

# MEETING MINUTES

**DATE:** Wednesday, 12 July 2017

**TIME:** 3.00pm to 6.30pm

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

ITEM / DESCRIPTION	ACTION	CARRIAGE	ATT	
<b>Attendance and Declarations</b>				
<u>Welcome:</u> Warren Grimshaw AM, Chair.				
Present: Warren Grimshaw Chair (WG), Neil Porter (NPorter), Jo Sutherland (JS), David Kennedy (DK), Janine Reed (JR), John Barrett (JBarrett), Stephen Begbie (SB), Neil Wendt (NW), Jennifer Beange (JBeange), Gail Whiteford (GW) <i>(attendance to be confirmed)</i>				
Apologies: Neville Parsons (NParsons)				
In Attendance: Stewart Dowrick (SD), Vanessa Edwards (VE), Julie Usher - Minutes				
Declaration of Pecuniary Interest, Conflict of Interest and Related Transactions				
<b>Item 1: Presentations</b>				
<b>Presentations/Discussions</b>				
1.1	<p><b>Presentation – Audit and Risk</b> <b>Presenter:</b> Ken Barker 3.05pm – 3.25pm</p> <p>Ken Barker reported on Audit and Risk Committee (A&amp;RC) activities for the for six months to June, 2017 and noted the following;</p> <ul style="list-style-type: none"> <li>• The A&amp;RC will regularly, but at least once a year, report to the MNCLHD Board on its operation and activities during the year.</li> <li>• A&amp;RC identified nine items; of these, two are completed (one in policy and one is on track for completion by June), four are deemed “at risk” with timely capitalisation of assets due to Health Infrastructure, and three involve excess annual leave, salary overpayments and unapproved timesheets and action by the District is monitored.</li> <li>• Proposal for internal audits in the next six months to occur in the following areas: <ul style="list-style-type: none"> <li>○ Travel claims</li> <li>○ Vmoney Web</li> <li>○ Dorrigo Hospital</li> <li>○ Capital works</li> <li>○ Purchasing</li> <li>○ Mobile phones and Accounts Payable</li> <li>○ Health Promotion Funding &amp; Expenditure</li> <li>○ North Coast Cancer Institute – Port Macquarie</li> <li>○ TESL &amp; Professional Grants</li> <li>○ Recruitment and Employment Screening</li> </ul> </li> <li>• The A&amp;RC is aware of the need to clarify the role of the A&amp;RC in respect of Clinical Risk, the Board will be given an update of a teleconference involving the CE, Chair of the Quality and Safety Sub Committee and the Chair of the A&amp;RC.</li> </ul>	Noted	Chair	

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	<ul style="list-style-type: none"> <li>The A&amp;RC will seek attendance of key Executives at the A&amp;RC meetings, where Internal Audits appear to reflect a need for significant reform in their area of responsibility.</li> <li>Work with the Quality and Safety Sub Committee to provide an overall framework to the Board as to how clinical risk across the District is oversighted.</li> <li>It was noted that a recent Board members seminar held in Sydney focused on Patient Safety and Quality in Healthcare</li> <li>Stewart Dowrick confirmed MNCLHD would provide commentary back to MoH on the final financial statements and inclusion of Key Management Personnel.</li> <li>It was noted that a late budget supplementary received 30 June – impacted on the end of year result.</li> </ul>		
1.2	<p><b>Presentation – PWC Organisational Structure Review</b> <b>Presenter:</b> Angi Bissell</p> <p>Angie Bissell of PWC, provided a high level overview of options for the proposed organisational structure improvement of the MNCLHD.</p>	Noted	Chair
1.3	<p><b>Presentation – Outcomes from Local Health District and Speciality Network Board Members Conference Sydney 2017</b> <b>Presenter:</b> Dr Joanna Sutherland</p> <p>Dr Joanna Sutherland provided the Board with an overview of the outcomes from the Local Health District and Speciality Network Board Members Conference held 19<sup>th</sup> June 2017 in Sydney. Items included:</p> <ul style="list-style-type: none"> <li>Minister Brad Hazzard spoke of the need for transparency and engagement in the organisations culture.</li> <li>Elizabeth Koff, Secretary NSW Health spoke of the NSW Health priorities for 2017/2018 which include: <ul style="list-style-type: none"> <li>Patient Safety First</li> <li>Leading Better Value Care</li> <li>System Integration including developing and sustaining relationships with PHN's and other key stakeholders</li> <li>Strengthening governance and accountability</li> <li>Digital health and data analytics</li> </ul> </li> <li>A need for cultural change and a spread of best practice between districts including <ul style="list-style-type: none"> <li>Collective/shared leadership – all leaders are coaches</li> <li>Shared aspirations/vision – patient safety is everybody's business</li> <li>Capacity building- invest in people</li> <li>Learning from strengths – systems informed by timely data</li> <li>Intrinsic motivators</li> </ul> </li> <li>NSW Health are developing a new Q framework and will focus on: <ul style="list-style-type: none"> <li>Value</li> <li>Outcomes</li> <li>Whole of system view</li> </ul> </li> </ul>	Noted	JS

