

MEETING MINUTES - ENDORSED

DATE: Wednesday, 11 October 2017

TIME: 2.30pm

VENUE: Wauchope Community Health Meeting Room – (VCN CHHC ED020)

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), David Kennedy (DK), Neville Parsons (NParsons), Janine Reed (JR), John Barrett (JBarrett), Stephen Begbie (SB), Neil Wendt (NW), Jennifer Beange (JBeange)			
Apologies: Gail Whiteford (GW), Vanessa Edwards (VE)			
In Attendance: Stewart Dowrick (SD), Lynn Lelean, Jane Evans as an observer, Julie Usher – Minutes,			
Declaration of Pecuniary Interest, Conflict of Interest and Related Transactions			
Item 1: Presentations			
Presentations/Discussions			
1.1	<p>Presentation: Patient Story</p> <p>The Patient Story this month was presented in person by a patient who had undergone two knee replacements over a 12 month period, in a MNCLHD public hospital.</p> <p>Their journey included a significant amount of time on the wait list prior to the first surgery, as well as a further 12 month waiting period before the second knee surgery.</p> <p>The patient detailed positive outcomes with the use of physiotherapy and hydrotherapy services.</p> <p>The Chair said it was a privilege to hear this story directly from the patient themselves, and that it assists to understand how we can improve our services to the community.</p>		
Resolution: The Governing Board received and noted the information provided in Item 1.			
Item 2: Minutes of Governing Board			
2.1	Minutes of Meeting 13 September 2017		
2.2	<p>Council of Board Chair's Forum, Tuesday 3 October 2017</p> <p>WG tabled a Memo to the Board of key outcomes from the Council of Board Chair's Forum which was held in Sydney on Tuesday 3 October 2017.</p> <p>WG noted that the Minister also expressed the need for more empathy when responding to patient concerns in writing. The Minister advised that we need to acknowledge concerns raised, say that we are sorry for any adverse experiences the patient may have had, note the actions that are being followed up and respond to key points accordingly.</p> <p>WG noted that Dr Bill Lancashire MNCLHD ICU Specialist and Executive Medical Director was invited to attend and present on Clinician Engagement which was well received. WG further noted that the presentations given on the day were supportive of work currently undertaken in the MNCLHD.</p> <p>WG noted the concern expressed by the State Medical Staff Council, that attendance of Staff Medical Council Chair's at monthly Governing Board meetings is inconsistent across the state.</p>		
Resolution:			

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<ul style="list-style-type: none"> The Minutes of the Governing Board meeting of 13 September 2017 were confirmed as an accurate record and will be made publicly available on the MNCLHD website. The Board resolved to further discuss the attendance of the Chair's of MNCLHD's Staff Medical Council's to the monthly Governing Board meetings, at the January Board Planning Day. 			
Item 3: Business Arising			
Action Table and follow up			
3.1	Action Table	Noted	Chair
3.2	<p>HCQC – Specific to Audit Plan The Board noted the Internal Audit Plan 2016-2019, and the Audit Activity for 2017/2018 and commented that the report picked up the major issues around governance that we are working towards.</p> <p>Discussion was held around the risk framework and WG noted that he is still not confident that we are capturing all risks. It was noted that each Committee is asked to comment on risks, and that ultimately this is the responsibility of the Board and SET.</p> <p>Action: Neville Parsons agreed to identify three strategic issues for the risk cycle in the District, and to incorporate these into the plan.</p> <p>Resolution: The Governing Board resolved to further discuss Risk Framework, at the January Board Planning Day.</p>		
3.3	<p>Board Schedule 2018</p> <ul style="list-style-type: none"> Brief: VE to prepare a Brief for the 2018 Board Schedule, including the rotation of meetings across all MNCLHD sites. Resolution: The Governing Board endorsed the proposed 2018 Board Schedule and noted the following advice: <ul style="list-style-type: none"> Directorate Reports to be provided bi-monthly, starting from February 2018. A possible exception will be the Financial Operations and Asset Management Directorate which may be required monthly. SD to discuss this with the new Executive Director Financial Operations and Asset Management when they start. The CE will continue to provide a monthly report. WG noted that although the monthly focus will alternate between a strategic focus and governance focus, that this does not exclude any urgent matters which may arise on either topic. Presentations must be kept to a maximum of 10 minutes each, to ensure the proficiency of the meeting. Neil Porter expressed concern around the length of time of the Governing Board meetings. WG stated that meetings over three and a half hours are counterproductive, and that we must keep presentations to a maximum of 10 minutes. Staff Patient Story to be 10 minutes. In person Patient Story to be 30 minutes. The Governing Board requested a Brief on the background of each Patient Story to be provided. Consideration to be given to a 2.30pm start when we have presentations. Dr Stephen Begbie will be an apology for the 24th January 2018 Planning Day. 		
3.4	<p>UK and Sweden Visit – Actions/Outcomes Follow Up</p> <ul style="list-style-type: none"> Brief/Action Plan: Updated Action Plan of the key learnings from UK and Sweden study tour on Quality and Safety. Resolution: The Governing Board endorsed the actions within the UK-Sweden study tour action plan status report, and noted that the Quality Improvement strategy will go to the HCQC by the end of the year. Resolution: The Governing Board agreed to extend their thanks to Kathleen Ryan, Executive Director Clinical Governance and Information Services for her work on this matter. 		

