

MEETING MINUTES

Wednesday, 9 November 2016

Commencing 3.00pm

FOCUS AREA: INTEGRATED CARE UPDATE

Port Macquarie Community Health Campus : Large VCN

ITEM / DESCRIPTION		ACTION	CARRIAGE	ATT No.
A Attendance and Declarations				
<u>Welcome:</u> Warren Grimshaw AM, Chair.				
Present: Warren Grimshaw Chair (WG), Jan Ryan (JRyan), David Kennedy (DK), Jo Sutherland (JS), Janine Reed (JR), Elizabeth Ruthnam (ER), Neville Parsons (NParsons), Stephen Begbie (SB), John Barrett (JB)		For Noting	Chair	
Apologies: Neil Porter (NPorter), Gail Whiteford (GW)		For Noting	Chair	
In Attendance: Stewart Dowrick (SD), Vanessa Edwards (VE), Lynn Lelean (LL), Bronwyn Chalker (BC), Vicki Simpson (VS),		For Noting	Chair	
Declaration of Pecuniary Interest, Conflict of Interest and Related Transactions		For Noting	Chair	
B Presentations (1 hour)				
Item 1	Presentations/Discussions			
1.1	<p>Presentation – Patient Transport Services</p> <ul style="list-style-type: none"> Cate Coles – A/Manager Health Transport Services Evan Clark – NSW Ambulance <p>Board members were invited to tour a NSW Ambulance vehicle and the new MNCLHD Patient Transport Vehicle. Cate Coles spoke to the board members and attendees with regard to Patient Transport Services across the District. Cate gave a summary of the changes that have occurred across Health agencies and NSW Ambulance with regard to Patient Transport Services – emergency and non-emergency. Cate demonstrated how having IPTAAS, NEHRT and Patient Transport based centrally has improved access and capability for patients to receive care regardless of rural locality. Evan Clark, NSW Ambulance spoke of the changes in the organisation since he came to the organisation in 2011. The Integrated services which have evolved with the LHD and looking at how we can extend these tangible practices into areas where there is still pressure such as Macksville. FirstNet will provide access to greater information with regard to Ambulance availability etc. Transfer of Care is performing especially well across the mid north coast. Working together to reduce acuities coming into the facility such as referring patients to GP if it is determined that the patient would not be at risk.</p>	For discussion	Chair	1.1
1.2	<p>Peak Activity Planning – Jane Evans and Theresa Beswick</p> <ul style="list-style-type: none"> Brief Presentation 			1.2 1.2a

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	<p>Jane Evans introduced the subject of the presentation and introduced Jo Cooper to provide narrative to the Governing Board.</p> <p>History of winter strategies for both networks was provided. Jo went to discuss the progression of winter strategies and subsequent impact in the following months. Weekend discharges are key to patient flow.</p> <p>Surgery and bed availability and impact of having the appropriate bed available post-surgery.</p> <p>Planning for 2017 was noted.</p> <p>Theresa Beswick spoke of the strategies applied during the period to address the issues with Peak Activity and now evaluating these as to purpose for Peak Activity in 2017. CE commended the Network Coordinators for the collegial work they undertook to achieve outcomes with peak activity periods.</p> <p>Warren Grimshaw thanked the work of the teams and noted the work around this.</p> <p>Stephen Begbie contributed to the discussion noting concerns from a clinicians perspective, the impeding elements around weekend discharge. A great start to addressing these issues.</p> <p>JE and TB provided comment on the discussion around having the full team participate in the planning to discharge. The evolving matter to recruit to the positions to support this function.</p> <p>WG noted how this is a strategic position moving forward.</p> <p>Action: Paper to the board of the strategies for next year and funding required, ensuring patient care, quality – by April 2017.</p> <p>SD noted piece work to be done – Lightfoot is the group – good information analytics to review the data and activity and assist us in determining further for future improvement in this area.</p> <p>Chair thanked all involved in presenting.</p> <p>Action: Neville would like to see a piece of work around the costs of a 7 day operation – seeing length of stay impacts etc. by June 2017</p>				
Resolution: That the Governing Board receive and note the information provided in Item 1.					
C Minutes of Governing Board					
Item 2	2.1	Minutes of Meeting 12 October 2016	Endorsed	Chair	2.1
Resolution: The Minutes of the Governing Board's meeting of 10 August 2016 were confirmed.					
D Business Arising					
Item 3	Action Table and follow up				
	3.1	Action Table	Noted	Chair	3.1
	3.2	Brief: Coffs Clinical Network plan – progress update CE spoke to questions/comments raised	Noted		3.2
	3.3	Brief: Chemotherapy Prescribing Report • Refer Item 5.5	For Discussion		
Resolution: That the Governing Board note the update on Action items. Items finalised with no further actions					

