

MEETING MINUTES

Wednesday, 14 August 2013

Commencing 3:00pm

Port Macquarie Community Health Campus – Meeting Room 4

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

ITEM / DESCRIPTION		ACTION REQUIRED
A Attendance and Declarations		
Present: Warren Grimshaw Chair (WG), John Barrett (JB), Stephen Begbie (SB), Richard Buss (RB)(via videoconference, Lismore Campus), David Kennedy (DK)(via telephone), Neville Parsons (NParsons), Neil Porter (NPorter), Janine Reed (JReed), Jan Ryan (JRyan), Jo Sutherland (JS) (via videoconference CHHC).		For Noting
Apologies: Nil		For Noting
In Attendance: Stewart Dowrick, Chief Executive (SD), Vanessa Edwards (VE), Nick de Groot (NdG), Anne Rassmussen Chair MSC Port Macquarie (AR), Mary Malouf (MM) 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"> Jo Sutherland is currently under temporary contract (VMO) so declared an interest in VMO/staff discussions. 		For Noting
Confidentiality		
WG noted that in the interest of good Governance we again note our responsibilities in regard to confidentiality, noting the confidentiality agreements signed by each Board Member. This is a clear element in maintaining the credibility of the Board and in this regard recent press reports regarding the capital program at Port Macquarie, confirm the importance of this issue.		
B Presentations		
Item 1	Presentations	
	1.1	Presentation – Between the Flags: video (PMBH / HealthShare)
	The BTF program is based around the close monitoring of 5 vital signs that identify when a patient is deteriorating and needs additional supervision/care. PMBH is a pilot for the BTF program and the video used in the presentation was filmed at PMBH and is being shared around Australia. AR noted that the software used for this program is unfortunately currently only accessible to the ED and not available on the ward. Despite a few issues at this stage the additional level of safety for patients is noted. The big issue with the program currently is the IT side of the program which needs to be developed so that all services/wards/levels are integrated and information shared. AR noted we need more access to IT people who can make the program work. The Board noted that the system needs to be fully integrated before sign off. SD will check in relation to the expected roll out to other sites.	

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	<p>SD will follow up and advise on the estimated number of lives that the program has saved to date.</p> <p>WG noted various IT services within the MNCLHD have been flagged for investigation. This will be listed as a strategic item to be developed.</p>	
1.2	<p>End of Year – Performance Report Summary</p> <p>Special (early) Budget Presentation - Financial Operations (Nicholas De Groot, Executive Director Financial Operations)</p>	
	<p>End of Year – Performance Report Summary</p> <p>Nick De Groot presented the summary to the Board and noted that we finished very close to on budget.</p> <ul style="list-style-type: none"> Noted that any 'savings' (under budget) is cumulative. All financial undertakings/targets are set by Ministry. WG noted that the performance of 2012/13 was fabulous and a great effort by the team – they are to be congratulated. JS raised the issue of transparency and allocation of funds. SD noted that this is via SET. Noted that the Board should be advised through the Finance Committee of proposed reallocation of funds. This would facilitate transparency in this regard. SD to confirm if Dr Robert Pegram is going to present at the September Board Meeting. <p>SPECIAL (early) Budget Presentation</p> <ul style="list-style-type: none"> Noted that the 2013/14 budget will hopefully be finalized by 16.8.13. Noted that the inability to achieve targets could impact on funding. NWAU price has increased from \$4,471 to \$4,671 MNCLHD were \$4,670 which is on target. Need evidence to demonstrate if budget will be on target. We need to focus on driving efficiencies to ensure budget outcomes. Key budget issues for 2013/14 – delivery of own sourced revenue, delivery of EIP savings, management of S&W (FTE) to deliver labour cap savings. Noted the key budget events in 2013/14 - capital works projects going on in the LHD. SD commented on the process for funding being calculated on population and allocated on that basis. Therefore growth in the hospital is gradual, in line with population growth. WG – noted that unplanned readmissions is going to be a key strategic issue, we also need to find funding to invest in IT maximizing private insurance benefit as a priority. Noted the need to maximize, as a board, the issues affecting funding. SD - if we had not reduced unplanned readmissions (7.8% down to 7.1%) we would have lost \$1.8M. SD – the Board Finance Committee meet on 27.8.13 and will review the budget at that meeting. A special meeting with the Board is to be arranged following the Finance Committee meeting so that the Committee can recommend to the Board that they to sign off on the budget. Papers in relation to this are to be circulated to the board also for the finance committee meeting. 	
C Minutes of Governing Board		
Item 2	2.1	Minutes of previous Meeting - Approval of Minutes from meeting of 10 July 2013
	<p>Resolution: That the Minutes of the Governing Board's meeting of 10 July 2013 be confirmed as a true and accurate record noting that Neville Parsons was via videoconference for that meeting.</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"> MNCLDH staff access to customer service training – update from Stephen Rodwell Patient Story – follow up from Meeting of 10 July 2013 (CHHC ED & EMU – patient confidentiality) <p>Date from Health Innovation Awards and invitation to Minister – tentative date set for 12 June 2014</p>

