

MEETING MINUTES (CONFIRMED)

DATE: Wednesday, 8 March 2017

TIME: Commencing 3.00pm

VENUE: COFFS HARBOUR HEALTH CAMPUS: ME025 (PMCHC – Large VCN)

ITEM / DESCRIPTION	ACTION	CARRIAGE	ATT	
Attendance and Declarations				
<u>Welcome:</u> Warren Grimshaw AM, Chair.				
Present: Warren Grimshaw Chair (WG), Neil Porter (NPorter), Jo Sutherland (JS), David Kennedy (DK), Janine Reed (JR), Neville Parsons (NParsons), Elizabeth Ruthnam (ER), Stephen Begbie (SB), John Barrett (JBarrett), Neil Wendt (NW),				
Apologies: Jennifer Beange (JBeange), Gail Whiteford (GW), Jo Sutherland (JS) noted her apologies for having to leave the meeting early.				
In Attendance: Stewart Dowrick (SD), Vanessa Edwards (VE), Lynn Lelean (LL), Kathleen Ryan (KR), Stephen Rodwell (SR), Brie Matthew - Minutes				
Declaration of Pecuniary Interest, Conflict of Interest and Related Transactions <ul style="list-style-type: none"> ER declared her potential conflict of interest with her connections with Baringa 				
Item 1: Presentations (1 hour)				
Presentations/Discussions				
1.1	Patient Story – Patient Story scheduled April 2017	Nil	Chair	
1.2	<p>Presentation – Accreditation</p> <p>Presenter: Kathleen Ryan, Executive Director Clinical Governance & Information Systems</p> <ul style="list-style-type: none"> KR advised that the 21 – 22 of March MNCLHD will be undertaking a mock accreditation. It was proposed to set another meeting to focus on the standards and if we are achieving the standards to the best of our ability. Board requested to be kept up to date and provided with advice as to their responsibilities for accreditation. KR advised that during the mock accreditation exercise there will be a governance leader set for each standard who will provide a report following the March trial. <p>Kathleen provided an overview of a recent visit to leading organisations in Healthcare Quality and Safety.</p> <ul style="list-style-type: none"> KR advised that quality was a requirement in every staff members position description and each staff member was required to provide at least six quality improvement examples at their annual review. KR advised that there was great work within Mental Health and Maternity. KR advised that there was a lot of talk around Board and executive inclusion in leadership rounds. KR advised that the use of data was a prominent issue identified. Transparency and openness was highlighted from the trip. 	For discussion	Chair	See item 5.4.2 1.2a
3.05 – 3.25				

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	<ul style="list-style-type: none"> Ways to implement strategies to improve the issues identified was discussed. 			
<p>Resolution: That the Governing Board receive and note the information provided in Item 1.</p> <ul style="list-style-type: none"> ACTION: Board requested that KR provide further advice and/or Action Plan on the findings of the material and how this applies, or can be applied, to MNCLHD. Timeframe for report – July 2017. Outline the standards that are expected, if they are being achieved and identify any gaps Follow up on advice on outcomes identified 				
Item 2: Minutes of Governing Board				
2.1	Minutes of Meeting 15 February 2017 Amendment - I update to minutes – correct title in 4.1 NSW Governor.	For Endorsement	Chair	2.1
<p>Resolution: That the Minutes of the Governing Board meeting of 15 February 2017 confirmed as an accurate record and be made publicly available on the MNCLHD website.</p> <p>CONFIRMED</p>				
Item 3: Business Arising				
Action Table and follow up				
3.1	<p>Action Table</p> <ul style="list-style-type: none"> WG noted that he has not yet written a letter to the Governor yet as he would like some input for notes for the context of the letter. ACTION: information to be provided for WG to finalise letter to Governor WG advised that he has written a letter to invite the new Minister to the MNCLHD Innovation Awards. 	For Noting	Chair	3.1
3.2	NDIS Provider Position for MNCLHD Refer to 5.3.2	For Noting	Chair	Item 5.3.2
3.4	People Matter Employment Survey Refer to 5.2.3	For Noting	Chair	Item 5.2.3
<p>Resolution: The Governing Board note the update on Action items. Items finalised with no further actions will be removed from the Action Table.</p>				
Item 4: Chief Executive's Report				
4.1	<p>Chief Executive's Report and Attachments: SD presented the CE report</p> <ul style="list-style-type: none"> SD advised that we are achieving our activity goals. It was noted to comment favourably on the achievements of goals reached in past months. WIFI was successful with key speaker Caroline McMillian 13 students commenced in February as the first cohort of UNSW full medical degree. Working With Children Check compliance is well underway. As of the 1 April 2017 all required WWCC should be submitted with non-compliant staff subject to termination under legislation. <p>ACTION: Working With Children Check Board to be provided with updates - Monday 20 March and Monday 27 March as to total number still non-compliant, location of these staff, and identification of any areas of risks.</p> <ul style="list-style-type: none"> The district maintains a solid rating following a recent performance review with the MOH. The LHD has maintained constant improvement with meeting KPI's WG noted the surgical targets and to keep the 17 / 18 budget on 	For Discussion	CE	4.1

