

MINUTES CONFIRMED

Wednesday, 11 December 2013

Port Macquarie Base Hospital – Education Room 1

& Videoconference: Coffs Harbour Health Campus - EDU020, Lismore - Mental Health

ITEM / DESCRIPTION		ACTION REQUIRED	CARRIAGE	ATT No.
A Attendance and Declarations				
<u>Welcome:</u> Warren Grimshaw, Chair.				
Present: Warren Grimshaw Chair (WG), John Barrett (JB) - <i>departed 5.20pm</i> , Stephen Begbie (SB) - <i>departed 5.20pm</i> , David Kennedy (DK), Neville Parsons (NParsons), Neil Porter (NPorter), Janine Reed (JReed), Jo Sutherland (JS), Jan Ryan (JRyan) (<i>attendance to be confirmed at the meeting</i>)		For Noting	Chair	
Apologies: Richard Buss, Robert Pegram		For Noting	Chair	
In Attendance: Stewart Dowrick, Chief Executive (SD), Vanessa Edwards, (VE),		For Noting	Chair	
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 and Aboriginal Mental Health. <u>New:</u> Neil Porter in relation to employment with HCCU. <ul style="list-style-type: none"> Janine noted conflict of interest and withdraw Specifically Renal Services at Macksville as there is no further involvement in the tender process for Renal. 		For Noting	Chair	
B Presentations				
Item 1	Presentations/Guests			
	1.1	Hastings Macleay Clinical Network Update – Robert Pegram Network Coordinator (Robert Pegram unable to attend)		
	1.2	Capital Works update – Hastings Macleay – Jane Evans, Project Manager, Capital Projects Hastings Macleay <ul style="list-style-type: none"> WG extended thanks to Jane Evans for conducting Board members through a tour of the PMBH Expansion Project. PMBH <ul style="list-style-type: none"> PMBH Expansion project very much on track. Shared access zones to be available early 2014. Expected occupation of the building - end May/early April. Regular communication with staff. Next phase communication with community and patients – community awareness, walk through etc. KDH <ul style="list-style-type: none"> Work progressing well. Staff very positive. 		

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	<ul style="list-style-type: none"> Medical Staff Council has been kept up to date. Feedback so far has been positive. A small number of concerns (including CSSD) being worked through. <p>Wauchope Palliative Care</p> <ul style="list-style-type: none"> Palliative Care - 8 bed Unite being constructed. Expect start in April 2014. <p>Wauchope UCC</p> <ul style="list-style-type: none"> Work continuing with expectation of progressing contract. Community meetings have continued with most recent held on 9 December. Staff will continue to be engaged in the change management process. Transition work now underway. Alan Forrester is communicating with staff. Temporary site will be made available while the building works are being completed Ongoing review 6 months and 12 months. Preference would be for simultaneous tender for construction of both Palliative Care and Wauchope UCC. <p>NP proposed that the UCC model be commenced as soon as the transition to temporary location in undertaken.</p> <p>Resolution: That the Governing Board endorse the commencement of the UCC model as soon as transition to the temporary site occurs – expected to be January/February.</p> <p>CONFIRMED WITHOUT DISSENT</p>			
1.3	Patient Story (Standing Item)			
	<p>Resolution: That the Governing Board note the tour of PMBH Expansion Project and presentation by Jane Evans.</p> <p>CONFIRMED WITHOUT DISSENT</p>			
C Minutes of Governing Board				
Item 2	Minutes of previous Meeting - Approval of Minutes from meeting of 13 November 2013			
2.1	<p>Correction to Item 7.14</p> <ul style="list-style-type: none"> Noted that JRyan and JReed will hold a Community Connections meeting in the near future. Also note that the community group concerned with the provision of renal services will be invited. 			
	<p>Resolution: Noting the corrections, that the Minutes of the Governing Board's meeting of 13 November 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> <p>New actions:</p> <ul style="list-style-type: none"> Will review Strategic Plan at the February meeting. Sue Carter Subject to availability of funds will hold Board dinner following the planning meeting. 			

