

MEETING MINUTES - Endorsed

DATE: Wednesday, 13 September 2017

TIME: Commencing 3.00pm

VENUE: Coffs Harbour Health Campus – ED025 (PMCHC – VCN, MNCCI)

ITEM / DESCRIPTION	ACTION	CARRIAGE	ATT
Attendance and Declarations			
<u>Welcome:</u> Warren Grimshaw AM, Chair.			
Present: Warren Grimshaw AM Chair (WG), Neil Porter (NPorter), Dr Jo Sutherland (JS), David Kennedy (DK), Neville Parsons (NParsons), Janine Reed (JR), John Barrett (JBarrett), Dr Stephen Begbie (SB), Neil Wendt (NW), Dr Jennifer Beange (JBeange),			
Apologies: Gail Whiteford (GW), Vanessa Edwards (VE),			
In Attendance: Stewart Dowrick (SD), Lynn Lelean, Carolyn Heise, Dr John Neal, Julie Usher - Minutes			
Declaration of Pecuniary Interest, Conflict of Interest and Related Transactions			
Item 1: Presentations			
Presentations/Discussions			
1.1	<p>Presentation: Update on Wellbeing Clinics for child sexual abuse by Dr Kathy Kramer, Director Medical Governance.</p> <p>Dr Kathy noted the following progress in relation to the operation of the Wellbeing Clinic:</p> <ul style="list-style-type: none"> • The Sexual Assault Services in the MNCLHD provide 24-hour integrated psychosocial support, medical care and forensic examinations for adults and children after recent sexual assault. • They are staffed by specialist counsellors, who provide both initial and ongoing care, and forensically-trained GP VMOS and Sexual Assault Nurse Examiners (who make themselves contactable after-hours without remuneration). • Clients do not need to involve Police in order to access care. • Some clients have gone on to have successful outcomes, despite horrific assaults, due to the support from the Service, particularly the counselling aspect. • Medical assessments, including the ability to undertake forensic testing, has allowed DNA of offenders to be put on a national criminal database. Capturing this data has been crucial for future offender prosecution. • However, most children do not disclose child sexual abuse until they are outside the paediatric window for forensic testing, which is 24 hours. • Clients have been willing to re-engage with Health after their experiences with the Clinic. • The MNC service has attracted research students, as well as providing content for a forensic app, and is held in high esteem across the state. • NGO's including DV services are keen for integrated care to be extended to victims of violence that does not include sexual assault. • The 'Love Bites' school-based Domestic and Family Violence and Sexual Assault prevention program was an initiative of the MNCLHD and is now operating Australia-wide. • Dr Kathy Kramer was recently appointed as the Senior Clinical Advisor for Sexual Assault for the Ministry of Health. <p>Action: VE to invite Janet Cormick District Manager Integrated Child and Family Wellbeing to speak to the Board on how JIRT operates.</p> <p>Action: The Board resolved to write to Dr Kathy Kramer, to thank her for her contribution.</p> <p>Action: The Board would like to further understand, how both networks are covered by this service.</p>		
Resolution: The Governing Board received and noted the information provided in Item 1.			