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	<p>the agenda.</p> <p>ACTION: add the follow up of Budget 17/18</p> <ul style="list-style-type: none"> Noted the typo in 4.1 NSW Governor –not as written Governor General 			
4.2	<p>Chief Executive’s Key Performance Indicators</p> <ul style="list-style-type: none"> Att. 4.2 noted WG noted SD’s effort in making the KPI report easy to read. SD noted that the Surgical targets weren’t met for the month of January only 	For Discussion	CE	4.2
<p>Resolution: That the Governing Board received and noted the information provided in Item 4.</p> <ul style="list-style-type: none"> Comment favourably on the goal achievements KPI report 4.2 noted 				
<p>Item 5: Strategic Matters (as per the MNCLHD Strategic Directions 2017-2021) - for discussion and/or endorsement</p>				
<p>5.1 People, Patients and the Community We deliver patient-centred care informed by patients, their families and the community</p>				
5.1.1	<p>Board Sub-Committee: Community Engagement</p> <ul style="list-style-type: none"> Minutes Chair Summary JR provided an update on the community engagement sub committee 	For Discussion	Chair CESC	
5.1.2	<p>Brief: Healthy Communities Advisory Council – Revised Terms of Reference</p> <ul style="list-style-type: none"> Revised Terms of Reference JR advised that she would make changes to ensure all relevant LGA’s mentioned happy to endorse WG queried the Overlap community reference group which JR confirmed no overlap identified 	For Noting	NMW	5.1.2 5.1.2a
<p>Identification of Risks for Item 5.1 (if applicable):</p> <ul style="list-style-type: none"> LHD concentrated memberships of HCAC Risks excluding key external partners and reduces collective governance efforts towards Building Health Communities. 				
<p>Resolution/s confirmed by the Board relating to Item 5.1:</p> <ol style="list-style-type: none"> That the Board members promote the Community Engagement Register in their subcommittee meetings. Healthy Communities Advisory Council – Revised Terms of Reference. Noted that the Board endorsed the recommendations of the Brief subject to: <ol style="list-style-type: none"> Confirmation that formal consultation with the identified membership has been undertaken – specifically with the DPC, FACS, Local Government and DEEC. Board to be reassured that these organisations are aware that they have been nominated as part of the membership structure. Inclusion of the Nambucca Shire Council is also recommended to ensure all LGAs are participants. <p>ACTION: Confirmation (in regards to Resolution 2 above) to be provided prior to formal endorsement.</p>				
<p>5.2 Leadership, Workforce and Culture We support the development of our workforce through learning and development, with a culture that supports everyone to be their best</p>				
5.2.1	<p>Board Sub-Committee: Workforce, Health & Safety</p> <ul style="list-style-type: none"> Minutes – There was no meeting in January 2017 Chair Summary – 20 February 2017 Noted the previous discussions pertaining to WWCC Aboriginal recruitment and substantial training program <p>ACTION: Provide Brief and any relevant documents to inform the Board on the Aboriginal Trainee Journey. April meeting</p> <ul style="list-style-type: none"> 3 staff recruited following training 	For Discussion	Chair WHS	Nil 5.2.1b

