

MEETING MINUTES CONFIRMED

Wednesday, 13 April 2016

Commencing 2.00pm

Strategic Focus: Strategic Planning

Sails Resort Port Macquarie: Macquarie Room

ITEM / DESCRIPTION		ACTION REQUIRED	CARRIAGE	ATT No.
A Attendance and Declarations				
<u>Welcome:</u> Warren Grimshaw AM, Chair.				
Present: Warren Grimshaw Chair (WG), Neil Porter (NPorter), Janine Reed (JReed), John Barrett (JB), Jan Ryan (JRyan), Elizabeth Ruthnam (ER), Stephen Begbie (SB), Neville Parsons (NParsons), <i>(attendance to be confirmed)</i>		For Noting	Chair	
Apologies: David Kennedy (DK), Jo Sutherland (JS), Gail Whiteford (GW),		For Noting	Chair	
In Attendance: Stewart Dowrick (SD), Vanessa Edwards (VE), Lynn Lelean (LL), Jane Evans (JE), Mary Malouf (MM)		For Noting	Chair	
Declaration of Pecuniary Interest, Conflict of Interest and Related Transactions		For Noting	Chair	
B Presentations (1 hour)				
Item 1	Presentations			
1.1	Strategic Discussion: Strategic Planning – Part 2 (2-4pm) Angi Bissell and Nathan Schlesinger (PWC)	For Discussion	Chair	1.1
<p>The Chair opened the meeting by acknowledging the attendance of the facilitators of the Strategic Planning Session and noting some of the key areas of focus for discussion and consideration for the District.</p> <p>SD noted the achievements across the District and also spoke to some of the areas that, as a District, need to be focused on. The theme good to great was noted</p> <ul style="list-style-type: none"> • The Board noted the items previously identified for our top 8 Strategic Priorities and 8 Key Areas. • There was discussion in relation to the order of these priorities and if any changes were needed. • The Key Areas were finalised as – <ul style="list-style-type: none"> - People, Patients and community - Leadership, Workforce and Culture - Integrated Care - Safety and Quality - Research and Innovation - Value <p>Board members broke into groups to discuss the goals needed to achieve each priority within the 5 year timeframe of the Strategic Plan.</p> <ul style="list-style-type: none"> • Goals were broken into short, medium and longer term goals. • Group Discussions were reported back identifying outcomes <p>The facilitators will take away the outcomes of the discussion and will re-develop the plan and return to the LHD.</p> <ul style="list-style-type: none"> • The facilitators suggested that senior/middle managers be consulted to develop the activities that would need to be undertaken to achieve the goals identified. • The Chair noted the need to engage leaders in the community in prosecuting the plan. 				

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<ul style="list-style-type: none"> Chair further noted that structures and/or processes need to reflect this engagement be. This will be further looked into and identified. <p>The Chair thanked the facilitators for their work and expertise in guiding the Board in this process</p>			
<p>1.2 Patient Story – Hastings Macleay Network Emily Saul, Clinical Nurse Specialist PMBH</p>	For discussion	Chair	
<p>This month's Patient Story was carried out in relation to an active female in her 50's who admitted through ED.</p> <ul style="list-style-type: none"> The patient was already under the care of a specialist. The patient resided near Coffs Harbour but her specialist was at Port so she went to PMBH. She was transferred to a medical ward. Noted positives - nurses were positive and friendly. She liked her husband to be present when Dr's and nurses explaining conditions. The Senior Dr had gone out of his way to speak to her husband. Was confident with the level of care provided and her relationship with the Dr and the fact that he knew her name and story. Patient noted her discomfort being in a ward with 3 men. Patient was also attended by a dietician and social worker. Noted that the patient felt individualised. <p>Items for consideration:</p> <ul style="list-style-type: none"> Night care shared rooms male/female planning test/events for patients to better use time 			
<p>1.3 Presentation: Tackling Childhood Obesity Ros Tokley, Manager Health Promotion</p> <p>Pre-reading:</p> <ul style="list-style-type: none"> NSW Health Easting Strategy (<i>e-copy only</i>) MNC Health Action Plan 	For Discussion		1.3 1.3a
<p>The Board noted that the aim of this project is to address childhood obesity through engaging with pregnant women, their partners and families.</p> <p>The Board noted that the Health Promotion team are a family friendly working team and are able to work flexible hours to fit in around families.</p> <p>Items to note from the presentation were:</p> <ul style="list-style-type: none"> the need to be strategic the work with Ministry in relation to models of health, specifically with obesity and the premier's priority of 5% reduction within next 5 years the components of obesity and the core focus areas the need for effective prevention strategies social determinants are key looking at supporting environments and sustainable practices staff in primary schools are trained in the 'Live Life Well' program also looking at ways to work within the high schools a part of the program in school is the requirement for schools to have a Health and Wellbeing program for schools as a part of Code of Conduct in schools, teachers now have an element of Obesity the program follows the national health guidelines this is aimed at Multi-level obesity prevention working together with health promotions there are various reports available on the economic benefits of reducing obesity 			

