

# MEETING MINUTES

**DATE: Wednesday, 12 April 2017****TIME: Commencing 3.00pm****VENUE: Port Macquarie Community Health Centre: Large VCN (CHHC – AM053)**

ITEM / DESCRIPTION	ACTION	CARRIAGE	ATT
<b>Attendance and Declarations</b>			
<u>Welcome:</u> Warren Grimshaw AM, Chair.			
Present: Warren Grimshaw Chair (WG), Neil Porter (NPorter), Jo Sutherland (JS), David Kennedy (DK), Gail Whiteford (GW), Janine Reed (JR), Neville Parsons (NParsons), Elizabeth Ruthnam (ER), Stephen Begbie (SB), John Barrett (JBarrett), Neil Wendt (NW), Jennifer Beange (JBeange)			
In Attendance: Stewart Dowrick (SD), Vanessa Edwards (VE), Lynn Lelean (LL) Kylie Dixon (KD), Robyn Martin (RM), Jo Mitchell (JM), Meredith Claremont, Andrew Bailey, Stephen Rodwell (SR), Brie Matthew - Minutes			
Declaration of Pecuniary Interest, Conflict of Interest and Related Transactions <ul style="list-style-type: none"> <li>Updated Register of Declarations current for March 2017 attached for confirmation (<b>Item 8.2</b>)</li> </ul>			
<b>Item 1: Presentations</b>			
<b>Presentations/Discussions</b>			
1.1 3.05 – 3.20	<b>Patient Story – 106 Year old Thelma</b> <b>Presenter:</b> Stewart Dowrick, Chief Executive SD attended Thelma's 106 birthday on 15 March 2017. Thelma has a long association with the Social Seniors and Friends program run by Camden Haven Community Health. Thelma donated a bus for the Social Senior Service Program run by the Camden Haven Community Health service. Thelma advised that the program helps her keep going and that she is happy that the bus brings people together. Thelma is now a life member of the Social Senior and Friends program. Thelma advised SD that she feels fortunate to have a program like this and that the program affects a lot of people for the better. SD advised that the story encourages healthy ageing which Thelma attributes her longevity to such things as daily exercise, a sense of humour and the Social Seniors and Friends Program.	Nil	Chair
1.2 3.20 – 3.40	<b>Presentation – Premiers Priority to Reduce Childhood Overweight and Obesity</b> <b>Presenter:</b> Jo Mitchell (Population Health, MOH) and Meredith Claremont (Director Population Health Strategic Programs) RM introduced Jo Mitchell, Meredith Claremont and Andrew Bailey. JM discussed the premier's priority to reduce childhood overweight and obesity by 5% over 10 years. New data shows that we don't recognise overweight and obese children that societal norms have changed and parents are not aware of the correct weight range for their children. JM discussed strategies that will be implemented to improve the incidence of childhood obesity. These included state-wide programs such as: Munch and move, Live life well @ school, Go4Fun, Make Healthy Normal, Get healthy in pregnancy. Discussion around the need for a common goal across federal and state governments to assist the District in local level promotions for leading a healthy lifestyle. SD advised that it will be a legacy for our LHD to walk	For discussion	Chair
			<a href="#">1.2</a>

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	<p>with the community and assist the programs to have a positive impact on our community. SD advised that there is a lot of scope for innovative ideas to improve healthy eating such as mandatory height and weights being introduced for adolescent presentations via ED. Also noted that by March 2018 all canteens/cafes in hospitals need to reflect the new policy of removing unhealthy options. JB suggested that it would be beneficial to discuss with the Primary health network and have a collaborative approach in addressing the issue.</p> <p><b>Resolution:</b> That MNCLHD provide leadership in the development of healthy communities.</p> <ol style="list-style-type: none"> <li>1. Reinforce our contact with commonwealth and state agencies to harness all the resources to achieve the desired goal of health communities</li> <li>2. Maximise the available funding for this work (reduce duplication) across all agencies – eg Primary Health network</li> <li>3. Agreement to provide leadership to the development of healthy communities.</li> <li>4. Ensure ongoing collaboration with other government agencies to reach a unanimous goal.</li> <li>5. Promote our existing programs which currently demonstrate good outcomes</li> </ol>			
<p><b>Resolution:</b> That the Governing Board receive and note the information provided in Item 1.</p> <p>SR introduced Kylie Dixon who is undergoing the ACHSM traineeship. Kylie is one of two trainees undergoing the program within the MNCLHD. Kylie previously worked as a paramedic and also has a finance background.</p>				
<b>Item 2: Minutes of Governing Board</b>				
2.1	Minutes of Meeting 8 March 2017	For Endorsement	Chair	<a href="#">2.1</a>
<p><b>Resolution:</b> That the Minutes of the Governing Board meeting of 8 March 2017 confirmed as an accurate record and be made publicly available on the MNCLHD website.</p> <p>Two changes noted.</p>				
<b>Item 3: Business Arising</b>				
<b>Action Table and follow up</b>				
3.1	Action Table	For Noting	Chair	<a href="#">3.1</a>
3.2	<p>RCA Summary – KPMG Report It was discussed that the RCA report should be reviewed and added as an agenda item to ensure that adequate follow up is being monitored and we are compliant with the recommendations.</p> <p><b>Resolution:</b></p> <ol style="list-style-type: none"> <li>1. Board noted receipt of the report and congratulated CE on the quality of this.</li> <li>2. Also noted that the Board is not placed to review the detail of every RCA but needs to be satisfied that robust processes are in place to review and monitor recommendations and outcomes. The board will continue to receive all RCA's</li> <li>3. Requested a commentary be provided on each of the recommendations and action/s to be taken as a result of the report.</li> </ol>	For Noting	Chair	Item 5.4.3

