

MEETING MINUTES

DATE: Wednesday, 14 June 2017

TIME: Commencing 3.00pm

VENUE: Port Macquarie Community Health Campus – Large VCN Room (CHHC – EDO20)

ITEM / DESCRIPTION	ACTION	CARRIAGE	ATT	
Attendance and Declarations				
<u>Welcome:</u> Warren Grimshaw AM, Chair.				
Present: Warren Grimshaw Chair (WG), Neil Porter (NPorter), Jo Sutherland (JS), Janine Reed (JR), Stephen Begbie (SB), Neil Wendt (NW), Jennifer Beange (JBeange), Gail Whiteford (GW)				
Apologies: David Kennedy (DK), John Barrett (JBarrett), Neville Parsons (NParsons), Vanessa Edwards (VE)				
In Attendance: Stewart Dowrick (SD), Lynn Lelean (LL), John Roberts (JRoberts), Julie Usher - Minutes				
Declaration of Pecuniary Interest, Conflict of Interest and Related Transactions - Nil declared				
Item 1: Presentations				
Presentations/Discussions				
1.1	<p>Presentation – Value and Accountability – Focus on 2017/18 Budget Presenter: Nick De Groot</p> <p>Nick De Groot gave a presentation to the Board on the 2017/2018 Budget, with specific focus on the following highlights:</p> <ul style="list-style-type: none"> • Nick provided an interim report on progress of the budget setting phase, and noted that the complete budget pack will be released to the Board in July. • MNCLHD is the first District to fully utilise the new SMRS budget tool. • There has been significant budget workforce related improvements over the past twelve months. • We will receive additional funding to improve data quality collection. • The budget this year will have an emphasis on aligning funding with activity, and district strategies. • Possibility of a Transition Grant this year. • WG noted that the Board is very concerned about the Transition Grant and asked that the Board be kept informed of progress to lift our performance including the outcome of coding. • WG noted that there are some areas of the Risk Register which need to be clarified to the satisfaction of the Board. • We have over achieved our strategy target and underachieved our productivity strategies. Conversations are taking place with the SET to ensure targets are met and are entered progressively throughout the year, so we have a clear understanding of how we achieve those activities. • We are transitioning from an historical budget to an ABM model. • FTE will be a primary focus for the coming financial year. 	For discussion	Chair	



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<ul style="list-style-type: none"> The NDIS is an unknown entity and we are unsure how NDIS will link to our Health model. Until we experience the delivery of services, there is an element of unknown. <p>ACTION: WG stated that the budget has been identified as a Risk, particularly the Transition Grant. WG requested that the Board be informed of progress at the July and August Board meetings. Kathleen Ryan to provide update as to the Risk Register.</p> <p>*****</p> <p>Presentation – Pre Accreditation Update Presenter: Kathleen Ryan</p> <p>Kathleen Ryan gave a presentation to the Board on the pre-Accreditation position with specific focus on the following highlights:</p> <ul style="list-style-type: none"> It was noted that we have good governing structures in place, and that work around risk management had improved. We need to be mindful of the risks with hybrid medical records. Training records captured in HETI have nuances but we are confident we can direct surveyors to appropriate data. Our complaint management system is robust however there will be an emphasis on our follow up processes. We will be able to showcase our activity in Partnering with Consumers through work we have done in difficult to reach Aboriginal committees. WG noted that we have demonstrated incredible progress with refugee health. It was noted that Coffs Harbour is still recruiting for an Infectious Diseases physician. Kathleen noted that we have met our time frame for reprocessing: 2016 external review of CSSD and infection control management continues to benefit from ongoing staff education. There are now three sources for medication reconciliation/checking. Continued work is taking place to improve the engagement of staff and families on the CEC Reach program. There is now a standardised investigation process if a SAC 2 fall occurs and some changes have been made across the District as a result of this. SB asked what our policy is on committee representatives, and if we need two representatives on every committee? Kathleen advised that no, there is no a policy on this issue. She further advised that committees are prioritised, and said that community engagement is considered when reflecting who is on the committee. Request for separate meeting with Jo as part of the Health Care Quality Committee? <p>ACTION: Kathleen to advise Coffs Harbour ICU director that John Hunter hosts a weekly AMS (Antimicrobial Stewardship) meeting and that Coffs Harbour can join this meeting.</p> <p>ACTION: WG requested a progress report for the Board, on each of the issues and risks arising from the accreditation report and process.</p>			