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will be removed from the Action Table.					
E Chief Executive's Report					
Item 4	4.1	Chief Executive's Report and Attachments Items submitted for noting with specific mention of: <ul style="list-style-type: none"> The arts and health photographic comp - in excess of 800 submissions Bowraville Solution Brokerage – this will focus on Bowraville but also consider the Nambucca/Macksville region within this scope. This is an important initiative. Research and Health – Translational Research Grant submissions – group support 5 recommendations submitted. Patient Flow issues – PAT doing a good job and journey with medical model in Kempsey. The involvement of the physicians will be important. eRIC has rolled at Port and discussion will occur if this rolls out at Coffs Harbour. BHI report due next February- ACI have agreed to extend audit into pneumonia, COPD, etc and will assist with planning across this space. SAC 2 incidents will now go to a review process in the future. Identify mitigation strategies. Dorrigo medical cover – Dr Horst is retiring and it appears we have a husband and wife medical team coming into the area and discussions already commencing of involvement with DMPS. Progress UNSW training hub – across the mid north coast and presents fantastic opportunity for our communities. Changes in employment legislation – CE etc will move into line with the Governing Board. Chair noted expectations around this as extends beyond employment but also governance, succession planning and by-laws etc which will be communicated by letter. CE thanked the staff present at the Health and Innovation awards. 	Noted		4.1
	4.2	Chief Executive's Key Performance Indicators	Noted		4.2
	Resolution: That the Governing Board receive and note the information provided in Item 4.				
F Strategic Matters for discussion and/or endorsement					
Standing items					
	5.1	Budget		Chair	
	5.2	Premier's Priorities for Health: <ul style="list-style-type: none"> Improving service levels in hospital NEAT <ul style="list-style-type: none"> Peak Activity Team (PAT) NEST Tackling Childhood Obesity Reducing Domestic Violence 	For Discussion	Chair/CE	Refer to item 1.2

ITEM / DESCRIPTION		ACTION	CARRIAGE	ATT No.
5.3	Risk Management Progress		Chair	Nil
Resolution: That the Governing Board receive and note updates in relation to the Standing Items.				
Other items				
5.4	<p>Brief: Restructure of MNCLHD Mental Health Services</p> <ul style="list-style-type: none"> Brief Terry Clout Recommendations Marten Cohen Recommendations Draft Staff Communication Proposed Organisational Chart – Mental Health Services <p>CE noted the work that needs to be undertaken within this leadership group. Noting the results from the People Matters Survey it identifies the specific groups.</p> <p>Action: CE to bring budget of the restructure to come to the Board following on from Finance and Performance. Discussion occurred around recommendations from external reviews.</p> <p>Action: Regular progress reports to the Board.</p> <ul style="list-style-type: none"> Board endorsed the establishment clinical council and that the council reports back to the Board. 	Endorsed	Chair	5.4 5.4a 5.4b 5.4c 5.4d
Resolution: That the Governing Board support the recommended changes.				
5.5	<p>Brief: Cancer Audit October 2016</p> <ul style="list-style-type: none"> Fact Sheet for LHD – Audit of Cancer Treatment in NSW 1800 Cancer Treatment Inquiry Line Chemotherapy Prescribing Report (electronic only) <p>BChalker spoke to the history to the Cancer Audit and now the outcomes of the 1800 number. This information is publicly available and Cancer NSW is promoting it. SB noted the concern this has on the clinicians who would be under the most pressure in delivery of care.</p> <p>Chair noted at the upcoming Chairs meeting will be focussed on safety and quality.</p>	Noted	Chair	5.5 5.5a 5.5b 5.5c
Resolution: That the Governing Board notes the Audit of Cancer Treatment in NSW is being undertaken and direct any enquiries to Director Allied Health & Integrated Care or Clinical Director MNCCI.				
5.6	<p>Brief: Healthy Community Advisory Committee</p> <ul style="list-style-type: none"> Terms of Reference to include two Governing Board members and two community reference group members. 	Endorsed	Chair	5.6 5.6a
Resolution: The Governing Board further considered the revised proposed governance and TOR of the MNCLHD Healthy Community Advisory Committee with recommended changes.				
5.7	<p>Brief: People Matter Employment Survey</p> <ul style="list-style-type: none"> Presentation <p>Wendy Stow joined the meeting to brief the Board members on the outcomes of the People Matter Survey. Wendy noted there will be further pulse surveys on focus groups to assist with further assessment of the issues. DK noted that it is extraordinary that we have such a good performing organisation and considerable low staff morale in some areas.</p> <p>Action: CE noted the strategies will be submitted to the Governing Board in early new year.</p>	Noted		5.7 5.7a