ITEM / DESCRIPTION		ACTION	CARRIAGE	ATT
Item 2: Minutes of Governing Board				
2.1	Minutes of Meeting 9 August 2017	For Endorsement	Chair	
Resolution: The Minutes of the Governing Board meeting of 9 August 2017 were confirmed as an accurate record and will be made publicly available on the MNCLHD website.				
Item 3: Business Arising				
Action Table and follow up				
3.1	Action Table			
3.2	Peak Activity Planning A thank you letter to staff was included in the September edition of the Pulse.			
3.3	<p>RCA Summary/KPMG Report</p> <ul style="list-style-type: none"> Requested a commentary be provided on each of the recommendations and action/s to be taken as a result of the report. 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. Similar reporting to be undertaken on an annual basis (note that this has already been confirmed by the CE). <p>Discussion</p> <ul style="list-style-type: none"> It was noted that whilst no other LHD engages an external body to conduct these reviews, it was considered a 'best practice' approach for understanding and identifying risks in the District. The report was noted including the advice that: <ul style="list-style-type: none"> All three networks have incomplete residual risk recommendations. Mental Health Network has indicated timeframes for seven recommendations that remain incomplete will require to be completed. Hastings Macleay has six remaining recommendations with medium risk. Coffs Clinical Network has two remaining recommendations with medium risk. The next review will be completed in November. It was noted that the Board continues to be concerned about the effective follow up of these risks. It was noted that these risks will be addressed by SET and the network General Managers. The report is being referred to the HCQ Committee and A&R Committee and the Board will seek advice on the implementation process in due course. <p>Resolution: The Board noted the advice provided in the report, and that the risks identified continue to be addressed by the Senior Executive Team and the Network General Managers.</p>			
3.4	<p>Further advice from Patient Story from May 2017 in relation to NDIS</p> <ul style="list-style-type: none"> Brief: How the patient story presented at the May 2017 Board Meeting, will be used to positively influence the future of health care on the MNC, specifically in relation to Disability Inclusion. TOR Disability Inclusion Action Group 2017 <p>Action: SD to advise the Board if the Disability Inclusions Action Group is a district wide initiative.</p> <p>Resolution: The Governing Board noted the advice provided in the Brief, and the content of the TOR for the Disability Inclusion Action Group.</p>			
3.5	<p>Mental Health</p> <ul style="list-style-type: none"> Brief: BC to provide a background information Brief regarding seclusion, restraint and observations of patients with a mental illness in MNCLHD. <p>Resolution: The Governing Board requested this Brief be deferred to the November meeting.</p>			

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3.6	<p>Refugee Health in Coffs Harbour</p> <ul style="list-style-type: none"> • Brief: PC to provide a background information Brief regarding the provision of services to the Refugee Community in Coffs Harbour • 2016/17 Activity Report to Ministry of Health (MPSP report 16-17) <p>The CE noted that we will seek another LHD to review our services in this regard in order to benchmark what we are doing and ensure there are no gaps in our services.</p> <p>Resolution: The Governing Board noted the contents of the Brief, and the Activity Report to the MOH. The Governing Board also noted the CE's comments regarding undertaking an evaluation of services in the future. The Governing Board resolved to thank everyone involved in this service for their hard work and efforts.</p>		
3.7	<p>Macksville Maternity Options</p> <ul style="list-style-type: none"> • The CE advised that recruitment of two VMO's is almost complete, with recruitment of a third VMO to commence shortly. • The CE further advised that there are currently 6 FTE midwives at Macksville hospital, and that the ED at Macksville hospital is a safe environment, equipped with the right equipment should someone present to birth at Macksville. <p>Resolution: The Governing Board supports the continued delivery of maternity services at Macksville hospital, including an integrated maternity service with the assistance of Coffs Harbour Health Campus.</p>		
3.8	<p>Hospital in the Home</p> <ul style="list-style-type: none"> • SD to provide information around criteria for referrals and numbers of referrals for Hastings Macleay in 2016/17. <p>Resolution: The Governing Board requested this Brief be deferred to the November meeting.</p>		
<p>Resolution: The Governing Board noted the update on Action items. Items finalised with no further actions will be removed from the Action Table.</p>			
<p>Item 4: Chief Executive's Report</p>			
4.1	<p>Chief Executive's Report</p> <ul style="list-style-type: none"> • CE Governing Board Report – August 2017 • CE Attachment 1 – Palliative Care Roundtable Report – MNC <p>Stewart Dowrick gave an update to the Board on the following key issues:</p> <ul style="list-style-type: none"> • Bowraville Brokerage Solution: the successful tender was awarded to Van Mal Group. Anticipated handover date is 29 September 2017. A morning or afternoon tea will be held to celebrate completion of this project. • Coffs Clinical Network Five Year Strategy: discussions continue with medical staff on the proposed five-year capital plan. The District is working with the NSW Ministry of Health to secure a project number and complete Business case so this work can commence. • Macksville District Hospital Redevelopment: Interviews for the Project Lead position have been held and the preferred applicant will be appointed soon. A meeting to update staff on progress will be held in September. <p>Resolution: The Governing Board noted their continuing support for the redevelopment of Macksville District Hospital.</p> <ul style="list-style-type: none"> • Coffs Harbour Health Campus Expansion: Draft Functional Design Briefing Documents have been disseminated for review and comment. A Value Management workshop is taking place in September to make final decisions on recommendations. Dr John Neal noted that Medical staff would like to be as involved as possible in clinical services planning without impeding progress toward successful outcomes. 		