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<ul style="list-style-type: none"> <li>○ Balance between monitoring/intervention vs improvement</li> </ul>				
<p>1.4 <b>Update – Status of Budget for 2016/2017, including Transition Grant</b> <b>By: Nick De Groot</b></p> <p>Nick De Groot provided an update to the Board on the Transition Grant including:</p> <ul style="list-style-type: none"> <li>• As a District, in the Emergency Department operations space we are performing adverse to the State Efficient Price.</li> <li>• The State Efficient Price is based on 2014/15 and reflects the national average costs for that year, most heavily influenced by performance in Victoria.</li> <li>• The analysis on which the SLA transition grant was determined is based on the District’s DNR result for the 2015/16 year.</li> <li>• Board noted that the Transition Grant was a significant loss to the budget.</li> <li>• Board resolved to raise with MOH that we fail to understand the logic of reducing our funding by 670K in context of the transition grant process.</li> <li>• Noting the current efficiency of our EDs has improved, and as a Board we do not see the rationale in reducing our budget for the 2017/18 year.</li> </ul> <p>Board endorsed that Nick de Groot to continue his work on these matters including:</p> <ul style="list-style-type: none"> <li>• To better understand why we are in this situation,</li> <li>• the impact of the conditions imposed and</li> <li>• how we will progress.</li> </ul>	Noted	NDG		
<b>Resolution:</b> That the Governing Board receive and note the information provided in Item 1.				
<b>Item 2: Minutes of Governing Board</b>				
2.1	Minutes of Meeting 14 June 2017 <b>Endorsed</b>	Endorsed	Chair	
<b>Resolution:</b> The Minutes of the Governing Board meeting of 14 June 2017 were confirmed as an accurate record and will be made publicly available on the MNCLHD website.				
<b>Item 3: Business Arising</b>				
<b>Action Table and follow up</b>				
3.1	Action Table Question of urologist for Coffs Harbour – vacant for some time and community concerns.	Noted	Chair	
3.2	<b>Mental Health – access to psychiatrist</b> Following discussion around Mental Health patient presentations at Kempsey District Hospital via Newcastle, it was sought to seek information around recruitment and retention of psychiatrists and the challenges in this area. Seek further advice on strategies for creative recruitment – a rural strategy.	Noted	BC	
3.3	<b>UK &amp; Sweden Visit - Actions/Outcomes follow up</b> Provide further advice and/or Action Plan on the findings of the material and how this applies, or can be applied, to MNCLHD. Outline the	Noted	KR	

