

MEETING MINUTES - Endorsed

DATE: Wednesday 10 June 2020

TIME: 2pm to 6pm

Item / Description

VENUE: Video Conference:

nem /	Description Action Att
Attend	ance and Declarations
Welcor	ne: Warren Grimshaw AM, Chair
Presen	t: Warren Grimshaw AM Chair (WG), Neville Parsons Deputy Chair (NParsons), Dr Alison Seccull, David Kennedy (DK), Janine Reed (JR), Dr Jennifer Beange (JBeange), Dr Joanna Sutherland (JS), Rev. Dr John Barrett OAM (JBarrett), Susan McGinn OAM (SM), Dr Tim Francis (TF) ies: Neil Porter (NP),
	ndance:
Observ	Chief Executive Stewart Dowrick (SD), Director Communications and Strategy Vanessa Edwards (VE), Manager Corporate Governance Delwyn Kruk (DwK), Julie Usher-Minutes. er: Dr Jennifer Chambers
Declara item 3.	ation of Pecuniary Interest, Conflict of Interest and Related Transactions: Sue McGinn potential COI with 2.3.
Confide	entiality:
Item 1:	Presentations/Discussion
1.1	Confidential In-Camera Session 2pm to 2:30pm
1.2	Presentation – Ken Barker Six monthly Audit Update
	 HealthShare – a comparison of expenses against patient and staff movement being undertaken. Contract management performance audit raised some concerns in this area. <i>Action: KB to review Health Infrastructure funding arrangements with Kimberley Sayner.</i> NSW Auditor General to conduct a performance audit of Personal Protective Equipment (PPE) within NSW Health.
	 No internal audits have been conducted in past six months due to COVID-19 related activities. District Network Return (DNR) - Action: KB to assist in preparing letter to the Secretary re lack of clinical coders as well as a request to reduce some internal audits to bi-annual where performance is satisfactory.
	 MNCLHD Serious Misconduct Committee – the committee has access to an independent person external to the organisation for advice who is not a member of the committee. Progress on risk reviews improved in the period. Cyber risk continues to be monitored.



Health Mid North Coast Local Health District

- Governance risk noted by the MoH due to the number of MNCLHD Board members terms coming to an end concurrently.
- VMO reappointment/claims payment recommendations. Ken Barker to meet with members of the PMBH MSC and CHHC MSC. **Action:** SD to write to MoH to request the re-initiation of standard letters project.
- A further audit of rostering and recruitment matter identified being undertaken to ensure team have made necessary changes.

The Board thanked Ken Barker and noted the presentation material and discussion.

Ken Barker departed the meeting

Item 2	Item 2: Minutes and Action Table		
2.1	Minutes 2.1.1 Minutes of Meeting – 13 May 2020		
	Resolution: The MNCLHD Governing Board: 1. Endorsed the Minutes of Meeting 13 May 2020		
2.2	Actions 2.2.1 Action Table Resolution: The MNCLHD Governing Board: 1. Noted the Action Table		
	 2.2.2 Action: Community Engagement Sub Committee – Chair's Summary 18 November 2019 The Board requested a review of this Patient Story and advice provided back to the Board on outcomes and progress. 	Refer 5.1.2	
	 2.2.3 Action: Comparison of District Structures The Board requested examples of other District's structures 	Refer 4.4	

Item 3: Strategic Items for endorsement and/or discussion

Action: COVID-19 Actions

3.1 Chief Executive's Report & Attachments

on PPE equipment.