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<p>Resolution: The Governing Board noted the progress on the CHHC redevelopment and requested an update report be provided for the October Board Meeting.</p> <ul style="list-style-type: none"> Surgical Services: The District achieved all three key surgical category targets. It was noted that since the appointment of a second ENT surgeon at CHHC, there has been a considerable increase in patients from Hunter/New England Local Health District onto the waiting list for ENT surgery. <p>Action: The CE to discuss with Hunter/New England Local Health District options for reimbursement of services provided to H/NE patients in Coffs Harbour.</p> <ul style="list-style-type: none"> Peak Activity: The MNCLHD has experienced a level of winter seasonal activity well beyond what had been anticipated, largely contributed by one of the worst influenza seasons in close to a decade. The CE has written to NSW Health regarding available supplementation to assist supporting the LHD for this service issue. <p>Action: Neville Parsons to advise the Finance and Performance Committee of the request to Ministry of Health.</p> <p>Resolution: The Governing Board noted the impact of current peak activity, and supported the Chief Executive's actions to address financial implications on the District for this service issue.</p> <ul style="list-style-type: none"> Direct Acting Antiviral (DAA) treatments for people living with Hepatitis C: The uptake of antiviral treatment in MNCLHD is currently the best in the state. Mental Health Strengthening Plan: work on this continues steadily with the new senior management team due to commence in September. Mental Health Redevelopment Port Macquarie Base Hospital: Tenders have been let for this body of work. District Quarterly Performance Review Meeting: The District had its 3rd Quarterly Performance Review meeting with the NSW MoH on 22 August and maintained its "0" rating with no issues to note. Wauchope District Memorial Hospital: The hospital has secured funding through the Rural Health Minor Works Program for an upgrade to facilities in the General Rehabilitation ward. Works will be delivered in the 2017/2018 financial year. Childhood Obesity: The District is working closely with the Department of Education to deliver state-wide support programs. The District has initiated the Healthy Communities Advisory Committee (HCAC) to facilitate a regional leadership approach to preventive health. A HCAC Regional Child Obesity Summit is planned for November 2017. The Board noted work undertaken by Andrew Bailey District Manager Health Promotion, to progress the Childhood Overweight and Obesity Project. Executive Director of Financial Operations: Recruitment to this District position is almost finalised. State Close the Gap Committee: The CE and Director of Aboriginal Health and Primary Partnerships have been invited to be members of the State's inaugural Close the Gap Steering Committee that will meet for the first time in October. Coffs Harbour Health Campus and Kempsey hospital have participated in the Ministry of Health review of seclusion, restraint and observations of patients with a mental illness in NSW Health Facilities. Health Promotion/Stepember: Stepember has commenced and the Mid North Coast LHD currently leads the way in NSW Health with 145 teams registered. The event is run by the Cerebral Palsy Alliance. Fundraising efforts have been outstanding and so far we have recorded the most number of steps when compared to other districts on an aggregated basis. <p>Action: The Chief Executive to prepare a Brief to the Board on Stepember outcomes, including a reflection on engagement and culture.</p> <ul style="list-style-type: none"> Security Audit: the LHD is currently completing its five-year Security Audit. When the Audit is finalised, a report will be presented to the Board. 			