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standards that are expected, if they are being achieved and identify any gaps. <b>Action: Copy of the Action Plan to be provided to the Board</b>			
3.4 <b>Risk Register</b> Update will be provided following feedback from the Ministry of Health on Board Strategic Risks Report	Noted	KR	
3.5 <b>Post Accreditation</b> The Governing Board requested a progress report on each issue and risk arising from the accreditation process and final report. <ul style="list-style-type: none"> <li>NSQHS Standards Survey - Not Met Report</li> </ul>	Noted	KR	
<b>Resolution: The Governing Board noted the update on Action items. Items finalised with no further actions will be removed from the Action Table.</b>			
<b>Item 4: Chief Executive's Report</b>			
4.1 <b>Chief Executive's Report and Attachments:</b>  Stewart Dowrick gave an update to the Board on the following key issues: <ul style="list-style-type: none"> <li>Announcement of \$73M funding for new greenfield site for Macksville District Hospital</li> <li>The District has performed well against all key Tier 1 and 2 Service Agreement indicators; and is working through the Service Agreement and Budget for 2017/18.</li> <li>Sound progress has been made in regards to the review of the Kempsey Medical Model.</li> <li>Work continues on Bowraville Brokerage Solution with an additional \$175k allocated to complete refurbishment of the site.</li> <li>Coffs Clinical Network Five Year Strategy Plan is progressing with discussions recently held with medical staff on the five year capital plan.</li> <li>Reintroduction of the Peak Activity Team in time for winter, and the timely allocation of Budget to assist with seasonal activity patient management.</li> </ul> <b>Action: Board requested a copy of the final submission prepared by PwC (for HI) on MNCLHD surgical services.</b> <ul style="list-style-type: none"> <li>Continued work to explore better options for the improvements in availability of car parking at both Port Macquarie sites.</li> <li>Noted the secondment of Executive Director Workforce, Nursing and Midwifery Stephen Rodwell, to Far West LHD as the Acting Chief Executive for the next few months.</li> <li>Noted the NSW Health review of Mental Health including seclusion will hold session/s in Coffs Harbour in September.</li> <li>Accreditation – MNCLHD did very well with a small number of recommendations resulting from the review undertaken by the ten-member team of surveyors.</li> </ul>	Noted	CE	



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<p><b>Action: Board resolved to extend their thanks to staff on the result of the 2017 Accreditation.</b></p> <ul style="list-style-type: none"> <li>Mick Reid held the final joint clinical meeting with MSC representatives from Kempsey District Hospital and Port Macquarie Base Hospital. Agreement was reached on principles centred on ensuring Kempsey District Hospital operates within its appropriate role delineation, and where possible to strengthen the ability of patients to remain at Kempsey.</li> </ul> <p><b>Action: Board resolved to commend those involved in the joint clinical meeting with MSC representatives from Kempsey District Hospital and Port Macquarie Base Hospital, working through the issues and presenting agreement on this matter. The outcomes as presented were endorsed by the Board.</b></p> <p><b>Action: SD to write to Colin Farquharson regarding Kempsey.</b></p> <ul style="list-style-type: none"> <li>Three MNCLHD staff have commenced their exchange programs with Garvan Institute of Medical Research, Black Dog Institute and Neuroscience Research Australia.</li> <li>Translational Research Grants – funding has been approved for the project <i>“Detecting child abuse and neglect in ED: Streamlining Access to Care and Assessment to Improve outcomes for Vulnerable Children”</i>. In total \$496K has been provided to support this project over two years.</li> </ul> <p><b>Action: Board resolved that the CE write to NSW Health providing information of the Board’s concerns as below:</b></p> <ul style="list-style-type: none"> <li><b>We note the late notification (end of June) in terms of the adjustments to budget (accrual of annual Leave) and ask the CE to seek supplementation for that amount.</b></li> <li><b>Seek explanations in respect of income for AARP or HI (? Check with Stewart) not being received and resolve that we be provided with an appropriate explanation and supplementary funding to offset that amount.</b></li> <li><b>Request CE raise concerns with relevant manager’s in regards of surgery and the budget issues at Coffs Harbour.</b></li> </ul>			
<p>4.2 Chief Executive’s Key Performance Indicators Chief Executive’s Performance Summary</p>	Noted	CE	
<p><b>Resolution:</b> The Governing Board received and noted the information provided in Item 4.</p>			
<p><b>Item 5: Strategic Matters (as per the MNCLHD Strategic Directions 2017-2021) - for discussion and/or endorsement</b></p>			
<p><b>5.1 People, Patients and the Community</b></p>			
<p>We deliver patient-centred care informed by patients, their families and the community</p>			
<p><b>5.1.1 Board Sub-Committee: Community Engagement</b></p> <ul style="list-style-type: none"> <li>Minutes – Meeting held 29 May 2017</li> <li></li> </ul>	Endorsed.	Chair CESC	
<p><b>Identification of Risks for Item 5.1 (if applicable):</b></p>			