2.2.4

In expanding on the written report, Chief Executive Stewart Dowrick provided a verbal update on the following issues:

PPE levels are being reported on and monitored regularly. Provide report

Refer 3.2



Health Mid North Coast Local Health District

- Report: Dashboard Health District Overview was noted.
- Discussions continuing with Port Macquarie Hastings Council regarding car parking at PMBH.
- Bellingen and Wauchope are not listed for future capital works in the short term. SD to review
 different service models for these hospitals. Resolution: The Board endorsed the CE to progress
 high level planning and review of service models along with innovations post COVID-19 for
 Bellingen and Wauchope hospitals including a broad stakeholder engagement strategy which
 includes other government agencies.
- Service Agreement for 2021 potentially no growth funding. *Action:* The Board requested the Finance and Performance Committee develop an options paper on how we can address future budget constraints to ensure we meet priorities and the delivery of services.
- Durri AMS Kempsey Co-location with Durri AMS was noted as an excellent opportunity and supported by the Board.
- The best use of available funding is an issue which will be constantly addressed.

Resolution: The MNCLHD Governing Board:

1. **Noted** the Chief Executive's Report, attachments and verbal update.

3.2 Chief Executive's COVID-19 Report & Attachments

Resolution: The MNCLHD Governing Board:

1. **Noted** the Chief Executive's COVID-19 Report and Attachments

3.2.1 Brief & Report COVID19 Recommencement of Outpatient Services

Resolution: The MNCLHD Governing Board:

• **Noted** efforts to restore, and monitor the restoration of Outpatient services across the District where it is safe to do so.

3.2.2 Brief & Report COVID19 MNCLHD Surgery Activity Update

- SD highlighted surgical waitlist is growing above population growth in MNCLHD.
- SD investigating information on surgical activity and this will come through the Finance and Performance Committee for next Board meeting.

Resolution: The MNCLHD Governing Board:

- **Noted** the information and support ongoing planning activities to formulate surgical plan for 2020/21 and beyond.
- 3.2.3 Brief COVID19 Quarantine Exemptions for repatriated Australian residents implications for MNCLHD

Resolution: The MNCLHD Governing Board:

• **Noted** the information in the brief.

3.2.4 Brief & Report COVID19 MNCLHD Homelessness

Resolution: The MNCLHD Governing Board:



•	Noted the information in the brief.
3.3 Re	port: MNCLHD Organisational Performance Report
I	solution: The MNCLHD Governing Board: Received and noted performance of the MNCLHD Key Performance Indicators
3.4 Re	port: MNCLHD Performance Report
	solution: The MNCLHD Governing Board: Received and noted the performance report.
3.5 Re	port: MNCLHD Board Report (NSW Health)
•	The Board would like to further understand the areas where MNCLHD is performing below the state average.
1.	solution: The MNCLHD Governing Board: Received and noted the Board Report. Action: SD to provide a commentary report on the indicators listed where MNCLHD is performing below state average.
3.6 Br	ef and attachments: MNCLHD Accountability Model
•	The Board wished to congratulate the MNCLHD for the work achieved in this area.
	solution: That the MNCLHD Governing Board:
1.	Received and noted the Board Report.
3.7 Re	port: Service and Culture - report on progress of initiatives
	The Board requested the following with regard to this report:
Re	solution: The MNCLHD Governing Board:
	 Noted the update on progress Action: Persons responsible and time frames for actioning the recommendations be listed
	against each item.
3.8 Le	ading Better Value Care (Standing item)
Item 4: Op	erational Items