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	<ul style="list-style-type: none"> • CHCN Acting GM: Carolyn Heise has completed acting in this role and will now act as HMCN GM while Jane Evans is on leave. <p>WG noted that for the current financial year, we need to take a 'back to basics' approach to finances. It will be a tight financial year and with the assistance of the Senior Executive Team, we need to focus on being as lean as we can to bring our numbers down. This will be a year for consolidation and perhaps not going forward with some pilot programs but focus on core business.</p> <p>WG noted that the Palliative Care Roundtable Report was an excellent paper and advised that the Board need to spend time discussing Palliative Care further. It was agreed to add Palliative Care as a strategic discussion item for the Governing Board Planning Day in February 2018, and to invite Grant Kennedy and Dr Dan Curley to join this discussion.</p> <p>Resolution: The Governing Board noted the contents of the Chief Executive's reports and the notations made herein.</p> <p>Resolution: The Board noted the Palliative Care Roundtable Report and the inclusion of Palliative Care for the Planning Day.</p>		
4.2	<p>Chief Executive's Key Performance Indicators Chief Executive's Performance Summary</p> <p>Resolution: The Governing Board noted the contents of the Chief Executive's KPI and Performance Summary reports.</p>		
Resolution: The Governing Board received and noted the information provided in Item 4.			
Item 5: Strategic Matters (as per the MNCLHD Strategic Directions 2017-2021) - for discussion and/or endorsement			
<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> <p>It was noted that the next meeting is being held 25 September 2017.</p>		
5.1.2	<p>Brief: MNCLHD Implementation of the Healthy Food and Drink in NSW Health Facilities for Staff and Visitors Framework.</p> <ul style="list-style-type: none"> • Healthy Food and Drink in NSW Health Facilities for Staff and Visitors Framework • Healthy Food and Drink in NSW Health Facilities for Staff and Visitors Framework Toolkit • ROSD Directorate Actions • Healthy Choices in Health Facilities Presentation <p>Resolution: The Governing Board resolved to approve the Brief MNCLHD Implementation of the Healthy Food and Drink in NSW Health Facilities for Staff and Visitors Framework, and noted that the papers provided were extremely high quality.</p>		
5.1.2	<p>MNCLHD Volunteers Forum</p> <p>The CE reported on the successful MNCLHD Volunteers Forum which was held at South West Rocks Surf Life Saving Club on 23 August 2017. Approximately 100 volunteers attended the Forum from across the District. The Volunteers Forum provided an opportunity to say thank you and to recognise the wonderful work our volunteers do. The Forum also provides a networking opportunity between volunteers, and an opportunity to meet with the Chief Executive and other senior staff.</p>		

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Resolution/s confirmed by the Board relating to Item 5.1:			
1. The Governing Board received and noted the information provided in Item 5.			
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			
5.2.1	Board Sub-Committee: Workforce, Health & Safety <ul style="list-style-type: none"> • Confirmed Minutes – 19 June 2017 • Chairs Summary – 21 August 2017 • MNCLHD WH&S Committee Revised Terms of Reference • Brief: MNCLHD WH&S Committee Efficiency Savings Strategy Report • MNCLHD WH&S Committee HR Summary Annual Report <p>Neil Porter, the Chair of the Workforce, Health and Safety Sub Committee also noted the following items:</p> <ul style="list-style-type: none"> • The Aboriginal Workforce Plan was endorsed by the Workforce, Health and Safety Committee, and this Plan will be presented to the Governing Board for endorsement in October. • It was noted that Aboriginal employment is currently sitting at 3.9% across the District. • Workers Compensation claims have decreased and we are currently sitting below our annual target. • The number of Industrial Disputes has increased compared to last year. • The number of Bullying investigations have decreased compared to last year. • Excessive leave is still trending up, but is now being monitored more closely. • Performance Reviews remain on target for 85% completion. • The frequency of meetings of the Workforce, Health and Safety Committee are now bi-monthly, with the ability to call special meetings should anything of concern arise. <p>WG noted that the Workforce, Health and Safety Committee is operating very effectively. Noting there are plans in place to address areas of concern.</p>		
5.2.2	Board Sub-Committee: MDAAC <ul style="list-style-type: none"> • Confirmed Minutes – 13 July 2017 • Chairs Summary – 10 August 2017 		
Resolution/s confirmed by the Board relating to Item 5.2:			
1. The Governing Board received and noted the information provided in Item 5.2 2. The Governing Board received and noted the information in Brief: MNCLHD WH&S Committee Efficiency Savings Strategy Report			
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	Board Sub-Committee: Integrated Care It was noted that the next meeting is being held 25 September 2017.		
Resolution/s confirmed by the Board relating to Item 5.3:			
1. The Governing Board received and noted the information provided in Item 5.3			
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"> • Confirmed Minutes – 31 July 2017 • Chair Summary – 28 August 2017 		
Resolution/s confirmed by the Board relating to Item 5.4:			