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<b>Resolution/s confirmed by the Board relating to Item 5.1:</b>			
1. The Governing Board received and noted the information provided in Item 5.1.			
<b>5.2 Leadership, Workforce and Culture</b>			
We support the development of our workforce through learning and development, with a culture that supports everyone to be their best			
5.2.1	<b>Board Sub-Committee: Workforce, Health &amp; Safety</b> <ul style="list-style-type: none"> <li>Minutes – Confirmed Minutes 15 May 2017</li> <li>Chair Summary – Meeting held 19 June 2017</li> </ul> <p>NPorter advised that the committee has agreed to meet bi-monthly with an amendment in the TORs noting a special meeting can be held if required.</p> <p><b>Board endorsed this new meeting structure.</b></p>	Endorsed	Chair WHS
5.2.2	<b>Board Sub-Committee: MDAAC</b> <ul style="list-style-type: none"> <li>Minutes – Confirmed Minutes 11 May 2017</li> <li>Chair Summary - Meeting 8 June 2017</li> <li>Register of Recommendations</li> <li>CACDs June 2017</li> </ul>	Endorsed	Chair MDAAC
5.2.3	<b>Brief: Mental Health Recruitment – Access to Psychiatrist (Action 3.2)</b>	Endorsed	
<b>Identification of Risks for Item 5.2 (if applicable):</b>			
<b>Resolution/s confirmed by the Board relating to Item 5.2:</b>			
1. The Governing Board received and noted the information provided in Item 5.2			
<b>5.3 Integrated Care</b>			
We have strong partnerships with healthcare providers across the Mid North Coast to ensure we can deliver truly integrated healthcare			
5.3.1	<b>Board Sub-Committee: Integrated Care</b>	Next Meeting 13 July 2017	
<b>Identification of Risks for Item 5.3 (if applicable):</b>			
<b>Resolution/s confirmed by the Board relating to Item 5.3:</b>			
1. The Governing Board noted that the next Board Sub Committee for Integrated care is being held on 13 July 2017.			
<b>5.4 Safety and Quality</b>			
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	<b>Board Sub-Committee: Health Care Quality</b> <ul style="list-style-type: none"> <li>Minutes – Confirmed Minutes Meeting 29 May 2017</li> <li>Chair Summary – 26 June 2017</li> <li>Minutes – Confirmed Minutes Meeting 24 April 2017</li> </ul>	Endorsed	Chair HCQC
5.4.2	<b>Brief - External building products used on hospitals</b> <ul style="list-style-type: none"> <li>Kempsey District Hospital Fire Engineers Report (FER)</li> <li>Port Macquarie Base Hospital Expansion FER</li> <li>Port Macquarie Base Hospital Handbook FER</li> <li>Port Macquarie Base Hospital Web FER</li> </ul> <p><b>Resolution: The Governing Board noted the proposal and endorsed with the following note. Advice to be provided back to Mark McKiernan that the AFM on-line component is excluded from this endorsement.</b></p>	Endorsed	