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3.5	<p>Hospital in the Home</p> <ul style="list-style-type: none"> • Dr Jenny Beange mentioned that expansion of HITH referral criteria is currently under discussion. • Jane Evans to incorporate HITH governance into Physician PD's. • Resolution: The Governing Board noted the information around criteria for referrals and numbers of referrals for Hastings Macleay in 2016/17. 		
3.6	<p>Close the Gap</p> <p>Janine Reed contacted the Hon Luke Hartsuyker MP to seek funding to assist in meeting the shortfall in the recruitment of sexual health and Hepatitis C treatment services. It would seem that funding for two sexual health officers 2 x FTE has ceased. This issue is of concern and the appropriate representations will be made through the Chair.</p>		
3.7	<p>Patient Story from May 2017</p> <p>The Board noted the further advice provided regarding Disability Inclusions Action Group.</p>		
3.8	<p>Wellbeing Clinics/Dr Kathy Kramer</p> <p>The Board noted the further advice provided by Dr Kathy Kramer on how both networks are covered by this service.</p>		
3.9	<p>Supplementation for Peak Activity</p> <p>The Board noted that Neville Parsons has advised the Finance and Performance Committee, of the request by SD to Ministry of Health for supplementation to assist supporting the LHD for recent Peak Activity.</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>The Chief Executive's Report and Attachments were noted:</p> <ul style="list-style-type: none"> - CE Governing Board Report - September 2017 - Statutory Audit Report for year end 30 June 2017 - Operational Plan Summation - Directorate Operational Plan <p>Stewart Dowrick gave an update to the Board on the following key issues:</p> <ul style="list-style-type: none"> • Bowraville Brokerage Solution: A walk through was held on Friday 20 October 2017. Secretary McNally and Melinda Pavey the Minister for Roads, Maritime and Freight, will visit the new centre to discuss progress with the local Consumer Reference Group. • Coffs Clinical Network Five Year Strategy: Action: SD to seek advice from the MoH regarding the delay in issuing a project number for the Coffs Clinical Network Five Year Strategy when this funding has already been approved. • Macksville District Hospital Redevelopment: PricewaterHouse Coopers have been appointed Project Managers following successful application via the tender process. Meetings with staff were held at the end of September as well as a Master Planning and Visioning meeting which was attended by the Chair of the Medical Staff Council. The new Macksville site will include a birthing suite. SD will provide a Brief to the Board in December for consideration of the Board, noting it will be three to four years before the new building is complete. Resolution: The Governing Board is committed to the ongoing maternity services at Macksville Hospital. • Coffs Harbour Health Campus Expansion: A number of user groups and design workshops are continuing. Design of the new ED is taking place and work on this could potentially start soon. Security of the ED will be reviewed as a part of this design, in conjunction with the outcomes of the Mental Health seclusion restraint and observation review undertaken by MoH. • Surgical Services: The District has made sound progress in regards to surgical service activity. An emerging issue is the appropriate number of anaesthetists within the District to maintain a working roster. 		