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	<ul style="list-style-type: none"> Get Healthy at Work Program - going into workplaces (MNCLHD is running this program differently to other LHD's). the Board noted the high volume of work being completed by a small team (2FTE) with more staff we would be engaging with parents to further support the programs SB noted, as an oncologist, of the cost at end stage due to insufficient funding in health promotion. Noted that the priority should be at the start in prevention SB noted the need to seriously look at getting people off drugs (ICE) and off alcohol, addressing the problem at the earliest to intervene instead of investing funds in treatment It is identified that relatively small amounts of money/funding could make a huge difference and reduction in the cost of end treatment. SD noted that additional resourcing will be considered in the 2016/17 budget but that we need to identify the areas that are most in need/affected consideration is to be given to mandating that fruit should be available at meetings instead of cakes etc. RM noted that approximately 10% of the budget is aimed at population health - in Scotland more is allocated to this and it has a positive effect on health issues later in life. Certainly improvements in low birth weights of babies. 				
Resolution: That the Governing Board receive and note the information provided in Item 1.					
C Minutes of Governing Board					
Item 2	2.1	Minutes of Meeting 9 March 2016	For Endorsement	Chair	2.1
Resolution: That the Minutes of the Governing Board's meeting of 9 March 2016 be confirmed as a true and accurate record.					
D Business Arising					
Item 3	Action Table and follow up				
	3.1	Action Table <ul style="list-style-type: none"> Update re Patient Story outcomes 	For Noting	Chair	3.1 3.1a
Resolution: That the Governing Board note the update.					
E Chief Executive's Report					
Item 4	4.1	Chief Executive's Report and Attachments:	For Discussion		4.1
SD presented his report to the Board, which had been supplied with the Agenda. The Board noted: <ul style="list-style-type: none"> the activity target in relation to continuation of service additional dental and surgical items carried out the success of the Harmony in Health day the adjustments made to surgery allocations particularly in the Coffs network capital developments at Macksville and Coffs Harbour 					
Resolution: That the Governing Board receive and note the information provided in Item 4.					
F Strategic Matters for discussion and/or endorsement					
Standing items					
	5.1	Budget Brief: Budget build up Brief: National Efficient Price (NEP) Determinations <ul style="list-style-type: none"> Appendix NEP Determination 2016-17 (<i>e-copy only</i>) Brief: National Efficient Cost (NEC) Determinations	For Discussion	Chair	5.1 5.1a 5.1b 5.1c