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	<ul style="list-style-type: none"> The item in relation to the vascular surgeon can be removed from the action list as an appointment is in process. Full day strategic session requested by WG for board outcomes including operational plan etc. JReed – 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, Jo Uttley. JS – Board to write to Jo Uttley thanking her for her investigation and noting that the Board takes issues of confidentiality very seriously. Further issues such as this should be dealt with by the Quality and Safety Committee and just noted to the Board that the issues has been appropriately dealt with. 	
New Items for Discussion		
3.2	<p>Notice of Motion (brought by Neil Porter and John Barrett)</p> <p><u>Recommendation:</u> That the Chair of the MNCLHD Board and the CE of the MNCLHD meet with the Deputy Premier Andrew Stoner and the Local Member Andrew Fraser to seek funding for the necessary repairs and resealing of the access road, car park and pedestrian access to the BRDH.</p>	
	<ul style="list-style-type: none"> There was a discussion paper circulated at the meeting for information. JB noted the need to work with Bellingen Council and seek Council’s contribution to funding for the access road and participate in the provision of resources for planning and documentation. 	
	<p>Resolution:</p> <ol style="list-style-type: none"> Approach Bellingen Council regarding their support in support for funding for the access road That the Governing Board endorse progressing discussions with Andrew Stoner MP and Andrew Fraser MP regarding vehicular and pedestrian access and the car park at BRDH. <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"> Noted that this report has brought considerable difficulty to the CE and SET. Discussion in relation to how funding is allocated. AR noted her dissatisfaction in communication process and the issue in relation to media reporting on an issue that the Chairman of MSC isn’t aware of the overall situation. AR noted that she isn’t advised of what funding will be while it is reported in a public forum. SD noted that no decision has been finalized and MNCLHD is still trying to get funds allocated for medical needs/resources. A letter from the Board may support the CE in negotiating the best possible outcome. WG noted that SD can provide information to AR in relation to the priorities endorsed previously by Board. AR noted the need for improved communications between MSC and SET. SD provided a brief overview of his report which was included with the agenda. SD noted the outcomes of cultural engagement – Your Say Survey - across the LHD (included in report). Full report is embargoed but will be presented to Board asap.
	4.2	Chief Executive’s Performance Indicator Report (July 2013)
		<ul style="list-style-type: none"> Noted the progress identified in the report. Noted sub-acute services – potential to receive national partnership funding this year – the LHD lost \$300,000 which is a manageable outcome. Discussed the positive results of Cancer treatment at PMBH.
	4.3	Chief Executive’s Traffic Light Report
		<ul style="list-style-type: none"> WG noted the letter received from the Chairman of Bellingen MSC noting how pleased he is with the work being undertaken at BRDH.

ITEM / DESCRIPTION		ACTION REQUIRED	
	<p>Resolution: That the Governing Board receive and note the information provided in Item 4 and to further explore options outside NNSW.</p> <p>CONFIRMED WITHOUT DISSENT</p>		
<p>F Strategic Matters for discussion and/or endorsement</p>			
<p>Item 5</p>	<p>Standing Items</p>		
	5.1	Budget	No Items
	5.2	Board Sub Committee reports (due Aug 2013 & Feb 2014)	No items
	<ul style="list-style-type: none"> • Reports to be presented at September 2013 – including Risk Register. • A framework and template will be developed for use by the Finance Committee for their report at the September meeting. The template used can then be circulated for use by other committees. • A question was raised in relation to whether we hold a compliance registry – SD noted that this has not been kept up to date since LHD split. This will be reinstated and brought up to date. 		
	<p>Other items</p>		
	5.3	<p>Brief to Board and attachments:</p> <ul style="list-style-type: none"> • Draft Asset Strategic Plan 2013/14 • ASP Schedules (<i>e-copy only</i>) • ETC Calculations for top 5 projects (<i>e-copy only</i>) • Aboriginal Health Impact Statement (<i>e-copy only</i>) <p>CAPRI tool (<i>e-copy only</i>)</p>	
	<ul style="list-style-type: none"> • Discussion in relation to asset management. Noted LHD does not have an electronic system for management of assets. Noted that this should fall within finance and depreciation calculated. • The issue of asset and depreciation is to be included as a future Governing Board Agenda Item. 		
	<p>Resolution: That the Governing Board endorse the Draft Asset Strategic Plan 2013/14 including the top five capital works priorities as documented.</p> <p>Issues to note:</p> <ol style="list-style-type: none"> 1. If the service is a targeted priority system and/or State-wide service (eg Mental health, Primary health and Clinical redesign) - (PMBH Mental Health) 2. Service alignment which supports the health system's changing directions and supporting new models of care 3. Contribution to improving access to services closer to home 4. Efficiency improvement 5. State of repair of asset <p>CONFIRMED WITHOUT DISSENT</p>		
	5.4	<p>Corporate Governance Matrix</p> <ul style="list-style-type: none"> • Key Legislation • Funding and Financial Management • Workforce Management • Procurement and Shared Services Delivery • Capital Works and Asset Management <p>Clinical Governance</p>	
	<ul style="list-style-type: none"> • Noted that a risk focused session should also be held by the Board as well as the strategic session. • Develop a framework to determine management of each risk. This will be covered in October Board workshop and January Strategic Planning session. <p>Resolution: That the Governing Board receive and note the information provided in Item 5.4 above.</p> <p>CONFIRMED WITHOUT DISSENT</p>		
5.5	CE Performance Agreement & Appraisal (no items)		