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New Items for Discussion (no items)				
E Chief Executive's Report				
Item 4	4.1	<p>Chief Executive's Report for November 2013 (and attachments)</p> <ul style="list-style-type: none"> • BHI 30 day mortality report: <ul style="list-style-type: none"> ○ BHI have made available a new report detailing performance in 30 day mortality (Stroke (2), pneumonia, hip-fracture and myocardial infarction). ○ Generally satisfactory. Three areas identified as below average have shown improvement over the term of the report. • BHI Quarterly Report: <ul style="list-style-type: none"> ○ Shows significant improvement in Triage performance (wait time in ED). ○ Shows improvement in wait time for elective surgery. • Continue to bring these reports back to the Board regarding progress against these measures. <p>WG noted this will be a significant consideration for the Board in the future. Need to be in a position to respond.</p> <p>JS Should expect this level of reporting to continue – will need a collaborative approach in order to appropriately respond. MSC to be key.</p> <p>MNCLHD should pursue evidenced based practice</p> <p>Resolution:</p> <ol style="list-style-type: none"> 1. The Board welcomes the report in terms of clinical performance and appreciates the opportunity to take it forward. 2. That the Board refer the issue to the Health Care Quality Committee Councils for further analysis and advice. 3. The Board support evidenced based practice models. 4. The Board seeks further advice from the Medical Staff Councils, Clinical Councils and clinicians by April 2014. 5. Each facility General Manager to provide further information in response to the report – areas of concern (high level and others which were close to poor performance indicator). 6. Liaise with Pillars as appropriate. <p>CONFIRMED WITHOUT DISSENT</p> <ul style="list-style-type: none"> • Silver Chain – launch of new palliative care service held in Coffs Harbour on 6 December. • EHealth - Needs of this District continue to be a priority in terms of service delivery in this area. <p>Resolution: Needs of the MNCLHD should be acknowledged in the distribution of resources. Should not be penalised for the previous investment in this area.</p> <p>CONFIRMED WITHOUT DISSENT</p> <ul style="list-style-type: none"> • Hosted and Held review and separation process progressing. <ul style="list-style-type: none"> ○ Awaiting consideration by the NNSW Board in relation to Audit process. ○ Cost indications of separation for ITC services yet to be determined. • Macksville Master Planning. <ul style="list-style-type: none"> ○ Would like to further discuss with Council and Board as to how best to progress this discussion. ○ Revisit in 2014 in context of strategic planning. • Financial matters <ul style="list-style-type: none"> ○ MNCLHD reflecting a balanced budget. <p>Resolution: Board notes the improved performance in NEAT and acknowledge the contribution of all staff in delivering this result. Board to write directly to MSC, ED and Hospital staff.</p> <p>CONFIRMED WITHOUT DISSENT</p>		

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	<p><u>Horizon Issues:</u></p> <ul style="list-style-type: none"> Aged Care – needs to be part of strategic planning. Look at preparing a Strategic Plan specifically addressing the future of Aged Care planning in relation to MNCLHD. <p>Resolution: Board to review need for preparation of an Aged Care strategy across MNCLHD. SD to provide background Brief in February as to how best to progress with MNCLHD taking a lead role.</p> <p>CONFIRMED WITHOUT DISSENT</p>			
4.2	Chief Executive's Traffic Light Report			
4.3	Chief Executive's Performance Indicator Report (November 2013)			
	<p>Resolution: That the Governing Board receive and note the information provided in Item 4 – Chief Executive's Report.</p> <p>CONFIRMED WITHOUT DISSENT</p>			
F Strategic Matters for discussion and/or endorsement				
Item 5	Standing Items			
	5.1	Budget		
	5.2	<p>Governing Board Sub-Committee reports – review and effectiveness:</p> <ul style="list-style-type: none"> Health Care Quality Committee Performance Report 2013 <p>Discussion:</p> <ul style="list-style-type: none"> JS – need to review which areas require additional resources to effectively address identified gaps in service provision. Equity in service availability and quality. Need to observe where areas of excellence currently exist – take advantage of models of care providing excellent care/treatment and replicate in sites with poor performance. Data – need to identify which aspects of health care quality are a priority for consideration. Are we learning from our mistakes. Potentially have the HCQC to review and identify a small selection of RCAs to present to the Board for discussion. Analysis of outliers – where it appears that there is a trend of poor performance (or outside peer performance). <p>Resolution:</p> <ol style="list-style-type: none"> In light of the recent release of BHI data, the Board requests attendance of Kathleen Ryan for a meeting in 2014 to discuss the options for providing RCA data and identifying suitable data sets for future review. JS to review RCA process and options for presenting data sets to Board. MDAAC to look closely at contracts for VMOs as part of work performance. Review possibility of independent peer review of specific services. Board sub-committees to provide top 5 identified risks on a six-monthly basis. <p>CONFIRMED WITHOUT DISSENT</p> <ul style="list-style-type: none"> MDAAC Performance Report Jan - June 2013 (e-copy) <p>Resolution: That the Governing Board endorse the Terms of Reference of the Medical and Dental Services Monitoring Subcommittee.</p> <p>CONFIRMED WITHOUT DISSENT</p> <ul style="list-style-type: none"> HSDIC Performance Report 2013 (e-copy) CESC Annual Performance Report Board Oct13 (e-copy) 		

