

MEETING MINUTES CONFIRMED

Wednesday, 14 September 2016

Commencing 3.00pm

FOCUS AREA: People, Patients and the Community

CHHC ME025 and Port Macquarie Community Health Large VCN

ITEM / DESCRIPTION		ACTION	CARRIAGE	ATT No.
A Attendance and Declarations				
<u>Welcome:</u> Warren Grimshaw AM, Chair.				
Present: Warren Grimshaw Chair (WG), Neil Porter (NPorter), David Kennedy (DK), Jo Sutherland (JS), Gail Whiteford (GW), Janine Reed (JR), Neville Parsons (NParsons),		For Noting	Chair	
Apologies: John Barrett (JB), Elizabeth Ruthnam (ER), Jan Ryan (JRyan).		For Noting	Chair	
In Attendance: Stewart Dowrick (SD), Vanessa Edwards (VE), Lynn Lelean (LL), Alan Tankel (AT) Chair MSC.		For Noting	Chair	
Declaration of Pecuniary Interest, Conflict of Interest and Related Transactions <ul style="list-style-type: none"> Updated Register of Declarations (current Aug 2016) attached 		For Noting	Chair	Reg A
B Presentations (1 hour)				
Item 1	Presentations/Discussions			
1.1	Brief: MNCCI Immunotherapy Administration Attendees: Tom Shakespeare, Director Cancer Services <ul style="list-style-type: none"> Recommendation that MNCLHD look at instituting a system to ensure standard practices are instituted across all departments. Collaboration and exchange of information and clinical experience between two sites should be formalised. SD to write to David Currow CINSW 	For Discussion	Chair	1.1
1.2	Patient Story – Kathleen Ryan, Executive Director Clinical Governance & Information Services <ul style="list-style-type: none"> Patient presented to Coffs Harbour. Patient stated a neighbour called the ambulance. The patient was in medical ward for assessment then transferred to Bellingen for Palliative care. Patient found medical ward to be very noisy, unable to sleep, “felt vulnerable” In Bellingen rehab/palliative care felt comfortable and supported. Patient stated he was unsure why he was in hospital. Acknowledged a “nice” doctor in Coffs took a lot of time to explain things but he could not remember what the doctor said. The patient was keen to go home but realised he would need a lot of assistance. The busy medical ward is not an ideal place for palliative care patients. Need to facilitate transfer to palliative care as early as possible. 	For discussion	Chair	1.2
1.3	Brief: MNCLHD Culture & Wellbeing Fund <ul style="list-style-type: none"> Copy of Presentation 			1.3 1.3a

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	<ul style="list-style-type: none"> Approved projects 2015-16 Attendees: Wendy Stow, Mark Tyler, Leanne Brognus and Kirsty Turnbull. Wendy Stow, MNCLHD Workplace Culture Consultant provided an overview of the District programs which have been recipients of funding under this initiative. Three staff attended to provide an overview of the specific program they were involved in including: <ul style="list-style-type: none"> Child & Family Health Nursing Coffs Harbour/Macksville/Port Macquarie and Kempsey - Investment \$21,267 Mid North Coast Cancer Institute – Coffs Harbour - Investment \$7,500 Macksville - Investment \$9,200 Board congratulated staff on their efforts in improving workplace culture. Board to receive evaluation after the next round. Recommendation is to allocate \$600K for current year endorsed by the Board.			1.3b	
Resolution: That the Governing Board receive and note the information provided in Item 1. CONFIRMED					
C Minutes of Governing Board					
Item 2	2.1	Minutes of Meeting 10 August 2016	For Endorsement	Chair	2.1
Resolution: That the Minutes of the Governing Board's meeting of 10 August 2016 be confirmed as a true and accurate record. CONFIRMED					
D Business Arising					
Item 3	Action Table and follow up				
	3.1	Action Table	For Noting	Chair	3.1
	3.2	Brief: (Resubmit) MNCLHD Service Plan for People with Eating Disorders (presenter Derek Moore) <ul style="list-style-type: none"> Report Presentation Resolution: That the Governing Board endorses the MNCLHD Service Plan for People with Eating Disorders 2016-2021. CONFIRMED Noting there will be resource implications for future service provision in this area.	For Endorsement		3.2 3.2a 3.2b
	3.3	Brief: (Resubmit) MNCLHD Adult Admitted Patient Survey Report – Results for Aboriginal patients MNCLHD Adult Admitted Patient Survey Report 2014 – results for Aboriginal patients ACTION: Review of feedback to be raised through the Workforce committee.	For Discussion		3.3 3.3a
	3.4	Follow-up from patient Story (Rachel McCann) re Maths and Movement project at Huntingdon school <ul style="list-style-type: none"> Discussions have been arranged for Rachel to discuss with Professor Stuart Smith from Southern Cross University her research and how the scope of this research may be extended beyond Huntingdon school. Rachel has expressed her thanks for the Board providing 	For Noting	VE	-

