

MEETING MINUTES

Wednesday, 11 March 2015

Commencing 3:00pm

Strategy and Governance

Coffs Harbour Health Campus – ME025

& Videoconference:, PMQ NCCI

ITEM / DESCRIPTION		ACTION REQUIRED	CARRIAGE	ATT No.
A Attendance and Declarations				
<u>Welcome:</u> Warren Grimshaw, Chair.				
Present: Warren Grimshaw Chair (WG), Stephen Begbie (SB), David Kennedy (DK), Neville Parsons (NParsons), Neil Porter (NPorter), Janine Reed (JReed), Jan Ryan (JRyan), John Barrett (JB), Elizabeth Ruthnam (ER),		For Noting	Chair	
Apologies: Gail Whiteford (GW)		For Noting	Chair	
In Attendance: Stewart Dowrick (SD), Vanessa Edwards, (VE), Lynn Lelean (LL), Mary Malouf (MM), Kathleen Ryan (KR), David Drane (DD) (for Item 1), Sandra Hayn (SH) (for Item 1), Gillian Harrington (GH) (for Item 1)		For Noting	Chair	
Declaration of Pecuniary Interest, Conflict of Interest and Related Transactions: <ul style="list-style-type: none"> • JS declared a conflict of interest in the item(s) 7.5, 7.6, 7.7 - discussion in relation to the reappointments of VMO's. 		For Noting	Chair	
<u>Continuing:</u>				
<ul style="list-style-type: none"> • Neville Parsons in relation to possible Credit Union Investment/s. • Janine Reed in relation to Nambucca Valley Care • Neil Porter in relation to employment with HCCU. • Elizabeth Ruthnam in relation to Baringa Private Hospital 				
B Presentations				
Item 1	Presentations/Guests			
	1.1	Patient Story: Gillian Harrington, NUM, MNCCI	For discussion	Chair
<ul style="list-style-type: none"> • Patient is a 40 year old female nurse with a young family. • Was brought to the hospital after experiencing pain at home. • She was pleased not to have to wait long in ER to be seen by a doctor and was given pain relief immediately when the diagnosis commenced. • She had a needle aspiration on her lung and an MRI, which identified a brain tumor. • She felt the MNCCI treatment and information was great. Patient says she was given too much information at the time for her to absorb. • She was angry, hurt and scared after her diagnosis. The patient feels as if she doesn't know who she is and feels guilty about putting her husband and young family through her illness and treatment. • Patient felt that the chemotherapy staff acted as a team, which is unlike her experience on medical ward. • Noted that she was uncomfortable on medical ward and scared of the other patients. • Too many bed moves on medical ward. • Patient said the medical ward didn't feel clean and was frightened of infection. • She felt that rotating shifts didn't respect patients' need for quiet. Reported being hungry waiting for breakfast. • The patient was allocated a social worker who unfortunately resigned and she hasn't been able to connect with two of the replacement social workers. <p>The Board discussed some of the issues arising from this Patient Story:</p>				