4.1	Brief & Report: MNCLHD Interim Operational Plan Status Report		
	 The Board request CE identify list of top 10 risks from this report. <u>Resolution:</u> The MNCLHD Governing Board: 		
	1. Noted the information provided in the Report.		
	2. Action: SD to identify list of top 10 risks from this report.		
4.2	Report: MNCLHD District Risk Update		
7.2	Resolution: The MNCLHD Governing Board:		
	Noted the information provided in the Report.		
	and the state of t		
4.3	Brief & Report: MNCLHD RCA Update Report June 2020		
	SD advised implementation plan for CHHC mental health services is being monitored carefully.		
	Quality improvement project progress occurring.		
	Resolution: The MNCLHD Governing Board:		
	1. Noted the information provided in the Brief and Report.		
	2. Noted the action being taken through the Health Care Quality committee on each of the		
	incidents at CHHC.		
	3. Action: SD to provide a copy of the Quality Improvement Plan with implementation timeframes		
	listed against the initiatives.		
4.4	Brief: Rural LHD corporate structures		
	CE welcomed feedback on this report.		
	Resolution: The MNCLHD Governing Board:		
	1. Noted the information provided in the Brief and Report and the opportunity to look at future		
	models.		
4.5	Brief & Attachments: Aboriginal Health Dashboard 2020		
	The Board noted overall performance is steady with some areas internally where improvement		
	still needed.		
	Resolution: The MNCLHD Governing Board:		
	1. Noted the information provided in the Brief and attachments.		
4.6	Brief & Attachments: NSW Health Services Aboriginal Cultural Engagement Self Assessment Tool		
	(ACESAT).		
	Resolution: The MNCLHD Governing Board:		
	1. Endorsed implementation of the NSW Health Services Aboriginal Cultural Engagement Self-		
	Assessment Tool in MNCLHD facilities and services including but not limited to; individual hospitals,		
	community health services and specialty services such as maternal health services, drug and alcohol		
	services, and mental health services		



Health Mid North Coast Local Health District

- 2. **Endorsed** the Aboriginal Cultural Engagement Self-Assessment Tool as a key evaluation tool for the ACSSF
- 3. **Endorsed** Annual reporting to the Centre for Aboriginal Health, Board Sub-Committees for Healthcare Quality and Close the Gap.
- 4. Action: SD to review targets against Aboriginal patients and services provided to them.

4.7 Brief: MNCLHD 2020 Awards

- The successful history of MNCLHD at the state awards was noted.
- The need to recognise MNCLHD winners and allow management to do this in an appropriate way at the right time to recognise success was noted.

Resolution: The MNCLHD Governing Board:

- 1. **Endorsed** the revised process for low key arrangements to acknowledge Award winners in 2020.
 - . **Action:** VE to create a proposal and include this years' winners to attend a function next year.

Item 5: Governance Items – Board Sub Committees and associated reporting

- 5.1 Board Sub-Committee: Community Engagement (CE)
 - 5.1.1 Chair's Summary Community Reference Group CCN 18 May 2020 and HMCN 20 May 20.
 - 5.1.2 Outcomes of Jennifer's Patient Story
 - Positive feedback had been received on the new Macksville hospital.
 - Concern noted regarding lack of registration of births in some communities and resulting impacts.
 - The establishment of a new consumer advisory group with lived experience as a survivor and/or carer of suicide in collaboration with Lifeline was noted.

Resolution: The MNCLHD Governing Board:

- 1. **Noted** the information provided in the People and Culture Sub-Committee papers
- 5.2 Board Sub-Committee: People and Culture Committee
 - 5.2.1 Confirmed Minutes 20 April 2020
 - It was noted the PMES survey is not going ahead this year. The Board felt it could be valuable to have a District wide survey in lieu of the state survey. SD to refer to the new Director People and Culture for advice.
 - PMES trend data report was noted from the minutes.

Resolution: The MNCLHD Governing Board:

- 1. **Noted** the information provided in the People and Culture Sub-Committee paper.
- 2. **Action:** SD to refer the idea of a District wide survey in lieu of the PMES survey to Director People and Culture.