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5.2.2	Board Sub-Committee: MDAAC <ul style="list-style-type: none"> Minutes – 8 December 2016 Recommendations CACD Chair Summary - 9 February 2017 NP provided an update on the MDAAC sub committee Moved recommendation 	For Discussion	Chair MDAAC	5.2.2a 5.2.2b 5.2.2c 5.2.2d
5.2.3	Brief – Strategies to address employee survey results SR provided a brief regarding results of the People Matter Survey's conducted within our LHD. <ul style="list-style-type: none"> 3 key areas were identified Involvement from HETI has seen courses implemented directed at managers for leadership development to address issues identified. Additional funds have been provided for Culture and wellbeing grants. Tablet based surveys have been implemented on wards for patients A communication plan has been derived for transparency for staff Strategies for improvement are important and should be pursued. 	For Noting		5.2.3
Identification of Risks for Item 5.2 (if applicable):				
Resolution/s confirmed by the Board relating to Item 5.2:				
<ol style="list-style-type: none"> That the Governing Board received and noted the information provided in Item 5.2. Progress regarding the proposed strategies to improve survey results noted. 				
5.3 Integrated Care				
We have strong partnerships with healthcare providers across the Mid North Coast to ensure we can deliver truly integrated healthcare				
5.3.1	(NEW) Board Sub-Committee: Integrated Care – Committee has not convened <ul style="list-style-type: none"> Minutes Chair Summary Committee due to meet 9 March 2017 			Nil
5.3.2	Brief: NDIS Provider Position for MNCLHD <ul style="list-style-type: none"> MNCLHD Position Statement and Guideline MNCLHD Scorecard Tool SD advised that some LHD's are choosing not to become providers of NDIS. <ul style="list-style-type: none"> SD advised that we have proposed to give our staff the opportunity to provide reasons why we should become NDIS Providers. It was discussed that we have to ensure that the model covers the funding for required professionals. WG noted that we should be taking into an account our diverse culture and catering to the needs within our LHD. 	For Noting	Chair	5.3.2 5.3.2a 5.3.2b
5.3.3	Brief: Mental Health Performance July – December 2016 <ul style="list-style-type: none"> MNCLHD Mental Health Performance Report July – December 2016 			5.3.3 5.3.3a

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<ul style="list-style-type: none"> Presentation provided the ministry. 5.3.3 noted 				
Identification of Risks for Item 5.3 (if applicable):				
Resolution/s confirmed by the Board relating to Item 5.3: <ol style="list-style-type: none"> That the Governing Board received and noted the information provided in Item 5.3 In regards to Item 5.3.2 – MNCLHD becoming an NDIS Provider – Board resolved in principle support for the option of becoming as provider noting further advice to be received in regards to: <ol style="list-style-type: none"> Potential impact on the workforce Must be noted the NDIS is a consumer driven and we must deliver a quality service in order to remain sustainable Board to receive advice as to the long-term feasibility of becoming a provider – long term. 				
5.4 Safety and Quality 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	Board Sub-Committee: Health Care Quality <ul style="list-style-type: none"> Minutes Chair Summary HCQC Summary JS an apology for today's meeting as she had to leave early and could not talk to item Accreditation was discussed at pervious meeting 	For Noting For Discussion	Chair HCQC	5.4.1a 5.4.1b 5.4.1c
5.4.2	Risk Management Progress (Accreditation) – Brief <ul style="list-style-type: none"> Guide to the National Safety and Quality Health Services Standards Noted ACTION: Update on Accreditation to be proved to April meeting			5.4.2 5.4.2a
5.4.3	Brief: Radiotherapy Treatment Services to NSW patients – 2015 Annual Report <ul style="list-style-type: none"> Radiotherapy Treatment Services to NSW patients – 2015 Annual Report – ECOPY ONLY Radiotherapy Treatment Services – Data Tables – No hard copies – ECOPY ONLY SD provided an update Report noted 	For Noting	Chair	5.4.3 5.4.3a 5.4.3b
5.4.3	Risk Management (Appetite Statement and Tolerance) ACTION: Risk Register update to be provided to April meeting			
Identification of Risks for Item 5.4 (if applicable):				
Resolution/s confirmed by the Board relating to Item 5.4: <ol style="list-style-type: none"> That the Governing Board received and noted the information provided in Item 5.4. ACTION: CGU to provide RCA Summary Report to April meeting with analysis Brief				
5.5 Innovation and Research We evaluate our outcomes against best practice. We collaborate with academic partners to ensure research is part of our culture				
5.5.1	Board Sub-Committee: Health Service Development & Innovation <ul style="list-style-type: none"> Minutes Chair Summary 			Nil
Identification of Risks for Item 5.5 (if applicable):				
Resolution/s confirmed by the Board relating to Item 5.5: <ol style="list-style-type: none"> That the Governing Board received and noted the information provided in Item 5.5 				