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Other items				
5.4	Patient and Family Centred Care Synopsis <ul style="list-style-type: none"> JRyan submitted the paper. Session in Sydney was excellent. SB noted that Hastings Cancer Trust has contributed \$2000 for education to staff in patient and carer centered care. 			
Resolution: That the MNCLHD Governing Board notes the information in Item 5.4. CONFIRMED WITHOUT DISSENT				
5.5	Brief: Medical and Dental Services Monitoring Subcommittee Terms of Reference (Endorsed under Item 5.2).			
5.6	Feedback from Annual Public Meeting <ul style="list-style-type: none"> Maintain the format of one hour with brief presentations. 			
Resolution: That the MNCLHD Governing Board expresses appreciation to staff who coordinated the APM. CONFIRMED WITHOUT DISSENT				
G Directorate Updates				
Item 6	Directorate Updates			
6.1	Mental Health & Drug and Alcohol			
6.2	Allied Health & Hosted Clinical Services <ul style="list-style-type: none"> Brief: Annual Reporting for Better Cancer Outcomes (RBCO) Performance Report Brief: Update - interaction between MNCLHD and North Coast Medicare Local 			
6.3	Public Health			
6.4	Aboriginal Health & Primary Partnerships			
6.5	Nursing, Midwifery & Workforce			
6.6	Clinical Governance & Information Services			
6.7	Financial Operations ABF (Standing item)			
6.8	Executive Support & Strategic Relations <ul style="list-style-type: none"> Update - ESU Brief – Customer Service Training Resolution: That the MNCLHD Governing Board endorse the education sessions. CONFIRMED WITHOUT DISSENT Quarterly reports for Board: <ul style="list-style-type: none"> Presentations & Key Discussion Items Endorsements register (update to October 2013) 			
Resolution: That the MNCLHD Governing Board note Directorate reports. CONFIRMED WITHOUT DISSENT				
Capital Works (no items)				
H Recommendations from Governance Committees				