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		her with the platform and contact to potentially expand her project beyond the current research plan.		
	3.5	Brief: Status update on recruitment of DCS at CHHC Discussion: Noted that the permanent recruitment of DCS is important in the clinical governance of the Network	For Discussion	3.5
	3.6	Hospital Food: Sample meals to be provided to the meeting at approximately 4.30pm <ul style="list-style-type: none"> Meals were received by Board members in Coffs Harbour. 	For Discussion	
Resolution: That the Governing Board note the update on Action items. Items finalised with no further actions will be removed from the Action Table.				
E Chief Executive's Report				
Item 4	4.1	<p>Chief Executive's Report and Attachments: Noting specific comments:</p> <ul style="list-style-type: none"> Commencement of the Your Health Link Photographic Competition. Re-establishment of Nambucca Hospital Auxiliary In regards to working with Aboriginal partners and communities: <ul style="list-style-type: none"> Look to strengthen the relationship with Durri AMS. Review arrangements for a Health One in Bowraville. Establish a separate group to focus on mental health. Review funding models. Cochlear surgery has commenced at PMBH Health Needs profile has been completed Commencement of five-year clinical services strategy for the Coffs Clinical Network. <p><u>Discussion</u></p> <ul style="list-style-type: none"> WG noted there was a need for reviewing and improving Clinical Governance. Considered a key issue for Board consideration in management the future of Clinical Governance issues identification. NParsons noted the progress of MNCLHD in the White Ribbon Workplace Accreditation program – may consider opening training sessions to external organisations. NPorter – in review of Risk Schedule in CE report – Board should schedule time to consider these. <p>ACTION: CE to provide update on 6-monthly basis on any items considered at risk. CE to restructure risk reporting to identify items which require discussion.</p> <ul style="list-style-type: none"> Accreditation progress ACTION: Board to receive a schedule of matters which were outstanding or marked for action and status update. MNCLHD program was the recipient of the APAC Award for Working Seamlessly Across Organisations ACTION: Noted the success of the <i>Heathy Kids Bus Stop</i> project at the APAC Awards. Board to send letter of congratulations. 	For Discussion	4.1

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4.2	Chief Executive's Key Performance Indicators	For Discussion		4.2
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		Chair	
5.2	Premier's Priorities for Health: <ul style="list-style-type: none"> Improving service levels in hospital NEAT NEST Tackling Childhood Obesity <ul style="list-style-type: none"> Brief: MNCLHD Photographic Competition Reducing Domestic Violence 	For Discussion	Chair/CE	5.2
5.3	Risk Management Progress Brief Risk Management Progress <ul style="list-style-type: none"> Risks identified by the Governing Board Risk Appetite Statement Governance for Risk Reporting Framework for Risk KPIs and Reporting HCQC Risk Report MNCLHD Risk Report <p>Discussion: Reporting Framework noted as excellent. Presentation of data is useful.</p> <p>ACTION: Risk Workshop to be scheduled for Board (with Senior Executive Team in attendance) for Late Nov or early December.</p> <p>Note the comments contained in the papers submitted. Risk Register needs to be a living document with new items able to be added when required.</p>	For Endorsement	Chair	5.3 5.3a 5.3a.i 5.3b 5.3c 5.3d 5.3e
Resolution: That the Governing Board approve: <ol style="list-style-type: none"> An annual Risk Workshop to satisfy the requirements of Risk Management PD2015_043 be held – noting the Senior Executive to be in attendance. The MNCLHD Governing Board endorse the content of the MNC Quarterly Risk Report in regards to satisfying the needs of reporting to the Governing Board Endorse KRIs for each Risk Appetite Statement CONFIRMED				
Other items				
5.4	Brief: MNCLHD to join HNE/CC with bid be recognised as Advanced Health Research Translation Centre	For Discussion	Chair	5.4
Resolution: That the Governing Board endorse the participation of the MNCLHD in joining to be included the HNE/CC bid for recognition as an AHRTC in 2017. CONFIRMED				
5.5	In attendance: Richard Gilbert Development of the MNCLHD Health Needs Profile 2016 <ul style="list-style-type: none"> Brief Draft Health Needs Profile <p>Discussion:</p> <ul style="list-style-type: none"> May review the scope for a future report to express the burden of disease as a comparison across a range of illness. Recommendation that this document, once endorsed, 	For Discussion	Chair	5.5 5.5a