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4. Once the above commentary is received, convene a time on the Agenda for the Board to further discuss how the Board can monitor the effectiveness of implementation of the recommendations. 5. Similar reporting to be undertaken on an annual basis. (Noted that this has already been confirmed by the CE.)			
3.3 Aboriginal Trainees (see presentation under Item 5.2.3)	For Noting	Chair	Item 5.2.3
3.4 Accreditation Update – Analysis of Board responsibilities for Accreditation	For Noting	Chair	Item 5.4.2
<b>Resolution:</b> That the Governing Board noted the update on Action items. Items finalised with no further actions will be removed from the Action Table.			

#### Item 4: Chief Executive's Report

4.1	<p>Chief Executive's Report and Attachments:</p> <ul style="list-style-type: none"> <li>- CE presented his report for noting by the Board.</li> <li>- Options are still being discussed regarding the provision of expanded services at Bowraville.</li> <li>- Noted the exceptional work within the district. ETP targets that have not previously been met have been reached.</li> <li>- WG advised that the Minister is interested in the strategies we implemented to achieve the KPI's.</li> </ul> <p><b>ACTION:</b> write a letter to the Minister regarding implementations MNCLHD used to achieve ETP KPI's</p> <ul style="list-style-type: none"> <li>- SD advised that Easter planning is in motion in preparation for the holiday period.</li> <li>- SD thanked all who were involved in the Harmony in Health hosted by Coffs.</li> <li>- The Kempsey ambulance station is now open.</li> <li>- SD thanked the Work force team regarding the Working With Children Check compliance.</li> <li>- SD noted the different university meetings across the district looking at their long term strategic planning</li> <li>- WG commented that a Joint MNCLHD and NCPHN meeting will be held in May and encouraged the Board Members to attend.</li> <li>- Work is continuing on the Clinical Services Plan</li> <li>- SD advised that we have had a Mock accreditation and that the LHD has received the feedback from the surveyors which has provided indications on where improvements could be made.</li> <li>- WG would like a report of how we are improving on our shortfalls following the feedback from the mock surveyors</li> </ul> <p><b>ACTION:</b> Regular Internal audits were suggested to monitor performance</p> <ul style="list-style-type: none"> <li>- NP suggested to build into the budget a response or internal audit program. WG suggested feedback from the finance committee</li> <li>- SB suggested the integration issues between eRIC and powerchart and whether this is a potential issue heading into accreditation. SR advised that the issues have been addressed and will be reported to the accreditors prior to assessment</li> </ul>	For Discussion	CE	<a href="#">4.1</a>
4.2	Chief Executive's Key Performance Indicators	For Discussion	CE	<a href="#">4.2</a>
<b>Resolution:</b> That the Governing Board received and noted the information provided in Item 4.				
<ul style="list-style-type: none"> <li>- the board noted the acknowledgement of the efforts of staff to achieve KPI's.</li> <li>- the board noted the upcoming Joint MNCLHD and NCPHN meeting to be held in May.</li> </ul>				