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	WG noted that he has received advice in relation to SD's performance appraisal which is due 31.10.13. Process is currently being addressed. This will come to the Board for endorsement once complete.	
	Resolution:	
5.6	Maternity Services Review – Brief <ul style="list-style-type: none"> Final Report Action Plan 	
	JR and JReed noted that the populations of Bellingen and Macksville are incorrect (transposed).	
	Resolution: 1. That the Governing Board note and endorse the Maternity Services Review (with the correction of the transposed figures). 2. Send to management for costings as a basis for and final decision.	
	CONFIRMED WITHOUT DISSENT	
5.7	MNCLHD Long Service Recognition – Brief MNCLHD Long Service Recognition - Template	
	<ul style="list-style-type: none"> Noted that an event is to be determined where these badges can be presented. VE – Could be presented at each site in line with Governing Board Meeting. 	
	Resolution: That the Governing Board note and endorse the proposal to present MNCLHD staff with Long Service Badges noting that Members of the Governing Board are to be invited to participate in these presentations.	
	CONFIRMED WITHOUT DISSENT	
5.8	Luminosity – Brief and recommendations for engagement	
	Resolution: That the Governing Board receive and endorse the Brief on MNCLHD participation in Luminosity including the recommendations to increase opportunities for engagement with younger people.	
	CONFIRMED WITHOUT DISSENT	
5.9	MNCLHD Corporate Governance Attestation Statement	
	Resolution: That the Governing Board receive and endorse the MNCLHD 2012/13 Corporate Governance Attestation Statement.	
	CONFIRMED WITHOUT DISSENT	
G Directorate Updates		
Item 6	Directorate Updates	
6.1	Mental Health & Drug and Alcohol SD noted that feedback from recent visit was that LHD is managing mental health issues as well as is possible. WG noted the welcome recruitment of medical health staff.	For Noting
6.2	Allied Health & Hosted Clinical Services	For Noting
6.3	Public Health <ul style="list-style-type: none"> Brief – Hendra Virus update 	For Noting
6.4	Aboriginal Health & Primary Partnerships	For Noting
6.5	Nursing, Midwifery & Workforce	For Noting
	<ul style="list-style-type: none"> JR noted the high number of first year nurses being employed on a part time basis. This is to be raised with Stephen Rodwell to determine if part time employment is satisfactory for this group. 	
6.6	Clinical Governance & Information Services	For Noting

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Noted Clinical Leadership Program and Clinical and Executive Leadership Program.			
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	
<ul style="list-style-type: none"> Noted that considerable work has been done over the last 6 months, including the transfer of travel arrangements. The new system will be available for all staff in September. Raised the issue of 'complaints policy' and asked the questions - were staff aware of the process for taking/registering a complaint? Is there a proper register to capture complaints? WG has requested that serious complaints in relation to clinical issues be presented to Quality Committee. VE advised that this is the existing process. VE will provide the Board with trends of complaints to the Board to the Board Risk workshop (annually). VE further noted that we operate under the policy used by the Ministry in relation to the handling of Complaints. 			
Capital Works (no items)			
H Recommendations from Governance Committees			
Item 7	Finance and Performance Committee		
	7.1	Confirmed Minutes of Meeting - 29 May 2013	For Noting
	7.2	Chair – Summary (no items)	For Noting
	Health Care Quality Committee		
	7.3	Confirmed Minutes of Meeting - 17 June 2013	For Noting
	7.4	Chair – Summary of 15 July 2013	For Noting
	MDAAC		
	7.5	Confirmed Minutes of Meeting - 11 July 2013	For Noting
	7.6	Recommendations Approval from Meeting of 11 July 2013 & Critical Action Compliance Declarations from 11 July 2013	For Noting
	7.7	Chair – Summary of 11 July 2013	For Noting
	Workforce, Health & Safety Committee		
	7.9	Confirmed Minutes of Meeting - 15 July 2013	For Noting
	7.10	Chair – Summary	For Noting
	<ul style="list-style-type: none"> It was noted that MNCLHD is not currently complying with Ministry's timeframes in relation to recruitment. SD was able to provide acceptable reasoning as to why this is the situation and noted that a staff member is to be appointed to improve this situation. 		
	Health Services Development & Innovation Committee		
	7.11	Confirmed Minutes of Meeting	For Noting
7.12	Chair – Summary	For Noting	
<ul style="list-style-type: none"> Need to follow up on Minutes from 15 July Meeting. SB noted the need for another medical clinician on this committee - perhaps a representative from 			