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	<ul style="list-style-type: none"> Appendix NEC Determinations 2016-17 (<i>e-copy only</i>) 			5.1d
<p>Resolution: That the Governing Board note the current status of negotiations between the Ministry of Health and Mid North Coast Local Health District around the development of the 2016/2017 Service Agreement and proposed activity targets, and the implementation of the budget build plan (Attachment 1) for 2016/2017.</p>				
5.2	Premier's Priorities for Health: <ul style="list-style-type: none"> Improving service levels in hospital NEAT NEST Tackling Childhood Obesity Reducing Domestic Violence 	<i>Presentation – See Item 1.3</i>	Chair/CE	
<p>The Chair noted the outcome and that the team needs to be acknowledged in the work carried out. Noted we need to consider if Board Members should consider some of the Chair/CE presentations as 'Board Training'.</p>				
5.3	Quarterly Risk Reporting (to be submitted in May)	No Items	Chair	-
<p>Resolution:</p>				
<p>Other items</p>				
5.4	<p>MENTAL HEALTH FOCUS Brief 1: Strengthening Mental Health Brief 2: Kempsey ED Declaration</p> <p>RESUBMITTED FOR DISCUSSION</p> <ul style="list-style-type: none"> Brief: Mental Health Performance Report Jan–Jun 15 Brief: Commonwealth Mental Health Reform Review of Mental Health Programs and Services Mental Health Change management 	For Discussion	CE	5.4 - 1 5.4 - 2 5.4a 5.4b 5.4c 5.4d
<p>Chair requested that the Board be kept up to date in relation to any risk associated with the items included in the resolution above. Note the safety of staff needs to be considered and how patients are managed.</p>				
<p>Resolution: That the Governing Board: 5.4 – 1 Be advised of the progress of the Living Well Reforms for the Mid North Coast Local Health District. 5.4 – 2 Note the advice regarding the Declaration of Kempsey ED. 5.4a Note the advice regarding six-monthly Mental Health Performance Report 5.4b Note the advice regarding the Commonwealth Response to the National Mental Health Commissions Review of Mental Health Programs and Services announced on 26/11/15 and implications for MNCLHD.</p>				
5.5	Brief: Easter - Medical Staffing <ul style="list-style-type: none"> Specialist Medical Staffing Non-Specialist Medical Staffing The Chair noted his congratulations to John Wickham who prepared the brief 	For Discussion	Chair	5.5 5.5a 5.5b
<p>Resolution: That the Governing Board note the advice</p>				
5.6	Brief: Delegations Manual – Update to Schedule 20	For Endorsement	Chair	5.6
<p>Resolution: That the Governing Board note the updates made to the Schedule of Delegated Personnel (Schedule 20) for MNLHD as indicated in Appendix 2.</p>				
5.7	Brief: Emergency Department Patient Survey 2014-15 <ul style="list-style-type: none"> MNCLHD ED Patient Survey Report Snapshot Report 	For Discussion	Chair	5.7 5.7a 5.7b
<p>SB noted from the Results Summary, he would investigate why Dr's would recommend one campus over another as the results appeared very similar overall.</p>				

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Further noted that there are opportunities for improvements over all campuses.				
Resolution: That the Governing Board endorse the continuation of Stephen Begbie as Chair of the Advisory Council for the MNCRC				
5.8	Brief: Update on Silver Chain services <ul style="list-style-type: none"> Silver Chain Technology – Copy of Presentation 	For Discussion	Chair	5.8 5.8a
The Chair noted the positive outcomes achieved by this service.				
Resolution: That the Governing Board note the Silver Chain Organisation's Services following the visit by the CE and Director AH&IC in late January 2016.				
5.9	Brief: Health Promotion Structure <ul style="list-style-type: none"> MNCLHD Draft Structure Healthy Communities Draft TOR Health Communities 	For Noting	Chair	5.9 5.9a 5.9b
SD noted that additional may be available. Rather than establish another Committee the Board responsibilities would be exercised through the Community Engagement Committee - name change - Community Engagement and Healthy Communities. This needs to include Director Communications in Membership. This recommendation was endorsed in principal pending submission of a suitable Terms of Reference. Further resolution once details finalised.				
Resolution: That the Governing Board endorse the proposed governance model and nominate a lead Governing Board member.				
G Directorate Updates				
Item 6	Directorate Updates			
6.1	Mental Health & Drug and Alcohol	For Noting		6.1
6.2	Allied Health & Integrated Care	For Noting		6.2
Noted the positive feedback from the day held in South West Rocks.				
6.3	Public Health <ul style="list-style-type: none"> Brief: MNC Research Collaborative – Chair 	For Noting		6.3 6.3a
6.4	Aboriginal Health & Primary Partnerships <ul style="list-style-type: none"> Six Month report against Implementation Plan 	For Noting		6.4 6.4a
Congratulations to be passed on the staff involved in Aboriginal Health				
6.5	Nursing, Midwifery & Workforce	For Noting		6.5
Noted the 3 new industrial disputes that have been initiated in the past month.				
6.6	Clinical Governance & Information Services <ul style="list-style-type: none"> HRT Preventing Avoidable Readmissions NZ ICT Report 	For Noting		6.6 6.6a 6.6b
6.7	Financial Operations and Asset Management <ul style="list-style-type: none"> Brief: Maxxia Salary Packaging 	For Noting		6.7 6.7a
6.8	Communications & Strategic Relations <ul style="list-style-type: none"> WIFI Feedback Summary Brief – Status of Governing Board Membership 	For Noting		6.8 6.8a 6.8b
Noted that the Brief for Membership of the Board should be received soon.				
6.9	Coffs Clinical Network Report	For Noting		6.9
6.10	Hastings Macleay Clinical Network Report	For Noting		6.10
Comments – JE noted the loss across the network but increased activity expected this last quarter.				