ITEM / DESCRIPTION		ACTION REQUIRED	CARRIAGE	ATT No.	
	<ul style="list-style-type: none"> Consideration is being given, state wide, in relation to same sex wards. Noted that this is to be discussed at HCQC for feedback/consideration to same sex wards. Some discussion as to whether MNCLHD can do better at training staff to care for patients who are grieving and/or dealing with anger associated to their medical condition. Further consideration needs to be given to the capacity of the medical ward to meet the needs of patients of an evening. <p>KR noted the process for follow up of each Patient Story is:</p> <ul style="list-style-type: none"> Every Patient Story goes to the NUM of the unit/ward presented upon for information and action. This is then discussed amongst the teams for actions and improvements. Theresa Beswick is advised of each patient story. SD noted that the surgical wards and medical wards at CHHC are amongst the biggest medical wards in the state. Noted the very efficient, fast diagnosis in the case of this patient. Noted the Board would appreciate ongoing feedback on the follow up of the Patient Stories. 				
1.2	Strategic Discussion: Risk Workshop (Kathleen Ryan) <ul style="list-style-type: none"> Summation from session held 9 March 	For discussion	Chair		
KR reminded Board Members that an outcome of the Risk Workshop is for them each to forward their identified top 5 risks to her. A further summation session will be held at the May 2015 Board Meeting.					
1.3	Strategic Discussion: eHealth (Kathleen Ryan, David Drane and Sandra Haynes)	For discussion	Chair		
<ul style="list-style-type: none"> DD presented in relation to the progress of eHealth. Noted that at this stage wireless ADSL will only be staff bringing their own device. It is hoped that in the future a network outlet will be available for patients and visitors. Noted the first 'go live' for the HWAN is at Dorrigo and Bellingen in approximately May/June 2015. Further investigation is being carried out in relation to the appropriateness of tablets. SH noted that a mental health patient has been identified to be part of the first patient journey. Noted that as a Board, considerable progress is being made for eHealth due to the funding under the rural program. 					
1.4	Strategic Discussion: Strategic Planning Session (Jan 2015) <ul style="list-style-type: none"> Notes from meeting for endorsement Brief and Draft Discussion Document 	For endorsement For discussion	Chair	1.4 1.4a 1.4b	
<p>Resolution: That the Governing Board review the draft discussion document and:</p> <ol style="list-style-type: none"> Support the allocation of specific issues raised to members of the MNCLHD Executive team as per their responsibilities within the Operational Plan. Support the Executive for reporting on quarterly basis. Plan for scheduled attendance at Board Meetings for all Executive to be developed. 					
<p>Resolution: That the Governing Board endorse/note the information provided in Item 1.</p>					
C Minutes of Governing Board					
Item 2	2.1	Minutes of previous Meeting - 11 February 2015 Confidential File note – ref Item 4.3 (not for publication)	For Endorsement	Chair	2.1 2.1a
	<p>The Chair indicated that there may be a change in position for CHHC and an announcement is in prospect . Mental Health at PMBH may also form part of consideration.</p> <p>The minutes were amended in relation to the resolution in item 7.1 (Finance Committee Minutes/recommendation) to include the entire recommendation as written in the Committee's Minutes.</p> <p>Resolution: That the Minutes of the Governing Board's meeting of 11 February 2015 be confirmed as a true and accurate record.</p>				
D Business Arising					

ITEM / DESCRIPTION		ACTION REQUIRED	CARRIAGE	ATT No.	
Item 3	Action Table and follow up				
	3.1	Action Table – Noting items to be removed	For Discussion	3.1	
	Resolution: That the Governing Board note the update including removal of completed items.				
E Chief Executive's Report					
Item 4	4.1	Chief Executive's Report for February 2015 (& attachments)	For Discussion	4.1	
	4.2	Chief Executive's Traffic Light Report	For Noting	4.2	
	4.3	Chief Executive's Performance Indicator Report Nov14-Jan15	For Discussion	4.3	
	<p>SD presented his report and noted:</p> <ul style="list-style-type: none"> Chair noted the appreciation of the Board in relation to securing grant funding. The subject of patient transport was further discussed. The Chair noted the importance of clinicians being aware of the possibilities in relation to organ donation. Noted the issue of asset plan is to be re-presented to the Board Meeting for approval following consideration from the Finance and Asset Committee. This will be approx. Jun/July Meeting. The Chair noted some of the outcomes/thoughts from Boards which came back through the Council of Chairs Conference. <p>Action Item: MM to ad 'approach corporations to encourage organ donation among their employees', to the next Organ and Tissue Donation Committee Agenda.</p> <p>Resolution: That the Governing Board receive and note the information provided in Item 4.</p>				
F Strategic Matters for discussion and/or endorsement					
	Standing items				
	5.1	Budget - Presentation – Update on Budget Process <ul style="list-style-type: none"> Brief and attachments 	For Discussion	Chair	5.1 5.1a 5.1b 5.1c
	<ul style="list-style-type: none"> Noted the loss of \$1.2M due to unplanned re-admissions. The Board considered solutions to this situation. The Board would like to address the issue of re-admissions and note future outcomes. 				
	Resolution: That the Governing Board note the current status of negotiations between MoH and the MNCLHD around the development of the 2015/2016 Service Agreement and proposed activity targets.				
	Other items				
	5.2	Brief: Macksville – redevelopment <ul style="list-style-type: none"> Draft TOR - Macksville District Hospital Clinical Services Plan Steering Group Confidential Brief: Macksville Hospital 	For Discussion		5.2 5.2a 5.2b
	<ul style="list-style-type: none"> The Chair noted that the Steering Committees can make decisions but must be overall approved by the Board. SD confirmed that this is the case and that the Board is the final decision maker. 				
	Resolution: That the Governing Board note the update on the proposed Macksville redevelopment.				
	5.3	Brief: Asset Replacement Strategy	For Discussion	Chair	5.3
	<ul style="list-style-type: none"> SD noted the budget which has been set aside by the State Government for this project. The Board noted which items can be replaced as part of this project and what must be funded by the District. NP requested that this paper be presented to the Finance Committee and asked that the 'unfunded' items be rated as part of a risk matrix. (see also above) 				