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<p>1. The Governing Board received and noted the information provided in Item 5.4.</p>			
<p>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</p>			
<p>5.5.1</p>	<p>Board Sub-Committee: Health Service Development & Innovation</p> <p>It was noted that the next meeting is being held 6 October 2017.</p> <p>Dr Stephen Begbie, the Chair of the Health Service Development and Innovation Committee, noted the following:</p> <ul style="list-style-type: none"> • SB noted that there has been a significant decline in committee members attending this meeting, and whilst delegates are sometimes sent along in place of committee members, they are unable to comment on changes. • SB noted that senior staff are going to the effort of preparing presentations on important initiatives, and it is disappointing when committee members are not available to attend and hear these. • The CE suggested reviewing the time of the meeting to improve access and allow people to attend. 		
<p>Resolution/s confirmed by the Board relating to Item 5.5:</p>			
<p>1. That the Governing Board receive and note the information provided in Item 5.5</p>			
<p>5.6 Value and Accountability We drive value by delivering the best patient outcomes within a level of expenditure that is sustainable</p>			
<p>5.6.1</p>	<p>Board Sub-Committee: Finance and Performance</p> <ul style="list-style-type: none"> • Minutes – Confirmed Minutes Meeting 25 July 2017 • Chair Summary – 29 August 2017 • Finance and Performance Report YTD 31 July 2017 • Finance and Performance Presentation <p>Neville Parsons, the Chair of the Finance and Performance Committee noted the following;</p> <ul style="list-style-type: none"> • The Acting Executive Director of Financial Operations Stephen Mitchell and Kate Vandoros have very quickly identified key areas for close monitoring. • Going forward, the Finance team will prepare a quarterly report for the Board on these issues, including monthly income and expenditure. • It was noted that the Network General Managers are responsible for the budgets, however they need to be provided with the right reporting information. • The Finance and Performance Committee will be providing a one-page summary of revenue expenditure against budget at the October Board meeting. The Committee is also reviewing the timing of their monthly meeting to better align with reporting timeframes. <p>Resolution: The Governing Board resolved to congratulate the Finance team on the information provided in the Finance and Performance Presentation.</p> <p>Resolution: The Governing Board resolved to endorse the recommendations put forward by the Chair of the Finance and Performance Meeting as noted on page three of Att. 5.6.1b.</p> <ul style="list-style-type: none"> • Request the Acting Executive Director Financial Operations & Asset Management and the Associate Director of Finance prepare a Brief addressing how Finance resources could be strengthened to assist in achieving the key financial objectives of the District. This response should contemplate: <ul style="list-style-type: none"> ○ Resourcing within the District Finance team ○ Advantages of a centralised finance structure across the District ○ Review of models utilised by other LHD's who have a demonstrable history of strong financial performance. 		