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5.4.3	<b>Brief – Risk Register (Action 3.4)</b> <ul style="list-style-type: none"> <li>Strategic Risk Report</li> <li>MNCLHD Top Ten Risk report to MoH</li> <li>Noting risk of continuing performance and ability to deliver services</li> </ul>	Noted		
5.4.4	<b>Brief – Clinical Governance Support for Mental Health</b>	Endorsed		
<u>Identification of Risks for Item 5.4 (if applicable):</u>				
<u>Resolution/s confirmed by the Board relating to Item 5.4:</u>				
1. The Governing Board received and noted the information provided in Item 5.4.				
<b>5.5 Innovation and Research</b>				
We evaluate our outcomes against best practice. We collaborate with academic partners to ensure research is part of our culture				
5.5.1	<b>Board Sub-Committee: Health Service Development &amp; Innovation</b> <ul style="list-style-type: none"> <li>Minutes – Confirmed Minutes Meeting 7 April 2017</li> </ul>	Endorsed		
<u>Identification of Risks for Item 5.5 (if applicable):</u>				
<u>Resolution/s confirmed by the Board relating to Item 5.5:</u>				
1. The Governing Board received and noted the information provided in Item 5.5				
<b>5.6 Value and Accountability</b>				
We drive value by delivering the best patient outcomes within a level of expenditure that is sustainable				
5.6.1	<b>Board Sub-Committee: Finance and Performance</b> <ul style="list-style-type: none"> <li>Minutes – Confirmed Minutes Meeting 30 May 2017</li> <li>Chair Summary – Meeting 27 June 2017</li> </ul>	Endorsed	Chair F&P	
<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. The Governing Board received and noted the information provided in Item 5.6.				
2. Resolved thanks to the CE on performance and achievement over the past year.				
<b>5.7 Closing the Gap</b>				
We will continue to work towards closing the gap of health disparities between Aboriginal and non-Aboriginal people				
5.7.1	<b>Board Sub-Committee: Close the Gap</b> <ul style="list-style-type: none"> <li>Chair Summary – Meeting 8 June 2017</li> <li>Noted the Directorate report needed to reflect across all the strategies.</li> <li>Will be moving on the Innovation Fund with any unused FTE funds in Aboriginal Health to be allocated to this. EOIs to be called for projects which may be funded.</li> </ul>	Chair Summary Endorsed.  Next Meeting 21 August 2017	Chair CTG	
<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. The Governing Board received and noted the information provided in Item 5.7.				
<b>Item 6: Other Operational Items for Discussion</b>				
6.1	<b>Rotating location of Board Meetings throughout MNCLHD sites</b> WG raised the possibility of rotating the Board meetings across all MNCLHD sites over a two year period. This would provide the opportunity	September	VE/WG	

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	<p>to meet with each Medical Staff Council prior to the meeting. At large sites, this could also include a walk around/staff meet and greet (without impacting on clinical shifts and handover times). The Board agreed with this proposal.</p> <p><b>Action: VE/WG to prepare a proposal for consideration of the Board, for rotating the Board meetings across all MNCLHD sites.</b></p>			
<b>Item 7: Directorate Updates</b>				
<b>Directorate Updates</b>				
7.1	Mental Health & Integrated Care	Noted		Att 7.1
7.2	Public Health	Noted		Att. 7.2
7.3	Aboriginal Health & Primary Partnerships	Noted		Att. 7.3
7.4	Nursing, Midwifery & Workforce	Noted		Att. 7.4
7.5	Clinical Governance & Information Services - Quality Safety Report June 2017	Noted		Att 7.5 Att 7.5.1
7.6	Financial Operations and Asset Management	Noted		Att. 7.6
7.7	Communications & Strategic Relations - CHHC Redevelopment Project update	Noted		Att 7.7
7.8	Coffs Clinical Network Report	Noted		Att 7.8
7.9	Hastings Macleay Clinical Network Report	Noted		Att 7.9
<p><b>Resolution: The Governing Board received and noted the information provided in Item 7.</b></p> <ul style="list-style-type: none"> <li>Suggestion that we receive the Directorate reports bi-monthly to allow a focus of strategic issues.</li> </ul> <p><b>Action Items:</b></p> <ul style="list-style-type: none"> <li><b>Request Kathleen Ryan provide a report on Unwarranted Clinical Variation</b></li> <li><b>Schedule discussion for Bellingen Medical Staffing – future meeting</b></li> </ul>				
<b>Item 8: For Information of the Board</b> (Discussion by exception)				
<b>Correspondence, General Business &amp; Questions on Notice</b>				
8.1	Confidentiality (Standing item) Meeting with Melinda Pavey MP Member for Oxley - Bellingen, Wauchope and Kempsey	Noted	Chair	
8.2	Media Item – Investigation into impact of financial sponsorship (meals etc) by drug or medical equipment companies. Item tabled for the information of the Board noting MNCLHD had instituted a process to remove any instances of sponsored lunches for meeting or other in-house events.	Noted	VE	
<p><b>Resolution: The Governing Board received and noted the information provided in Item 8.</b></p>				
<b>Item 9: 2017 - Upcoming visits and events (for information)</b>				
Date	Event Details			
3-4 August	Rural Innovation and Research Symposium – Opal Cove Coffs Harbour			
9 August	MNCLHD Board Meeting - PMCHC			





ITEM / DESCRIPTION		ACTION	CARRIAGE	ATT
4 September	Council of Board Chairs Forum			
13 September	MNCLHD Board Meeting - CHHC			
There being no further business the meeting closed at 6.30pm				