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5.6 Value and Accountability				
We drive value by delivering the best patient outcomes within a level of expenditure that is sustainable				
5.6.1	Board Sub-Committee: Finance and Performance <ul style="list-style-type: none"> Minutes Chair Summary Revenue is still a challenge and the business modelling around this is key Report to be provided to board for review 	For Noting For Discussion	Chair F&P	5.6.1a 5.6.1b
5.6.2	Confidential Item – not for further distribution	For Noting	Chair	5.6.2
<u>Identification of Risks for Item 5.6 (if applicable):</u>				
<u>Resolution/s confirmed by the Board relating to Item 5.6:</u>				
1. That the Governing Board received and noted the information provided in Item 5.6.				
5.7 Closing the Gap				
We will continue to work towards closing the gap of health disparities between Aboriginal and non-Aboriginal people				
5.7.1	Board Sub-Committee: Close the Gap <ul style="list-style-type: none"> Minutes – 10 November 2016 Chair Summary DK provided an update following the CTG subcommittee. focus on 3 primary areas funding extended to include program funding Endorsed TOR Endorsed innovation fund 	For Noting For Discussion	Chair CTG	5.7.1a
5.7.2	Brief: Closing the Gap Innovation Fund			5.7.2
5.7.3	Closing the Gap Framework Report <ul style="list-style-type: none"> Aboriginal Health & Primary Partnerships Allied Health & Integrated Care Clinical Governance & Information Systems Coffs Clinical Network Communications & Corporate Strategy Unit Financial Operations & Asset Management Hastings Macleay Clinical Network Mental Health & Drug and Alcohol Nursing, Midwifery and Workforce Public Health 	For Noting		5.7.3a 5.7.3b 5.7.3c 5.7.3d 5.7.3e 5.7.3f 5.7.3g 5.7.3h 5.7.3i 5.7.3j
<u>Identification of Risks for Item 5.7 (if applicable):</u>				
<u>Resolution/s confirmed by the Board relating to Item 5.7:</u>				
1. That the Governing Board received and noted the information provided in Item 5.7. <ul style="list-style-type: none"> Endorsement of CTG TOR Accepted recommendation of Innovation Fund 				
Item 6: Other Operational Items for Discussion				
6.1	Nil			
Item 7: Directorate Updates				
Directorate Updates				
7.1	Mental Health & Drug and Alcohol <ul style="list-style-type: none"> WG noted the exceptional standard of the reports provided 	For Noting		See 7.2
7.2	Allied Health & Integrated Care	For Noting		7.2
7.3	Public Health	For Noting		7.3

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7.4	Aboriginal Health & Primary Partnerships <ul style="list-style-type: none"> Aboriginal Health Executive Summary 	For Noting		7.4 7.4a
7.5	Nursing, Midwifery & Workforce	For Noting		7.5
7.6	Clinical Governance & Information Services <ul style="list-style-type: none"> NHS Quality Improvement Strategy 2015-2018 Invitation to be extended to the two AHSCM trainees to observe a Board meeting. 	For Noting		7.6 7.6a
7.7	Financial Operations and Asset Management	For Noting		7.7
7.8	Communications & Strategic Relations <ul style="list-style-type: none"> PMBH Mental Health Expansion Project Update VE noted the significant work of the IMMU team over the first year of operation including production of state-wide films used for Senior Executive Forum and other events. Noted new support person (Brie Matthew) for Board meetings and Board Chair. Noted the work being undertaken by Sharon Fuller in production of the Internal newsletter. Board expressed compliments on the quality of this publication. 	For Noting		7.8 7.8a
7.9	Coffs Clinical Network Report	For Noting		7.9
7.10	Hastings Macleay Clinical Network Report	For Noting		7.10
Resolution: That the Governing Board received and noted the information provided in Item 7.				
Item 8: For Information of the Board (Discussion by exception)				
Correspondence, General Business & Questions on Notice				
8.1	Confidentiality (Standing item)	For Noting	Chair	-
8.2	Update of Governing Board process and templates <ul style="list-style-type: none"> Board discussed the use of the new templates with positive feedback. Items to be considered for addition to the Sub-Committee Chair Reports: <ul style="list-style-type: none"> Include section noting "Outcomes of significance from the meeting" Include section noting "recommendations resulting from the meeting" 	For updating in the templates	VE	-
Resolution: That the Governing Board received and noted the information provided in Item 8.				
Item 9: 2017 - Upcoming visits and events (for information)				
Date	Event Details			
21 March	Harmony in Health Expo (Coffs Harbour)			
8 June	MNCLHD Health Innovation Awards (Port Macquarie)			
19-23 June	District Accreditation			
There being no further business the meeting closed at 6.15pm				