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Resolution/s confirmed by the Board relating to Item 5.6:			
1. 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: Closing the Gap		
	<ul style="list-style-type: none"> Confirmed Minutes - 8 June 2017 Chair Summary Report – 21 August 2017 		
Resolution/s confirmed by the Board relating to Item 5.7:			
1. The Governing Board received and noted the information provided in Item 5.7.			
Item 6: Other Operational Items for Discussion			
6.1	Special Budget Meeting – 27 July 2017		
	<ul style="list-style-type: none"> Minutes from the Special Budget Meeting – 27 July 2017 Action Items from the Special Budget Meeting – 27 July 2017 		
	Resolution: The Governing Board resolved to endorse the Special Budget Meeting Minutes from 27 July 2017.		
6.2	Corporate Governance Attestation Statement for MNCLHD 1 July 2016 to 30 June 2017		
	Resolution: The Governing Board resolved to endorse the Corporate Governance Attestation Statement for MNCLHD 1 July 2016 to 30 June 2017 paper as presented. The Governing Board also noted JS concerns around the adequacy of the documented plan for Clinical Risk Management. It was also agreed that the Clinical Risk Management Plan could be further reviewed.		
Item 7: Directorate Updates			
Directorate Updates			
7.1	Mental Health & Integrated Care		
7.2	Public Health		
	<ul style="list-style-type: none"> Brief: Influenza Update 2017 		
7.3	Aboriginal Health & Primary Partnerships		
7.4	Nursing, Midwifery & Workforce		
7.5	Clinical Governance & Information Services		
7.6	Financial Operations and Asset Management		
7.7	Communications & Strategic Relations		
7.8	Coffs Clinical Network Report		
7.9	Hastings Macleay Clinical Network Report		
	Resolution: The Governing Board received and noted the information provided in Item 7.		
Item 8: For Information of the Board (Discussion by exception)			
M Correspondence, General Business & Questions on Notice			
8.1	Confidentiality (Standing item)		
8.2	Commonwealth Paper		
	Reducing pressure on private health insurance premiums by addressing the growth of private patients in public hospitals.		
	Resolution: The Governing Board agreed that SD would prepare a response to this matter for WG sign off.		
8.3	Model By-Laws		
	<ul style="list-style-type: none"> Brief: New Model By-Laws September 2017 Model By-Laws LHD's, SHN's Justice and Children's 		
	Resolution: The Governing Board resolved to endorse the New Model By-Laws September 2017.		

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8.4	Code of Conduct and Confidentiality at Meetings Resolution: The Governing Board noted the requirement for Code of Conduct and Confidentiality at Meetings.		
8.5	Cooperative Research Centres (CRC) Programme <ul style="list-style-type: none"> • Brief: Cooperative Research Centre for Integrated Health and Human Services for Australia and Asia Pacific • Draft Goals of the IHHS CRC Resolution: The Governing Board noted the information provided in the Brief and the Draft Goals of the IHHS CRC.		
8.6	Feedback on Board Payment Process <ul style="list-style-type: none"> • IB2013_013 Remuneration – Local Health District and Speciality Network Board Members Resolution: The Governing Board resolved to forward feedback on the Board Payment Process only.		
8.7	Confidential Item – Chief Executive Performance Review Resolution: The Governing Board discussed this matter in a private session, and agreed with the Chair’s assessment and noting that a further report will be referred to the Board at the October meeting.		
Item 9: 2017 - Upcoming visits and events (for information)			
	Date	Event Details	
	3 October	Council of Board Chairs Forum	
	6 October	Senior Manager Forum (Slim Dusty Centre)	
	11 October	MNCLHD Board Meeting – (Wauchope)	
	16 October	ACHSM MNC Health Leaders Forum (Coffs Harbour)	
	8 November	MNCLHD Board Meeting - CHHC	
	16 November	National Obesity Summit (Glasshouse Port Macquarie)	
	17 November	Your Health Link National Photographic Competition (Glasshouse Port Macquarie)	
	13 December	MNCLHD Board Meeting – PMCHC Annual Public Meeting - TBA	
There being no further business the meeting closed at 6.05pm			