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Resolution: The Governing Board received and noted the information provided in Item 1. CONFIRMED				
Item 2: Minutes of Governing Board				
2.1	Minutes of Meeting 10 May 2017 - Minutes approved	For Endorsement	Chair	
Resolution: The Minutes of the Governing Board meeting of 10 May 2017 were confirmed as an accurate record and will be made publicly available on the MNCLHD website. CONFIRMED				
Item 3: Business Arising				
Action Table and follow up				
3.1	Action Table	Noting	Chair	
3.2	Strategic Directions Alignment - Moved to July meeting	For Noting	Chair	
3.3	Letter to Secretary regarding Funding Reforms for Out of Home Care	Noted	Chair	
3.4	2017-2018 Budget	Noted	Chair	
Resolution: The Governing Board noted the update on Action items. Items finalised with no further actions will be removed from the Action Table.				
Item 4: Chief Executive's Report				
4.1	<p>Chief Executive's Report and Attachments:</p> <p>Stewart Dowrick gave an update to the Board with specific focus on the following highlights:</p> <ul style="list-style-type: none"> • Refurbishment of building to progress the Bowraville Brokerage Solutions is expected to be completed by September 2017, with financial input from MNCLHD, MoH and the Commonwealth. • Mark Wilson is leading the work on the Coffs Clinical Network Five Year Strategy, including the relocation of some services out of CHHC to assist with effective bed use. WG noted the enormous amount of work that will go into the new building and that there are risks in the different components including using other hospitals within the networks to meet out KPI's, and keeping the public informed of where to go, when the time comes to decant into new premises. • Discussions are continuing on a proposed upgrade of Macksville hospital/or greenfield site. • Investigations are continuing into options to improve car parking at Port Macquarie Hospital. WG noted that this needs to remain a priority. • People Matter survey commenced in June. • Work continues on the Emergency Department Duress Pendant across the district. This is a state wide, government policy. WG noted that the Governing Board supports the actions of the Chief Executive in implementing this policy. • Review of seclusion, restraint and observations of patients with a mental illness in NSW Health Facilities will be undertaken in Ballina. SD noted that some staff and clients may wish to present to the special investigative committee on this matter. 	For Discussion	CE	

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<ul style="list-style-type: none"> Director of Clinical Services for Coffs Harbour is currently being recruited. It was noted that Melinda Pavey the Member for Oxley/Minister for Transport was impressed with the Medical Model at Macksville Hospital. MNCLHD have signed an MoU with CSU and UoN, for the establishment of Con-Joint appointments located and employed by the District. <p>BRIEF: MNCLHD Research and Strategic Plan 2017/2021 RESOLUTION: The Board accepted the Chief Executive Research and Strategic Plan and noted the issues raised for the Con-Joint appointments.</p> <ul style="list-style-type: none"> The District will be receiving additional funding for new dental services for 2017/2018. The radiology tender is progressing and is expected to be a 12 month process. SB noted we need to ensure we support our radiologists through their final year of exams, especially students here from overseas. Palliative Care round table - six specialists to be appointed across rural health. Resolution: WG stated that the Board supported the action being taken in the report to recruit a fourth Urologist in PMBH, and also emphasised the need to recruit a second Urologist in Coffs Harbour, efforts in this connection should be urgently progressed. SD acknowledged the 2017 Health Awards were a showcase of the great work from staff around the District. He also acknowledged the work of the Communications team for their efforts in bringing the event together. Positive feedback has been received from staff and our sponsors. The night created a real buzz. WG noted that the Board congratulated all involved for their professionalism in presenting the awards for 2017. The red issues in the KPI report should be noted. WG agreed to a presentation on mental health in September. SD noted that we are continuing to see RCA's non-engagement on Between the Flags policies. WG stated that we need to continue to monitor the implementation of RCA's policy. <p>ACTION: WG requested a half hour presentation on Mental Health to the Board at the September meeting, on our responsibilities and practices in regard to seclusion, restraint and observations of patients with a mental illness in MNCLHD. The report to include progress, staffing issues and WH&S concerns.</p>			
4.2	Chief Executive's Key Performance Indicators	For Discussion	CE
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>			