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Resolution: That the Governing Board notes the results of the survey.			
5.8	<p>Biomedical Services</p> <ul style="list-style-type: none"> Mark McKiernan and Mark McLennan (Manager District Biomedical Services) addressed the Board with regard to Biomedical Services. <p>Mark McLennan briefly discussed his role as District Manager Biomedical Services.</p> <p>There is currently refresh program underway across the District to update and upgrade biomedical equipment to ensure they meet standards and are fit for purpose. We are required to report monthly on equipment compliance.</p> <p>We have an asset strategic plan which identifies liabilities and we can resource these under different funding programs.</p> <p>The medical gas audit resolved that there were no issues for MNCLHD.</p>	Noted	5.8
Resolution: The Governing Board noted the information provided.			
5.9	<p>Brief: Governing Board and Sub Committee Reporting and Administration</p> <ul style="list-style-type: none"> Phases of the Reporting Project 	Endorsed	5.9 5.9a
Resolution: The Governing Board supported the review and alignment of the Governing Board/Sub-Committee reporting structure and administration process.			
G Directorate Updates			
Item 6	Directorate Updates		
6.1	Mental Health & Drug and Alcohol	For Noting	6.1
6.2	<p>Allied Health & Integrated Care</p> <ul style="list-style-type: none"> NVICI Brief NVICI Report NVICI Project Management Plan Health Literacy concept OOHC Summary DaPPHne Confidential Report <p>JReed noted commendation for the Garden Gala and it was a good example of engagement. Garden Gala is donating \$15K to the hospital and presented letter.</p> <p>Chronic Conditions – visit from MoH on 18 November – around changes to model and programs.</p> <p>Action: BChalker to provide further information on Chronic Conditions and OOHC.</p>	For Noting	6.2 6.2a 6.2b 6.2c 6.2d 6.2e 6.2f
6.3	Public Health	For Noting	6.3
6.4	Aboriginal Health & Primary Partnerships	For Noting	6.4
6.5	Nursing, Midwifery & Workforce	For Noting	6.5
6.6	<p>Clinical Governance & Information Services</p> <ul style="list-style-type: none"> Incident Management Report HCQC Data Report 	For Noting	6.6 6.6a 6.6b 6.6c