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	ACAT. <ul style="list-style-type: none"> Need a summary of where community aged care is progressing. Note that meeting with university and research in August. 	
Close the Gap Committee (no items -next meeting 22 August 2013)		
Community Engagement Committee		
7.14	Confirmed Minutes of Meeting 19 June 2013	For Noting
7.15	Community Reference Group – Minutes of 14 July 2013	For Noting
7.16	Community Connections Report – BRDH 10 July 2013	
Noted that this report has not been completed. JR and JReed to complete together.		
7.17	Chair – Summary	
VE to follow up regarding staff support for these committees.		
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 Discussion
WG noted this report is currently embargoed. Advice/recommendations on the report are to be presented from SET.		
8.3	Workers Compensation Report (Next Report due September)	
SD noted that although report is not completed, workers compensation has been reduced by 30% in the last 12 months. This has been revealed via reduced insurance premiums.		
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	Quarterly reporting, Governing Board Key Discussion items	For Noting
VE noted that this is a new quarterly report which will provide a snapshot of strategic discussions.		
10.2	Proposed meeting dates – 2014	
10.3	NSW Health - Audit Office NSW - Performance Audits <ul style="list-style-type: none"> Managing operating theatre efficiency for elective surgery. Reducing Ambulance Turnaround time in Hospitals 	For Discussion
JS - noted that this audit focused purely on process.		
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	Email regarding Executive Medical Director 12/13 Update	For Noting
<ul style="list-style-type: none"> SD and JS to explore options for the establishment of a District leadership group of clinicians. Investigate options for nominations of such a group to ensure it contains different members on each 		

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	<p>panel, not the same executive members.</p> <ul style="list-style-type: none"> SD, SB, AR and JS to develop a recommended Terms of Reference and identify suitable members to nominate to the Board at September Meeting. 	
11.2	NSW Rural Health Plan - Issues Paper	For Noting
<p>Resolution: That the Governing Board receive and note the information provided in Item 11. CONFIRMED WITHOUT DISSENT</p>		
M Upcoming visits and events		
Item 12	<p>2013</p> <p>Board meeting – 11 September (Coffs Harbour Health Campus)</p> <ul style="list-style-type: none"> Audit & Risk Committee Update – Barry Shepherd attending YourHealth website presentation – Carolyn Guichard attending North Coast Medicare Local – Tony Lembke & Vahid Saberi attending <p>Board meeting – 9 October (Coffs Harbour Health Campus)</p> <p>Board training – 16 October (Coffs Harbour Health Campus – 10.30am-2.30pm)</p> <p>NSW Rural Health & Research Congress – 21-23 October (Port Macquarie)</p> <p>Board meeting – 13 November (Macksville District Hospital)</p> <p>MNCLHD Annual Public Meeting – 3 December (Port Macquarie)</p> <p>Board meeting – 11 December (Port Macquarie Base Hospital)</p> <p>2014</p> <p>2014 LHD Board members Conference – Friday 20 June 2014</p> <p>MNCLHD Innovation Awards – proposed date 12 June 2014</p> <p>Other Business:</p> <ul style="list-style-type: none"> WG noted he has invited the Chair of ACI to the Governing Board's October meeting and offered the opportunity for him to meet with clinicians. Clinicians within the district need to be given notice to attend this opportunity. VE - noted that use of the MNCLHD Seal required Board endorsement. Current Deed of Variation for Dorrigo MPS to increase flexible community aged care packages by two (2) requires executive and use of the Seal. Board endorsed. The Board requested advice on the delegation of this use with monthly reporting. This will enable the Chair and SD to use the seal as necessary and provide a report to the Board as required. <p>The Chair asked SD to express his appreciation and acknowledgement of the great work his team have carried out over the past 12 months.</p>	
N Meeting Close		
Item 13	There being no further business the meeting closed at 6.50pm	