- Rural Health Workforce Incentive Scheme
- Leadership Transformation





Port Macquarie Base Hospital radiology contract

# Resolution(s):

- The Board accepted the Chief Executive's Summary and supporting attachment, acknowledging the excellent District Director Medical Services report by Professor Andrew Johnson
- The Board observed the inclusion of the suggested Key Performance and Operational Metrics snapshot and advised it was very beneficial to have this information extracted from the larger report

## Action(s):

Provide advice on strategies targeting the waitlist of Category B surgery patients

3.2 MNCLHD Key Performance Indicators (KPI) Summary

# Resolution(s):

- The Board discussed the document, with all members finding the detail extremely beneficial, and noted the amount of work undertaken to assemble with thanks to the Finance team
- The Board noted their interest in the 'Horizons' document which is intended to show three, six, and nine-month target strategies to underpin each KPI

# Action(s):

- a) P Treseder to follow up with the Finance team regarding formatting of the Summary
- b) Document to be uploaded to Diligent Resources Centre for future reference
- 3.3 Serious Adverse Event Review (SAER)

#### Resolution(s):

- The Board discussed and noted the SAER report
- Board members were pleased to see the excellent coordinated approach to address the overdue items, however, noted some were extensively overdue
- The Board look forward to seeing an improvement on the overdue recommendations
- 3.4 People Engagement Management Survey (PMES) Action Plan Culture Transformation

## Resolution(s):

- The Board accepted the PMES quarterly report, remarking on the achievement of 90% completion for Performance Development Reviews (PDR) within the last 12 months
- Discussion was around evaluating the methodologies behind the strategies for People, Culture and Wellbeing, to ensure results are statistically significant and are not just reporting changes
- Board members noted the unusual decline of District Connect attendance rate

#### Action(s):

Seek advice on whether we can measure the number of staff watching District Connect after the event

3.5 MNCLHD Sustainability Implementation Plan update (Path to Net Zero) (Action item 4.1a October 2022 meeting)

# Resolution(s):





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	<ul> <li>The Board accepted the Sustainability Implementation Plan update, with members acknowledging how we can promote what the District is working on to achieve the NSW State Government target of Net Zero Emissions by 2050</li> <li>The Board noted they are proud of what has been accomplished</li> </ul>
3.6	Internal Audit and Risk (IAR) Succession Planning
	<ul> <li>Resolution(s):</li> <li>The Board noted the advice of the successful appointment of new Audit &amp; Risk Committee (ARC) member, David Black and welcome him to the District</li> <li>The Board thanked the District's outgoing independent ARC member, Ken Barker, for his work on the Committee and for sharing his wealth of experience</li> </ul>
3.7	Draft Internal Audit Plan 2023-24
	Resolution(s):  • The Board discussed and accepted the draft Internal Audit Plan and agreed to include procurement conflicts in the plan
	Action(s):
	Include procurement conflicts in the 2023/24 internal audit plan
3.8	Safety and Quality Essentials Pathway update (Action item 2.1a November 2022 meeting)
	<ul> <li>Resolution(s):</li> <li>The Board accepted the Safety and Quality Essentials Pathway update report and were pleased to see the roll out underway with future sites already booked in</li> </ul>
3.9	Patient Story: Partnering with Consumers update (Action item 6.2.4 December 2022 meeting)
	<ul> <li>Resolution(s):</li> <li>The Board noted the update and were encouraged by the actions taken in response to the patient story and were reassured that District policies and procedures are in place</li> </ul>
3.10	Mental Health Consumer Experience KPI update (Action item 1.4b February 2023 meeting)
	Resolution(s):
	<ul> <li>The Board discussed the update and were very pleased to see Kempsey District Hospital achieve excellent inpatient results for January and February, and thanked all the staff involved</li> </ul>
3.11	Sexual Health Service (SHS) update (Action item 3.5c February 2023 meeting)
	Resolution(s):
	The Board accepted and noted the SHS update
	Action(s):
	Provide update when investigation is completed
3.12	Aboriginal and Torres Strait Islander (ATSI) patient readmissions within 28 days
	(Action item 3.2 March 2023 meeting)





# Resolution(s):

The Board discussed and noted the paper

#### Action(s):

Consider whether report is available that provides reason for readmission within 28 days if patients are being readmitted for a different condition

3.13 Staff Funding for Refugee Health Service (Action item 7.1.2 November 2022 meeting)

#### Resolution(s):

- The Board accepts the Refugee Health Service update into staff funding, noting the service review currently underway
- The Board looks forward to being provided with progress and interim outcomes of the review in due course

# Action(s):

Provide progress update and interim outcomes of the review

3.14 Sexual Health Services available to Transgender Community (Action item 2.2b October 2022 meeting)

#### Resolution(s):

- The Board discussed and noted the paper, acknowledging the extensive range of clinicians required to fully support the transgender community
- The Board discussed the ongoing medical support of transgender patients throughout the District

## Action(s):

Provide detailed action plan of health pathway, targeting enhanced support and further services for the transgender community

3.15 Patient Story: Transgender Health Pathway review (Action item 3.1a October 2022 meeting)

# Resolution(s):

- The Board noted this action was included in the 3.14 report
- 3.16 Employment retention targets (Action item 3.5b February 2023 meeting)

# Resolution(s):

• The Board accepted and noted the report

# **ITEM 4. FOR ENDORSEMENT**

4.1 Government Sector Finance (GSF) Delegations

# Resolution(s):

The Board accepted and endorsed the Delegations Manual update

## **ITEM 5. STANDING ITEMS**

- 5.1 Governing Board Chair's Report verbal update
  - Board Chair advised the Board that her term ends 30 June 2023 and she will not be seeking to



renew her tenure

- Noted a Board member is required to Chair the MDAAC sub-committee, and urged members to consider and self-nominate
- 5.2 Board Member Staff Meetings

The Board noted the meetings with staff and the updates provided.