<b>Item 5: Strategic Matters (as per the MNCLHD Strategic Directions 2017-2021) - for discussion and/or endorsement</b>				
<b>5.1 People, Patients and the Community</b>				
We deliver patient-centred care informed by patients, their families and the community				
<b>5.1.1</b>	<b>Board Sub-Committee: Community Engagement</b>			
	<ul style="list-style-type: none"> <li>- Minutes</li> <li>- Chair Summary – Meeting held</li> <li>- JR provided an update referring to the month summary</li> <li>- Palliative Care workshop to be held in May out of Kempsey</li> <li>- A register of community engagement has been established</li> </ul>	Next Meeting CESC 29 May 2017	Chair CESC	
<b>5.1.2</b>	<p><b>Brief: Complaints Report August 2016 – January 2017</b></p> <ul style="list-style-type: none"> <li>• Report</li> <li>• Patient Journey Template</li> </ul> <p>Following submission of a Brief which provided analysis and commentary on Complaints data for the past quarter, VE spoke to the document detailing the themes identified and how changes in the management of complaints was now having a positive impact on resolution times, and KPIs.</p> <p>The Board discussed how this data might be use to improve complaint resolution processes.</p> <p>The Board also received an update and example of a patient complaint which was resolved by the district office in collaboration with waiting-list coordinator service facility and patient transport.</p> <p>Noted that District receives on average around 39 complaints per month with the majority having a component about communication. The board agreed that active communication with patients at all levels from booking, admission, surgery, discharge and follow-up is critical to good patient outcomes.</p> <p>Some of the items discussed:</p> <ul style="list-style-type: none"> <li>- The implementation of a Patient Matters Network group established to discuss current issues and implement consistent response and resolution across the District. The meeting is held monthly.</li> <li>- VE provided example of a patient story/patient journey which was managed from District office after receipt of a complaint from a patient scheduled for surgery and how this illustrated the way the District office was now expediting resolution where possible in collaboration with wait-list coordinator, clinicians and patient transport.</li> <li>- The process of feedback following patient story, VE advised that patient journey stories is a process now incorporated in a number of meetings/committees including Board, Senior Executive, Board sub-committees and other internal MNCLDH meetings.</li> <li>- Board noted that the Brief submitted would be presented to the Health Care Quality Committee.</li> <li>- Requested that a similar report be provide every six months</li> <li>- Discussion took place of trends of complaints and possible circumstances / contributing factors and how MNCLHD can continue to improve outcomes in this area.</li> </ul>	For Noting		<a href="#">5.1.2</a> <a href="#">5.1.2a</a> <a href="#">5.1.2b</a>
<b>Identification of Risks for Item 5.1 (if applicable):</b>				
<ul style="list-style-type: none"> <li>- Car park issue patient being charged 3 times in a day to enter car park</li> </ul>				
<b>Resolution/s confirmed by the Board relating to Item 5.1:</b>				
<ol style="list-style-type: none"> <li>1. That the Governing Board received and noted the information provided in Item 5.1.</li> </ol> <ul style="list-style-type: none"> <li>- Recommendation that notes be reviewed.</li> </ul>				

<ul style="list-style-type: none"> <li>- Noted that the report is going to the HCQC</li> <li>- Receive a similar report every 6 months</li> </ul>				
<b>5.2 Leadership, Workforce and Culture</b> We support the development of our workforce through learning and development, with a culture that supports everyone to be their best				
5.2.1	<b>Board Sub-Committee: Workforce, Health &amp; Safety</b> <ul style="list-style-type: none"> <li>• Minutes – Confirmed Minutes 20 February 2017</li> <li>• Chair Summary – Meeting held March 2017</li> <li>- Update provided from the monthly summary</li> </ul>	For Discussion	Chair WHS	<a href="#">5.2.1a</a>
5.2.2	<b>Board Sub-Committee: MDAAC</b> <ul style="list-style-type: none"> <li>• Minutes – Confirmed Minutes 9 February 2017</li> <li>• Recommendations</li> <li>• CACD</li> <li>• Chair Summary - Meeting 9 March 2017</li> <li>- Update provided from the monthly summary</li> <li>- attachments noted</li> </ul>	For Discussion	Chair MDAAC	<a href="#">5.2.2a</a> <a href="#">5.2.2b</a> <a href="#">5.2.2c</a> <a href="#">5.2.2d</a>
5.2.3	<b>Brief – Elsa Dixon Aboriginal Traineeships</b> <ul style="list-style-type: none"> <li>• Presentation to be provided (short film) Helene Jones – Aboriginal Workforce Manager</li> <li>• Pre-reading material has been provided</li> <li>- SR discussed the brief and the benefits it has had for its participants</li> <li>- SD presented the short film at an aboriginal workforce meeting in Sydney.</li> <li>- The video was created by the Integrated Multimedia Unit</li> </ul>	For Discussion		<a href="#">5.2.3a</a> <a href="#">5.2.3b</a>
5.2.4	<b>Confidential Brief (to be provided at meeting)</b>	For Discussion	Chair	
5.2.5	<b>Brief: VMO Workforce Strategy</b> <ul style="list-style-type: none"> <li>- Brief discussed at the finance meeting for presentation to board</li> </ul>	For Noting		<a href="#">5.2.5</a>
<b>Identification of Risks for Item 5.2 (if applicable):</b>				
<b>Resolution/s confirmed by the Board relating to Item 5.2:</b>				
1. That the Governing Board received and noted the information provided in Item 5.2.				
<b>5.3 Integrated Care</b> We have strong partnerships with healthcare providers across the Mid North Coast to ensure we can deliver truly integrated healthcare				
5.3.1	<b>Board Sub-Committee: Integrated Care</b> <ul style="list-style-type: none"> <li>• Minutes</li> <li>• Chair Summary – Meeting held Monday 13 March 2017</li> <li>• GW provided a summary of the monthly report</li> </ul>			<a href="#">5.3.1b</a>
<b>Identification of Risks for Item 5.3 (if applicable):</b>				
<b>Resolution/s confirmed by the Board relating to Item 5.3:</b>				
1. That the Governing Board received and noted the information provided in Item 5.3				