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Item 7	Finance and Performance Committee		
7.1	Confirmed Minutes of Meeting – 22 October 2013		
7.2	Chair – Summary of 26 November 2013 <ul style="list-style-type: none"> • NParsons - Some areas of concern which are the subject of specific focus by Finance. General Managers are engaged in this process. • NPorter - Raised concern with impact on staff in relation to funding uncertainty. SD reinforced commitment to performance of middle level staff and budget management with actions being taken as required to support staff in delivery of improved financial accountability. • SD noted introduction of a pilot program for Mental Health middle management. <p>Resolution: Board requests advice in 2014 as to the outcomes of the Charles Sturt education sessions being conducted for Mental Health Managers.</p> <p>CONFIRMED WITHOUT DISSENT</p> <p>Resolution: Board to revisit Your Say results in future surveys.</p> <p>CONFIRMED WITHOUT DISSENT</p>		
Health Care Quality Committee			
7.3	Confirmed Minutes of Meeting - 21 October 2013		
7.4	Chair – Summary of 18 November 2013		
MDAAC			
7.5	Confirmed Minutes of Meeting - 14 November 2013		
7.6	Recommendations Approval & Critical Action Compliance Declarations from 14 November 2013		
7.7	Chair – Summary of 14 November 2013		
Workforce, Health & Safety Committee			
7.8	Confirmed Minutes of Meeting - 21 October 2013		
	Confirmed Minutes of Meeting - 18 November 2013		
7.9	Chair – Summary of 18 November 2013 NPorter provided overview: <ul style="list-style-type: none"> • Reporting has increased. • Ministry reviews upward trends • Majority of workers compensation claims – body stress. • Difficulties in identifying staff to undertake investigation of grievances. 		
Health Services Development & Innovation Committee (no items)			
Close the Gap Committee			
7.13	Confirmed Minutes of Meeting – 22 August 2013		
	DKennedy noted: <ul style="list-style-type: none"> • Pleasing progress on Aboriginal Health plan. • Still working on finalising of templates for distribution across the State. • Leads need to take proactive role in reporting data. 		
7.14	Chair – Summary		

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Community Engagement Committee				
7.15	Confirmed Minutes of Meeting – 6 November 2013			
7.16	Community Reference Group – Minutes of Meeting			
7.17	Community Connections Report			
7.18	Chair – Summary JRyan noted: <ul style="list-style-type: none"> • Still struggling with administrative support. • NCML – interested in undertaking community engagement process. Expect letter to be presented to the Board regarding a collaborative approach. 			
Resolution: That the Governing Board receive and note the reports provided in Item 7. CONFIRMED WITHOUT DISSENT				
I Workplace Culture Action Plan				
Item 8	8.1	Workers Compensation Report		
Resolution: That the Governing Board receive and note the information provided in Item 8. CONFIRMED WITHOUT DISSENT				
J Quality & Safety (No items)				
K For Information of the Board (Discussion by exception)				
Item 10	Items to be noted			
	10.1	Interventional Imaging CHHC		
Resolution: The Board refer to CE for advice. CONFIRMED WITHOUT DISSENT				
L General Business				
Item 11	Questions on Notice, Correspondence & Other Business			
	11.1	Nomination of Chair for Workforce, Health & Safety Committee		
Resolution: <ol style="list-style-type: none"> 1. Board supports nomination of Neil Porter as Chair of the Workforce, Health & Safety Committee. 2. Authorise the amendment of the TORs to reflect the change. CONFIRMED WITHOUT DISSENT				
	11.2	Confidentiality (Standing item)		
	11.3	Brief (tabled) – BHI Quarterly Report		
	11.4	Brief (tabled) – Wauchope UCC		
Resolution: That the Governing Board receive and note the information provided in Item 11. CONFIRMED WITHOUT DISSENT				
JS noted participation in the working party for development of the Rural health plan.				
SD raised the following issues without notice:				
<ul style="list-style-type: none"> • Noted that MNCLHD is now required to undertake a review of the By-Laws. Member/s of the Board may wish to participate in the review group. 				
Resolution: That the Governing Board participate in the review process.				

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<ul style="list-style-type: none"> MNCLHD has been asked to provide feedback on the Medicare Local Model. Currently working on documentation for this. Draft response to be provided to Chair/Board. Response will include the partnerships being entered into. MNCLD is also open to innovative ideas as to current structure. 				
M Upcoming visits and events				
Item 12	2014			
	Board meeting – 15 January (Coffs Harbour Health Campus – Ken Whelan in attendance)			
	Board meeting (Strategic Planning focus) – 12 February – PMCHC (Changed from Wauchope)			
	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 – Sam Sangster, HI in attendance)			
	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)			
	Board meeting – 12 November (Port Macquarie Base Hospital)			
	Board meeting – 10 December (Coffs Harbour Health Campus)			
Item 13	Meeting closed at 5.40pm			