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	<ul style="list-style-type: none"> • Patient Safety and Quality Report • Authorised Research – Non Clinical Action – Summary of the Authorised Research – and ethics process.			6.6d
6.7	Financial Operations and Asset Management	For Noting		6.7
6.8	Communications & Strategic Relations <ul style="list-style-type: none"> • Alignment Board Sub Committees 	For Noting		6.8
6.9	Coffs Clinical Network Report	For Noting		6.9
6.10	Hastings Macleay Clinical Network Report	For Noting		6.10
Resolution: The Governing Board noted the information provided in Item 6.				
H Recommendations from Governance Committees				
Item 7	Finance and Performance Committee			
7.1	Endorsed Minutes of Meeting – 27 September 2016	For noting		7.1
7.2	Chair – Summary	For Discussion		7.2
Health Care Quality Committee				
7.3	Confirmed Minutes of Meeting – 26 September 2016	For Noting		7.3
7.4	Chair – Summary	For Noting		7.4
MDAAC				
7.5	Endorsed Minutes of Meeting – 8 September 2016	For Noting		7.5
7.6	CACD & Recommendations	For Noting		7.6
7.7	Chair – Summary	For Discussion		7.7
Workforce, Health & Safety Committee				
7.8	Confirmed Minutes of Meeting – 19 September 2016	For Noting		7.8
7.9	Chair – Summary	For Discussion		
Health Services Development & Innovation Committee (No Items)				
7.10	Minutes of Meeting - 5 August and 7 October minutes to be confirmed at the 2 December 2017.	For Noting		
7.11	Chair – Summary	No Items		
Close the Gap Committee				
7.13	Confirmed Minutes of meeting – 9 June 2016 August minutes to be submitted next meeting. JReed noted people attended the meeting either unprepared or unable to address actions. CE shared this was brought to Executive attention.	For Noting		7.13
7.14	Chair – Summary <ul style="list-style-type: none"> • MNC Aboriginal Health Report Card DKennedy noted there were four items which did not have the briefing papers prepared as at time of discussion. Chair commended the Board member and administration in the reporting in this area.			7.14 7.14a
Community Engagement Committee				
7.15	Endorsed Minutes of Meeting – next meeting 28 November	For Noting		
7.16	Community Reference Group Minutes	For Noting		

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7.17	Community Connections Update	For Noting		
7.18	<p>Chair – Summary</p> <p>JRyan noted concern with reducing number of meetings per year given it was previously monthly. Dropping meeting to quarterly has appeared to have lost impetus. Administrative support may need to be enhanced.</p> <p>Recommendation should be absolute minimum of six per year.</p> <p>CE apologised for any difficulties board members have experienced in managing this process.</p> <p>Noted Reference Groups are working quite well.</p> <p>Chair confirmed will move to six meetings per year as a minimum.</p>	Noted		7.18
Resolution: The Governing Board noted the information provided in Item 7.				
J Quality & Safety				
Item 8	Risks identified at Governing Board meeting			
8.1	<p>List of risks identified during the meeting to be forwarded to Clinical Governance for consideration</p> <ul style="list-style-type: none"> Discuss risks 			
K For Information of the Board (Discussion by exception)				
Item 9	Correspondence			
9.1	<p>2017 Dates</p> <p>Chair noted Coffs and Port location however will be ensuring that the quorum meet face to face as often as possible.</p>	Endorsed	Chair	9.1
9.2				
9.3				
Resolution: The Governing Board endorsed the information provided in Item 9.				
L General Business				
Item 10	General Business & Questions on Notice			
10.1	Confidentiality (Standing item)	For Noting	Chair	
10.2	Council of Chairs Meeting	For Noting	Chair	
<p>Resolution: The Governing Board noted the information provided in Item 11.</p> <p>CE advised that the Integrated Multi Media team are preparing a video vignette to be presented to the SEF meeting at Dubbo in December. This is the first time the SEF meeting is being held outside metro at a rural location. Lynn Lelean gave brief to Board of the rural sites they have already visited and the relationships built and noted that the team has captured some fantastic footage showcasing our Rural LHD and innovation in these areas.</p> <p>Action: Films to be shown at the December Board meeting.</p>				
M Upcoming visits and events				
Item 11	2016			



GOVERNING BOARD

14 Dec	Annual Public Meeting – 1-2.30pm venue to be advised
14 Dec	Coffs Harbour Health Campus – 3.00pm
There being no further business the meeting closed at 6.45pm	