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<p>5.1.1 Board Sub-Committee: Community Engagement</p> <ul style="list-style-type: none"> Minutes – Meeting held April 2017 Chair Summary – Meeting held 29 May 2017 Terms of Reference – Community Engagement Committee Refugee Health in Coffs Harbour <p>Brief: MNCLHD Community Engagement Sub Committee recommendations:</p> <ul style="list-style-type: none"> That the Board receives and notes the reports from the Community Reference Groups and Community Connections. That the Board consider the inclusion of Professor Gail Whiteford as the third Board member of the Healthy Communities Advisory Committee That the Board consider a presentation from CNC Refugee Health. WG agreed to adopt these recommendations 		Chair CESC	
Identification of Risks for Item 5.1 (if applicable):			
Resolution/s confirmed by the Board relating to Item 5.1:			
<p>1. The Governing Board approved the information provided in Item 5.1. CONFIRMED</p> <ul style="list-style-type: none"> The Board approved the inclusion of Professor Gail Whiteford as the third Board member of the Healthy Communities Advisory Committee The Board approved a presentation from CNC Refugee Health to be held at a future Board meeting. 			
<p>5.2 Leadership, Workforce and Culture</p> <p>We support the development of our workforce through learning and development, with a culture that supports everyone to be their best</p>			
<p>5.2.1 Board Sub-Committee: Workforce, Health & Safety</p> <ul style="list-style-type: none"> Minutes – Confirmed Minutes 24 April 2017 Chair Summary – Meeting held 15 May 2017 	Noted	Chair WHS	
<p>5.2.2 Board Sub-Committee: MDAAC</p> <ul style="list-style-type: none"> Minutes – Confirmed Minutes 13 April 2017 Chair Summary - Meeting 11 May 2017 Register of Recommendations 	Noted	Chair MDAAC	
<p>5.2.3 Confidential Item – Chair to discuss</p> <ul style="list-style-type: none"> WG put forward his recommendation of the appointment of Neville Parsons as Deputy Chair for the MNCLHD Governing Board. The Board supported this recommendation. <p>Action: WG to liaise with Vanessa on this appointment.</p>	Endorsed	Chair	
Identification of Risks for Item 5.2 (if applicable):			
Resolution/s confirmed by the Board relating to Item 5.2:			
<p>1. The Governing Board received and noted the information provided in Item 5.2. CONFIRMED</p> <ul style="list-style-type: none"> The Board endorsed Neville Parsons as Deputy Chair for the MNCLHD Governing Board. 			
<p>5.3 Integrated Care</p> <p>We have strong partnerships with healthcare providers across the Mid North Coast to ensure we can deliver truly integrated healthcare</p>			
<p>5.3.1 Board Sub-Committee: Integrated Care</p>	Next Meeting 13 July 2017		
Identification of Risks for Item 5.3 (if applicable):			

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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. NOTED				
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"> • Minutes – Confirmed Minutes Meeting 20 April 2017 • Chair Summary – Meeting 29 May 2017 	For discussion	Chair HCQC	
Identification of Risks for Item 5.4 (if applicable):				
<ul style="list-style-type: none"> • JS reported that there had been two SAC 1 incidents in the District and that staff had identified that some VMO's had not been fully compliant with the 'Time Out Policy'. The Board expressed concern that this policy is not universally applied and requested that action be taken to address this issue. 				
ACTION: WG proposed that SD to write to each of the General Managers, and to raise at the Medical Staff Council meetings that the Time Out Policy must be adhered to.				
Resolution/s confirmed by the Board relating to Item 5.4:				
1. That the Governing Board received and noted the information provided in Item 5.4. CONFIRMED.				
The Board adopts the recommendation that SD write to each of the General Manager's and ask them to remind all staff of the policy, and to remind them of the Board's expectation that they comply with policy. And ask that the GM's refer to the Medical Staff Council.				
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				
5.5.1	Board Sub-Committee: Health Service Development & Innovation - Chair Summary – 2 June 2017 ACTION: WG noted that the minutes were not available for the 7 April Board Sub-Committee: Health Service Development & Innovation, and requested that this be raised with Administration. ACTION: The Tracks to Good Health Project has been held over to the next meeting. ACTION: SD to communicate the context of item 5.5.1 to the two General Managers, and to include at the SET Meetings.			
Identification of Risks for Item 5.5 (if applicable):				
Resolution/s confirmed by the Board relating to Item 5.5:				
1. The Governing Board received and noted the information provided in Item 5.5				
5.6 Value and Accountability				
We drive value by delivering the best patient outcomes within a level of expenditure that is sustainable				
5.6.1	Board Sub-Committee: Finance and Performance <ul style="list-style-type: none"> • Minutes – Confirmed Minutes Meeting 26 April 2017 • Chair Summary – Meeting 30 May 2017 	Noted	Chair F&P	
5.6.2	Brief: Board Approval of-Large-Scale Solar Photovoltaic <ul style="list-style-type: none"> • Brief • Supporting document 	Endorsed		