5.3	Board Sub-Committee: MDAAC 5.3.1 Confirmed Minutes 9 April 2020 5.3.2 Chair's Summary 14 May 2020 5.3.3 MDAAC CACD June 2020 • The recruitment of staff specialists for Hastings Macleay and emergency medicine persons for Coffs Harbour Health Campus was noted. Resolution: The MNCLHD Governing Board: 1. Noted the information provided in the MDAAC Sub-Committee papers		
5.4	Board Sub-Committee: Integrating Care	Next Meeting (2 June)	
	Dr John Barrett departed the meeting.		
5.5	Board Sub-Committee: Health Care Quality		
	5.5.1 Confirmed Minutes 27 April 2020		
	5.5.2 Chair's Summary 25 May 2020		
	Resolution: The MNCLHD Governing Board:		
	1. Noted the information provided in the HCQC Sub-Committee papers		
5.6	Board Sub-Committee: Health Service Development & Innovation	Next meeting (5 June)	
5.8	Board Sub-Committee: Finance and Performance 5.7.1 Confirmed Minutes 28 April 2020 5.7.2 Chair's Summary 26 May 2020 5.7.3 FOAM Presentation to F&P BSC 26 May 2020 • The Board asked how underspends are reviewed and where this correlates to underperformance. SD advised the F&P Committee review at the beginning and end of each month and financial year. Resolution: The MNCLHD Governing Board: 1. Noted the information provided in the F&P Sub-Committee papers 2. Action: SD to review the request for underspend vs underperformance data and provide this information as part of the planning process. Board Sub-Committee: Audit and Risk Next meeting 5 June		
5.9	Board Sub-Committee: Close the Gap	Next meeting 16 June	
Item 6	: Directorate Updates		
6.1	Mental Health and Integrated Care		
6.2	Public Health Unit		
6.3	Aboriginal Health and Primary Partnerships		
	O		



6.4	Nursing Midwifery		
6.5	Clinical Governance and Information Services		
6.6	 Finance and Performance The commentary regarding monthly audit and compliance reporting and a backlog in mandatory compliance reporting continues to be a focus area for Asset Operations was noted. Action: SD to follow up and provide update for next meeting. 		
6.7	Communications		
	6.7.1 MNCLHD Complaints Report Jul to Dec 2019		
6.8	Coffs Clinical Network		
6.9	Hastings Macleay Clinical Network		
6.10	People and Culture		
6.11	Research and Knowledge Translation		
6.12	Internal Audit and Risk		
	Resolution: The MNCLHD Governing Board:		
	1. Noted the Directorate Reports and the MNCLHD Complaints Report Jul to Dec 2019.		
Item 7	l 7: General Business, Correspondence and Business without notice		
7.1	Confidential Items		
	A confidential file note was recorded.		
7.2	Community Reference Groups/Community Engagement – PHN (no paper)		
7.3	Chair's Report		
	7.3.1 Update with Senior Executive Team 9 June 2020		
	 WG noted his attendance at SET on 9 June was positive. 7.3.2 Scheduling of a combined meeting with SET and Board 		
	 WG noted a face to face meeting with SET and Board may be possible for August 2020 and SET would welcome this. 7.3.3 File notes x 3 – Meetings with Secretary MoH and Board Chairs 		
	The file notes were noted. 7.3.4. Be and March archive. Sub-Convertite a March archive and Skilla Matrix.		
	 7.3.4 Board Membership, Sub-Committee Membership and Skills Matrix Skills Matrix – The Board agreed to participate in a skills matrix. Action: VE to organise skills matrix. 		
	 Sub-Committee Membership – Dr Alison Seccull to replace Dr Stephen Begbie as Chair of the Health Service Development and Innovation Sub-Committee. Dr Seccull to also be appointed to the Close the Gap Sub-committee. Board Membership - Dr Stephen Begbie has resigned from the Board in the context of his new position Executive Clinical Director Hastings Macleay. WG has written to each of the MSC's requesting nominations to the Board. In the interim, the Board agreed to allow an observer from the HMCN to attend all future Board meetings until a replacement for Dr Begbie is appointed. 		



Res	Resolution: The MNCLHD Governing Board:				
Noted the update provided by the Chair.					
Item 8: Large Attachments and additional information					
Item 9: Upcoming Events					
Date	Event Details				
8 July	July Board Meeting – Coffs Harbour				
23 July	Special Budget Meeting – Video Conference				
12 August	August Board Meeting – Bellingen				
9 Sept	September Board Meeting - Port Macquarie				
14 Oct	October Board Meeting - Coffs Harbour				
11 Nov	November Board Meeting - Port Macquarie				
9 Dec	9 Dec Annual Public Meeting – Cavanbah Hall Coffs Harbour / December Board Meeting – Coffs Harbour				
There being no further business the meeting closed at 6:10pm					