## Resolution(s):

- The Board discussed and noted the updates of Chair meetings with MNCLHD Staff
- 5.3 Enterprise Risk Report

# Resolution(s):

 The Board discussed and accepted the report, highlighting the high number of Aboriginal patients reporting to ED

## Action(s):

Consider brainstorming a collaborative approach between MNCLHD and Ministry of Health to support the Aboriginal community to use alternative avenues

5.4 Anderson Report (Staff Safety)

# Resolution(s):

• The Board discussed and noted the Anderson Report, acknowledging all recommendations have been formally implemented and looks forward to annual updates

# Action(s):

- a) Anderson Report update provided to the Board annually
- b) Annual report to include actions that have declined or not showing any beneficial outcome
- c) An independent audit in 12 months, to ensure each recommendation is embedded
- 5.5 MNCLHD Organisational Report (Service Agreement)

#### Resolution(s):

• The Board discussed and accepted the report

# **ITEM 6. PRESENTATIONS**

6.1 People and Culture Directorate Report – Taresa Rosten, Director People and Culture

#### Resolution(s):

- The Board noted the Directorate paper and thanked Taresa for her comprehensive report
- The Board discussed the recurrent difficulties sometimes experienced in medical/nursing/nonclinical staff recruitment and noted that different and separate processes were utilised. The Board requested further information on how recruitment is currently being handled for each area, noting that People and Culture have a major project underway to streamline and further centralise the recruitment process for all

#### Action(s):



Provide high level flow charts (3) showing the recruitment process and timeframes for non-clinical staff, clinical staff and medical staff

ITEM 2	7. SUB-COMMITTEES AND CLINICAL COUNCILS – TO BE TAKEN AS READ	
7.1	Board Sub-Committee: Finance and Performance	
	Resolution(s):	
	<ul> <li>The Board accept the Chair's Summary March 2023, Endorsed Minutes February 2023 and FOAM</li> </ul>	
	Report February 2023	
7.2	Board Sub-Committee: Health Care Quality	
	Resolution(s):	
	The Board accept the Chair's Summary and Endorsed Minutes March 2023	
7.3	Board Sub-Committee: Board Sub-Committee: Medical Dental Appointments Advisory	
	Resolution(s):	
	<ul> <li>The Board accept the Chair's Summary and Endorsed Minutes March 2023</li> </ul>	
7.4	Board Sub-Committee: Medical Staff Council	
	Resolution(s):  • The Board accept the Summary report March 2023	
7.5	Board Sub-Committee: People and Culture	
	Resolution(s):	
7.0	The Board accept the Endorsed Minutes February 2023  Parad S. J. Garagina A. Jin S. Richardson and J. J. S. Richardson and J. Richardson and J. J. S. Richardson and J. Richard	
7.6	Board Sub-Committee: Audit & Risk	
	Resolution(s):	
	<ul> <li>The Board accept the Endorsed Minutes March 2023, and the Endorsed Charter</li> </ul>	
ITEM 8. GENERAL BUSINESS / CORRESPONDENCE (TO BE TAKEN AS READ)		
	Correspondence to Governing Board	
8.1		
	Resolution(s):  • The Board discussed and noted the correspondence	
	General Business	
	Resolution(s):	
8.2	<ul> <li>The Board were advised the Key Management Personal (KMP) Declarations and Conflict of Interest (COI) registers have been updated with no issues</li> </ul>	
0.2	The Board had further discussions regarding The Voice Referendum and encourages all staff to	
	engage in respectful and meaningful discussion of this important issue within a safe and supported	
	environment.	
	The Board were advised the Diversity and Inclusion Manager recruitment is progressing	





# ITEM 9. GOVERNING BOARD REFLECTIONS

9.1 The Board had considered discussions and reflected on the presentations and information provided.

# ITEM 10. CLOSE AND NEXT MEETING

10.1	The meeting closed at 3.10pm
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10.2 Next meeting – 10 May 2023, Port Macquarie Base Hospital





#### MID NORTH COAST LOCAL HEALTH DISTRICT GOVERNING BOARD MEMBERSHIP

Chair

**Deputy Chair** 

Professor Heather Cavanagh

Mr Luke Hartsuyker

Dr Jennifer Beange

Michael Coulter Gary Humphreys

Susan McGinn OAM

**Neil Porter** 

Dr Shehnarz Salindera

**Tracy Singleton** 

Peter Treseder AO

Jennifer Zirkler

Secretariat

Laney Lawrence

**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?