ITEM / DESCRIPTION		ACTION REQUIRED	CARRIAGE	ATT No.
	<ul style="list-style-type: none"> Discussion in relation to setting up an 'asset management fund' to prepare for replacing resources/assets such as the cath lab. <p>Resolved: that these accompanying reports be forwarded to the Finance Committee for consideration and incorporating other priorities across the District.</p> <p>Resolved: seeking agreement in writing that any assets that are replaced by the District will be reimbursed by Government if funding for such projects becomes available after the purchase.</p> <p>Resolution: That the Governing Board note the content of this brief, specifically;</p> <ol style="list-style-type: none"> Significance of this program to address backlog maintenance for the MNCLHD In-principle agreement to progress negotiations with PWS with a view of managing the current and potential ongoing program of works. Dedicated internal resourcing will be required beyond 2015/16 			
5.4	Brief: Report - Current MNCLHD Investigations status	For Discussion	Chair	5.4
	<ul style="list-style-type: none"> The Board requested a brief synopsis of the trends relating to investigations but note the items presented. The Board requested to identify if there is improvements and if incidents are trending down. It was further requested that all future significant matters be brought to the attention of the Board. <p>Resolution: That the Governing Board is informed of the current matters under investigation within the LHD.</p>			
5.5	Brief: Sponsorship provided by MNCLHD <ul style="list-style-type: none"> Letter of thanks from Saltwater Freshwater Media – Sailability receives Australia Day Award 	For Noting	Chair	5.5 5.5a 5.5b
	Resolution: That the Governing Board note the outcomes from previous sponsorship activities and endorse the proposed 12 month strategy for 2015/16 to provide support to community organisations.			
5.6	Brief: Update -Security Improvement Program Audits	For Noting	Chair	5.6
	Resolution: That the Governing Board note the action being taken to monitor security and the actions taken following Internal Security Audits. Further resolve that the matter be referred to the WHC Committee.			
5.7	Report on KPIs associated with 'Close the Gap'	For Discussion	David Kennedy	-
	<ul style="list-style-type: none"> DK reported on the progress of 'Close the Gap', not only in relation to Health but in all other perspectives. DK gave a brief history of the experiences of Aboriginal People within the context of the history in Australia. DK noted some ways that the health system does not support Aboriginal culture. <p>Resolution: That the Governing Board note the update and that a more thorough discussion will take place in coming months.</p>			
G Directorate Updates				
Item 6	Directorate Updates			
	6.1	Mental Health & Drug and Alcohol	For Noting	6.1
	6.2	Allied Health & Hosted Clinical Services	For Noting	6.2
	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	Clinical Governance & Information Services	For Noting	6.6
	6.7	Financial Operations	For Noting	6.7
	6.8	Executive Support & Strategic Relations & Recent media <ul style="list-style-type: none"> Coffs Advocate - Nurse Grads Port News – Cath Lab 	For Noting	6.8 6.8a 6.8b