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	<ul style="list-style-type: none"> SD noted that we might roll this out to other sites as well as PMC. The Board endorsed this program. 			
Identification of Risks for Item 5.6 (if applicable):				
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: Close the Gap ACTION: Gail Whiteford requested a short video be shown at the next Board meeting, of aboriginal women discussing breast cancer/breast cancer screening rates for Aboriginal women. WG agreed, and referred to VE to add to a suitable Agenda.	Next Meeting 8 June 2017	Chair CTG	
Identification of Risks for Item 5.7 (if applicable):				
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				
Item 7: Directorate Updates				
Directorate Updates				
7.1	Mental Health & Integrated Care	For Noting		
7.2	Public Health	For Noting		
7.3	Aboriginal Health & Primary Partnerships	For Noting		
7.4	Nursing, Midwifery & Workforce	For Noting		
7.5	Clinical Governance & Information Services - Incident Management Report - Quality Safety Report May 2017	For Noting		
7.6	Financial Operations and Asset Management	For Noting		
7.7	Communications & Strategic Relations	For Noting		
7.8	Coffs Clinical Network Report	For Noting		
7.9	Hastings Macleay Clinical Network Report – not available	For Noting		
Resolution: That the Governing Board receive and note the information provided in Item 7.				
<ul style="list-style-type: none"> RCA 1702 – patient fall – between the flags WG suggested we note the importance of the RCA's. Gail Whiteford suggested viewing an article on the ABC about staff morale at the Prince of Wales Hospital. The article talks about the repercussion on staff morale over two years when the Board were aware of low morale among staff but did not take any actions to address. WG mentioned the People Matters Survey. Reminds us we have residual responsibilities. 				
Item 8: For Information of the Board (Discussion by exception)				
Correspondence, General Business & Questions on Notice				
8.1.1	Confidentiality (Standing item)	Noted	Chair	



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8.1.2 <ul style="list-style-type: none"> SD mentioned an update coming from Robyn Martin to change over all the vending machines in the District. SD mentioned he has been approached by Far West LHD, to second two SET members for a short period, to assist Far West LHD with their operational issues. Two of our SET members have agreed, and recruitment would take place to back fill these roles appropriately. <p>ACTION: WG requested the Governing Board Sub-Committee Meeting schedule for 2017, be circulated to all Board members to see what meetings members can attend. WG seeking to appoint additional members to the Close the Gap Committee and the Workforce Committee.</p>	Noted Endorsed JU		
8.1.3 <p>Item raised by John Roberts</p> <ul style="list-style-type: none"> Noted that parking at PMBH continues to be an issue for staff. Noted that the District was working to negotiate land for future parking spaces and an updated would be provided when this has progressed. A 200 space carpark is being considered. WH assured John that the Board has considered this on several occasions and it remained an area of concern. John Roberts suggested bike racks and suitable change rooms to encourage staff to ride their bikes to work. SD noted the options to apply for staff wellbeing projects across the district. 	Noted		

Resolution: The Governing Board received and noted the information provided in Item 8.

Item 9: 2017 - Upcoming visits and events (for information)

Date	Event Details
12 July	MNCLHD Board Meeting – CHHC

There being no further business the meeting closed at *(please complete at end of meeting)*