<b>5.4 Safety and Quality</b> The safety of our staff, patients and the community is at the core of everything we do. We use data, research and evidence to inform the delivery of quality care.				
5.4.1	<b>Board Sub-Committee: Health Care Quality</b> <ul style="list-style-type: none"> <li>• Minutes – Confirmed Minutes Meeting 27 February 2017</li> <li>• Chair Summary – Meeting 27 March 2017</li> <li>- JS provided a summary of the monthly report.</li> <li>- Internal audits were discussed and the importance of the reports was highlighted</li> </ul>	For Noting For Discussion	Chair HCQC	<a href="#">5.4.1a</a> <a href="#">5.4.1b</a>

	<ul style="list-style-type: none"> <li>- The audit committee are responsible for implementing an internal audit plan</li> <li>- Discussion took place around the role of the audit committee and reporting matrix.</li> <li>- The HCQC raised an issue of not having a copy of the audit plan</li> </ul> <p><b>Resolution</b></p> <ol style="list-style-type: none"> <li>1. It was noted that matters discussed by the Governing Board had raised the need to ensure appropriate advice was received from the Audit Committee including the Audit Plan. Board agreed that:</li> <li>2. Minutes of the Governing Board should be proved to the Audit &amp; Risk Committee for tabling.</li> <li>3. A Copy of the Audit Plan for the next 2-3 years to be provided to the Board.</li> <li>4. Chair of the Audit &amp; Risk, to provide advice on the provision of the complete minutes from Audit &amp; Risk meetings for inclusion in the Governing Board papers.</li> </ol>			
<b>5.4.2</b>	<b>Accreditation Update – Brief: Analysis of Board Responsibilities for Accreditation</b>			<a href="#">5.4.2</a> <a href="#">5.4.2a</a>
<b>5.4.3</b>	<b>Brief: KPMG Report – RCA recommendations</b> <ul style="list-style-type: none"> <li>• <b>KPMG Report</b></li> <li>• SD provided a summary of the report</li> <li>• The KPMG was forwarded to Audit and risk and Quality and safety committees</li> <li>• SB suggested that recommendations that are adopted an explanation should be provided as to why it was established as best practice.</li> <li>• WG advised that we should make sure processes are implemented to ensure recommendations are met.</li> </ul>	For Noting	Chair	<a href="#">5.4.3</a> <a href="#">5.4.3a</a>
<b>Identification of Risks for Item 5.4 (if applicable):</b>				
<b>Resolution/s confirmed by the Board relating to Item 5.4:</b>				
<ul style="list-style-type: none"> <li>- That the Governing Board received and noted the information provided in Item 5.4.</li> <li>- It was agreed that the board welcomed the receipt of the report</li> <li>- Act as a strategic monitor via the report</li> <li>- Receive feedback regarding processes implemented to manage the recommendations and monitor compliance.</li> <li>- HCQC to receive a copy of the Audit plan to table at their meeting</li> <li>- Approval of minutes to go to HCQC from the Audit committee</li> <li>- Report to be prepared from the Audit committee to be tabled at Board meeting</li> </ul>				
<b>5.5 Innovation and Research</b>				
We evaluate our outcomes against best practice. We collaborate with academic partners to ensure research is part of our culture				
<b>5.5.1</b>	<b>Board Sub-Committee: Health Service Development &amp; Innovation</b> <ul style="list-style-type: none"> <li>• Minutes -</li> <li>• Chair Summary</li> <li>• SB provided a summary to the board of the monthly report</li> </ul>	Next Meeting 7 April 2017		Nil
<b>Identification of Risks for Item 5.5 (if applicable):</b>				
<b>Resolution/s confirmed by the Board relating to Item 5.5:</b>				
1. That the Governing Board received and noted the information provided in Item 5.5				
<b>5.6 Value and Accountability</b>				
We drive value by delivering the best patient outcomes within a level of expenditure that is sustainable				
<b>5.6.1</b>	<b>Board Sub-Committee: Finance and Performance</b> <ul style="list-style-type: none"> <li>• Minutes – Confirmed Minutes Meeting 31 January 2017</li> </ul>	For Noting	Chair	<a href="#">5.6.1a</a>