ITEM / DESCRIPTION		ACTION REQUIRED	CARRIAGE	ATT No.
	<ul style="list-style-type: none"> Coffs Advocate – Cancer Research 			6.8c
Resolution: That the Governing Board receive and note the information provided in Item 6.				
H Recommendations from Governance Committees				
Item 7	Finance and Performance Committee			
	7.1	Draft Minutes of Meeting - February 2015	For Noting	7.1
	7.2	Chair – Summary	For Discussion	7.2
	Health Care Quality Committee			
	7.3	Confirmed Minutes of Meeting – November 2014 Confirmed Minutes of Meeting – January 2015	For Noting	7.3 7.3a
	7.4	Chair – Summary	For Discussion	7.4
	MDAAC			
	7.5	Confirmed Minutes of Meeting – December 2014 Confirmed Minutes of Meeting – November 2014	For Noting	7.5 7.5a
	7.6	MDAAC Recommendations, Approval & Critical Action Compliance Declarations	-	-
	7.7	Chair – Summary	For Discussion	7.7
	<ul style="list-style-type: none"> The Board recommended that consideration be given by the committee into the ongoing reappointment of VMO's to change the contract renewal dates so they didn't align. 			
	Workforce, Health & Safety Committee			
	7.8	Draft Minutes of Meeting – February 2015	For Noting	7.8
	7.9	Chair – Summary (<i>Chair was an apology at Feb meeting</i>)	No Items	-
	Health Services Development & Innovation Committee			
	7.10	Confirmed Minutes of Meeting – 6 February 2015	For Noting	7.10
	7.11	Chair – Summary	For Discussion	7.11
	Close the Gap Committee (next meeting April 2015)			
	7.13	Confirmed Minutes of meeting	No items	
	7.14	Chair – Summary	No items	
Community Engagement Committee				
7.15	Confirmed Minutes of Meeting – 24 Nov 2014	For Noting	7.15	
7.16	Community Reference Group	No items	-	
7.17	Community Connections Report	No items	-	
7.18	Chair – Summary	For Discussion	7.18	
Resolution: That the Governing Board receive and note the information provided in Item 7.				
I (Item 8) Workplace Culture Action Plan (No Items)				
J Quality & Safety				
Item 9	RCA Reporting			
	9.1	RCA Summary report	For Noting	Chair 9.1

ITEM / DESCRIPTION		ACTION REQUIRED	CARRIAGE	ATT No.	
Resolution: That the Governing Board receive and note the information provided in Item 9.					
K (Item 10) For Information of the Board (Discussion by exception)					
Item 10	Correspondence				
	10.1	Minister – Joint Statement of Cooperation	For Discussion	Chair	10.1
	10.2	Mental Health Brochure: Strengthening Mental Health	For Noting	Chair	10.2
	10.3	Mental Health: Assisting Long-Term patients	For Noting	Chair	10.3
	Resolution: That the Governing Board receive and note the information provided in Item 10.				
L General Business					
Item 11	General Business & Questions on Notice				
	11.1	Confidentiality (Standing item)	For Noting	Chair	-
	11.2	Updated Meeting Scheduled for 2015	For Noting	Chair	11.2
	<ul style="list-style-type: none"> Noted the July Meeting may be brought forward 1 week. VE to advise. 				
	11.3	Board Communication	For Discussion	Chair	-
	<ul style="list-style-type: none"> Noted that consideration be given to the possibility of Board discussion being reported to staff via The Pulse. 				
	Resolution: That the Governing Board receive and note the information provided in Item 11.				
11.4	ER noted for the information of the Board that a study is being undertaken as part of a University Phd in relation to Compassion Fatigue.				
M Upcoming visits and events					
Item 12	2015				
	Board Meeting – 15 April (Port Macquarie CHC)				
	Board Meeting – 13 May Macksville Health Campus – 2.30pm start: Meeting With MSC – 5.30pm				
	Board Meeting – 10 June (CHHC)				
	Board Meeting – 15 July (PMCHC)				
	Special Budget meeting – 29 July (VC – host site PMCHC)				
	Board Meeting – 12 August (CHHC)				
	Board Meeting – 9 September (CHHC)				
	Board Meeting – October (Kempsey District Hospital)				
	Board Meeting – November (CHHC)				
	Board Meeting – 9 December (PMBH)				
There being no further business the meeting closed at 6.50pm					