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	<ul style="list-style-type: none"> be provided to staff and Primary Health sector. Updates could be undertaken with data on two-year basis to assess impact on targeted programs. Thanked Richard Gilbert for his work on this report. <p>ACTION: List the matter for discussion at the joint MNCLHD Board and PHN Board meeting.</p>		
<p>Resolution: That the Governing Board note the results presented in the Health Needs Profile 2016 and use this information to inform health service planning and the development of strategies designed to improve the health of the population over the next five to ten years.</p> <p>NOTED</p>			
5.6	<p>Brief: NSW Health Bankstown-Lidcombe Hospital Report</p> <ul style="list-style-type: none"> Bankstown-Lidcombe Hospital Medical Gases Incident – Chief Health Officer’s Report 	For Discussion	Chair 5.6 5.6a
<p>Resolution: That the Governing Board notes the outcomes of the investigations and testing across MNCLHD confirmed gases are correct.</p> <p>NOTED</p>			
5.7	<p>Brief: MNCLHD Corporate Governance Attestation Statement</p> <ul style="list-style-type: none"> Corporate Governance Attestation Statement 	For Endorsement	Chair 5.7 5.7a
<p>Resolution: That the Governing Board endorse the 2015-16 Corporate Governance Attestation Statement.</p> <p>ENDORSED</p>			
5.8	For Discussion: Rural Health Minor Works Program - MNCLHD	For Discussion	Chair 5.8
<p>Resolution: That the Governing Board note the submissions which have received funding are Dorrigo MPS (security) and Wauchope Hospital (refurbishment of Rehabilitation Unit)</p>			
5.9	For Discussion: Recent State-wide Media Coverage	For Discussion	Chair Nil
Noted in previous discussion.			
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
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	<p>Clinical Governance & Information Services</p> <ul style="list-style-type: none"> ICT Plan RCA Report 16.05 RCA Report 16.09 HCQC Data Report Patient Safety and Quality Report 	For Noting	6.6 6.6a 6.6b 6.6c 6.6d 6.6e
6.7	Financial Operations and Asset Management	For Noting	6.7
6.8	Communications & Corporate Strategy	For Noting	6.8
6.9	Coffs Clinical Network Report	For Noting	6.9
6.10	Hastings Macleay Clinical Network Report	For Noting	6.10
<p>Resolution: That the Governing Board receive and note the information provided in Item 6.</p>			

ITEM / DESCRIPTION		ACTION	CARRIAGE	ATT No.
H Recommendations from Governance Committees				
Item 7	Finance and Performance Committee			
	7.1	Endorsed Minutes of Meeting – 26 July 2016	For noting	7.1
	7.2	Chair – Summary	For Discussion	7.2
	Health Care Quality Committee			
	7.3	Confirmed Minutes of Meeting – 27 June 2016 <ul style="list-style-type: none"> • HCQC Terms of Reference • HCQC Performance Report 	For Noting	7.3 7.3a 7.3 b
	7.4	Chair – Summary	For Noting	7.4
	MDAAC			
	7.5	Endorsed Minutes of Meeting – 14 July 2016 <ul style="list-style-type: none"> • MDAAC Performance Report 	For Noting	7.5 7.5a
	7.6	CACD & Recommendations	For Noting	7.6
	7.7	Chair – Summary	For Discussion	7.7
	Workforce, Health & Safety Committee			
	7.8	Confirmed Minutes of Meeting – 18 July 2016	For Noting	7.8
	7.9	Chair – Summary	For Discussion	
	Health Services Development & Innovation Committee (No Items)			
	7.10	Minutes of Meeting - 5 August 2016	For Noting	7.10
	7.11	Chair – Summary	No Items	
	Close the Gap Committee			
7.13	Confirmed Minutes of meeting <ul style="list-style-type: none"> • Close the Gap Terms of Reference 	For Noting		7.13a
7.14	Chair – Summary	No Items		
Community Engagement Committee				
7.15	Endorsed Minutes of Meeting – 30 May 2016 Recommendation re frequency of meetings – to be provided to next meeting.	For Noting		7.15
7.16	Community Reference Group Minutes – <ul style="list-style-type: none"> • Coffs Clinical Network • Hastings Macleay Clinical Network 	For Noting		7.16a 7.16b
7.17	Community Connections Update	For Noting		Nil
7.18	Chair – Summary	For Noting		7.18
Resolution: That the Governing Board receive and note the information provided in Item 7.				
J Quality & Safety				
Item 8	Risks identified at Governing Board meeting			
	8.1	List of risks identified during the meeting to be forwarded to Clinical Governance for consideration <ul style="list-style-type: none"> • How can the Board be assured that risks such as those identified state-wide (eg gas delivery and chemotherapy dosing) can be appropriately reported and managed on a local basis. 		

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	<ul style="list-style-type: none"> Clinical Governance – future framework for best practice. Accountability, performance frameworks and building a culture of risk identification and reporting. 				
K For Information of the Board (Discussion by exception)					
Item 9	Correspondence				
	9.1	For Noting	Chair	9.1	
	Resolution: That the Governing Board receive and note the information provided in Item 7.				
L General Business					
Item 10	General Business & Questions on Notice				
	10.1	Confidentiality (Standing item)	For Noting	Chair	-
	10.2	Council of Chairs Meeting	For Noting	Chair	10.2
	Resolution: That the Governing Board receive and note the information provided in Item 11.				
M Upcoming visits and events					
Item 11	2016				
	9 Nov	Port Macquarie Base Hospital			
	14 Dec	Annual Public Meeting – 1-2.30pm venue to be advised			
	14 Dec	Coffs Harbour Health Campus – 3.00pm			