	<ul style="list-style-type: none"> <li>Chair Summary – Meeting 28 March 2017</li> <li>NP provide a summary to the board of the monthly report</li> </ul>	For Discussion	F&P	<a href="#">5.6.1b</a>
<b>Identification of Risks for Item 5.6 (if applicable):</b>				
<b>Resolution/s confirmed by the Board relating to Item 5.6:</b>				
1. That the Governing Board received and noted the information provided in Item 5.6.				
<b>5.7 Closing the Gap</b>				
We will continue to work towards closing the gap of health disparities between Aboriginal and non-Aboriginal people				
<b>5.7.1</b>	<b>Board Sub-Committee: Close the Gap</b>			
	<ul style="list-style-type: none"> <li>Minutes</li> <li>Chair Summary</li> </ul>	Next Meeting 4 April 2017	Chair CTG	Nil
<b>Identification of Risks for Item 5.7 (if applicable):</b>				
<b>Resolution/s confirmed by the Board relating to Item 5.7:</b>				
1. That the Governing Board received and noted the information provided in Item 5.7.				
<b>Item 6: Other Operational Items for Discussion</b>				
<b>6.1</b>	<b>Kempsey Staffing</b> Refer to CE report 4.1			
<b>Item 7: Directorate Updates</b>				
<b>Directorate Updates</b>				
7.1	Mental Health & Drug and Alcohol	For Noting		See 7.2
7.2	Allied Health & Integrated Care - WG noted the context of the report regarding the upcoming meeting	For Noting		<a href="#">7.2</a>
7.3	Public Health	For Noting		<a href="#">7.3</a>
7.4	Aboriginal Health & Primary Partnerships • Executive Summary	For Noting		<a href="#">7.4</a> <a href="#">7.4a</a>
7.5	Nursing, Midwifery & Workforce	For Noting		<a href="#">7.5</a>
7.6	Clinical Governance & Information Services	For Noting		<a href="#">7.6</a>
7.7	Financial Operations and Asset Management	For Noting		<a href="#">7.7</a>
7.8	Communications & Strategic Relations - The Minister has tentatively kept the invitation to the Health Awards.	For Noting		<a href="#">7.8</a>
7.9	Coffs Clinical Network Report - WG noted the extensive report submitted by TB	For Noting		<a href="#">7.9</a>
7.10	Hastings Macleay Clinical Network Report	For Noting		<a href="#">7.10</a>
<b>Resolution: That the Governing Board received and noted the information provided in Item 6.</b>				
<b>Item 8: For Information of the Board (Discussion by exception)</b>				
<b>Correspondence, General Business &amp; Questions on Notice</b>				
8.1	Confidentiality (Standing item)	For Noting	Chair	-
8.2	Declarations of Interest – MNCLHD Board Members	For Endorsement	Chair	<a href="#">8.2</a>
<b>Resolution: That the Governing Board received and noted the information provided in Item 8.</b>				
<b>Item 9: 2017 - Upcoming visits and events (for information)</b>				
<b>Date</b>	<b>Event Details</b>			
10 May	MNCLHD Board Meeting - CHHC			
8 June	MNCLHD Health Innovation Awards (Port Macquarie)			
14 June	MNCLHD Board Meeting – PMCHC			
19-23 June	District Accreditation			
There being no further business the meeting closed at 6.25pm				



**Health**  
Mid North Coast  
Local Health District

# GOVERNING BOARD

*Strategic Focus: Healthy Communities*