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The upcoming official opening of Kempsey building was noted by the Board. The Board noted the need for a palliative care specialist.					
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	Endorsed Minutes of Meeting – February 2016	For noting	7.1	
	7.2	Chair – Summary	For Discussion	7.2	
	Health Care Quality Committee				
	7.3	Confirmed Minutes of Meeting – 29 February 2016 <ul style="list-style-type: none"> HCQC Data Report Summary 	For Noting	7.3 7.3a	
	7.4	Chair – Summary	No items	7.4	
	MDAAC				
	7.5	Endorsed Minutes of Meeting – 11 February 2016 <ul style="list-style-type: none"> MDAAC Six-monthly Performance Report VMO Appointment process - Options 	For Noting	7.5 7.5a 7.5b	
	SD will seek advice and provide information at the May meeting in relation to one option identified in this report that is to be undertaken. There will also be time allocated to this discussion at that meeting.				
	7.6	CACD & Recommendations	For Noting	7.6 7.6a	
	7.7	Chair – Summary	For Discussion	7.7	
	Workforce, Health & Safety Committee				
	7.8	Confirmed Minutes of Meeting – February 2016	For Noting	7.8	
	7.9	Chair – Summary <ul style="list-style-type: none"> YourSay Employee Survey Results 	For Discussion	7.9 7.9a	
	The Board noted that areas for improvement have been identified from these results.				
	Health Services Development & Innovation Committee (No Items)				
	7.10	Minutes of Meeting	No Items	-	
	7.11	Chair – Summary	No Items	-	
	Close the Gap Committee				
	7.13	Confirmed Minutes of meeting	No Items	-	
7.14	Chair – Summary <ul style="list-style-type: none"> 6 month report Overarching CTG Intensification Framework 	For Discussion	7.14 7.14a 7.14b		
Community Engagement Committee					
7.15	Endorsed Minutes of Meeting	No Items	-		
7.16	Community Reference Group –Minutes	No Items	-		
7.17	Community Connections <ul style="list-style-type: none"> Feedback from Harmony in Health Expo (Email) 	For Discussion	7.17		
JRyan reported that the Community Connections Meeting held this morning was very interesting. VE will circulate letters that have been received from school students in relation to Harmony Day to the Community Engagement Committee for information.					
7.18	Chair – Summary	No Items	-		

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	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 • RI16/022	For Noting	Chair	9.1 9.1a
	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 (NIL)				
	10.1	Health Consumers NSW - Brochure	For Noting	Chair	10.1
	10.2	Letter from Chair to CE – Harmony in Health	For Noting	Chair	10.2
	10.3	Email: Secretary NSW Health Acting Arrangements	For Noting	Chair	10.3
L General Business					
Item 11	General Business & Questions on Notice				
	11.1	Confidentiality (Standing item)	For Noting	Chair	-
	11.2	Memo: Annual Performance Reporting from Sub-Committees and Refresh of TORs for Sub-Committees	For Discussion	Chair	11.2
	It was noted that Scheree Jones will be coordinating the collation or reports for the May Board Meeting and she will be in contact with Board Members as required.				
	11.3	Clinical Variation – future discussion item		Chair	
	11.4	The Chairs summary paper following discussions with all Board Members was tabled and noted			
	This item is to be included on the May or June agenda for discussion.				
Resolution: That the Governing Board receive and note the information provided in Item 11.					
M Upcoming visits and events					
Item 12	2016				
11 May	Nambucca HealthOne				
8 June	Port Macquarie CHC				
There being no further business the meeting closed at 6.45pm					