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<p>ACTION: SD to undertake a review of anesthetists services across the District, to better understand this workforce/rostering issue.</p> <ul style="list-style-type: none"> Primary Health Services – Kempsey: It was noted that the number of presentations to Kempsey ED had increased by 20% and that numbers were similar to Port Macquarie although population size smaller. Presentations at Macksville hospital had also experienced growth. The Board would like to better understand why the community are preferring to go straight to the ED, rather than their GP, when GP's in the Kempsey area have again said that they have the capacity to pick up this extra 20%. WG noted that we can not continue to fund the ongoing growth in presentations and that we must consider other strategies to address this. <p>Action: Kempsey and Macksville ED Presentations to go on the January Planning Day Agenda for further discussion.</p> <ul style="list-style-type: none"> Peak Activity Team: The level of present emergency activity is unprecedented in the region. <p>Action: WG to write a thank you letter to the network GM's for the efforts of all staff during the recent peak activity.</p> <ul style="list-style-type: none"> VMO Reappointment Process: SD advised that if a VMO has not engaged in the reappointment process at all, they will now be advised that recruitment will commence to the role without their input. Structure Review: The proposed structure is finalised and will be distributed in two parts. Distribution is pending the agreement of the new Executive Director Financial Operations and Asset Management who commences at the end of October. People Matter Survey: Detailed results will be brought to the Board over the next few months. Staff engagement at Coffs Harbour has not moved, despite a lot of positive things taking place including the redevelopment of the hospital, and the high number of staff who participated in September. A further synopsis of the comments provided by staff is being undertaken. Senior Executive Development: The Executive have commenced their work with PWC on team and individual learning circle processes. This will be completed by the end of 2017. All Executives have completed their reviews. Executive Director Nursing Midwifery and Workforce: Stephen Rodwell submitted his resignation from this role in September 2017, following his successful application to the role of Chief Executive Far West LHD. Vicki Simpson will continue to act in this role until recruitment is finalised. This District role will be based in Coffs Harbour, along with the 12 staff who support this position. Mental Health redevelopment PMBH: Tenders have been let for this body of work and a shortfall in budget has been identified. The redevelopment will also need to address outcomes of the MoH seclusion restraint and observation review. <p>ACTION: CE to write to the MoH to reiterate that HI has the responsibility to fund this redevelopment appropriately.</p> <ul style="list-style-type: none"> External Cladding Review: The District is participating in a state-wide review of external cladding installations in buildings within the District. Tresillian Services: The District continues to review servicing model options and requirements. Accreditation: Two AC90 surveyors were onsite in Coffs Harbour at the end of September to meet with key staff around environmental services. The surveyors commended the District on changes brought about since the last review. The District will now receive formal acknowledgement that it has achieved accreditation. The Board wished to express their thanks to all involved with this important part of the accreditation process. 2017 NSW Health Awards: We are the leading LHD this year, with the most number of finalists across all categories. This is also the first year the District has had a successful nomination of Employee of The Year. District Budget: The District is still working through the YTD cash flow budget results. Key issues to note this year will be; FTE, achieving revenue targets, NWAU targets, impact of winter activity levels. Considerable discussion this year on issues related to our Budget performance in 2017/18. Numerous suggestions were submitted for consideration but the point was made that we needed an overall strategy in dealing with budget issues at this time. The matter of FTE was mentioned as part of this overall consideration. 			

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	<p>Action: The Board discussed the need to have an overarching strategy to better understand how we will meet Budget. The Board agreed to refer this to the Finance and Performance Committee to prepare a strategic paper on our position.</p> <ul style="list-style-type: none"> Statutory Audit Report: No risks or issues were noted in the Statutory Audit Reports for the MNCLHD or the MNCLHD Special Purpose Service Entity for the 16/17 FY. Aboriginal FTE Targets: Progress continues and the District has maintained solid growth which is reflective in data across the years eg 2011/12 1.5% compared to 2016/2017 4.6%. Security Audit: The LHD is completing its five year Security Audit. Early indications are that the report will not be satisfactory and the Executive will work through these results when the final report is available. 		
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>		
<p>Resolution: The Governing Board received and noted the information provided in Item 4.</p>			
<p>Item 5: Strategic Matters (as per the MNCLHD Strategic Directions 2017-2021) - for discussion and/or endorsement</p>			
<p>5.1 People, Patients and the Community</p>			
<p>We deliver patient-centred care informed by patients, their families and the community</p>			
5.1.1	<p>Board Sub-Committee: Community Engagement</p> <ul style="list-style-type: none"> Confirmed Minutes 31 July 2017 Chair's Summary 25 September 2017 <ul style="list-style-type: none"> It was noted that the "Healthy Kids Bus Stop" initiative was having a positive impact on families. The Community Reference Group will focus on recruitment to Consumer Reference Groups, especially for community groups currently underrepresented. The turn-over in support staff was noted. Janine Reed and Neil Wendt visited the maternity unit at Kempsey. 		
<p>Identification of Risks for Item 5.1 (if applicable):</p>			
<p>Resolution/s confirmed by the Board relating to Item 5.1:</p> <ol style="list-style-type: none"> That the Governing Board receive and note the information provided in Item 5.1. Resolution: The Board wished to congratulate the committee for all their efforts, in particular during accreditation. 			
<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>			
5.2.1	<p>Board Sub-Committee: Workforce, Health & Safety</p> <ul style="list-style-type: none"> Brief: District Aboriginal Workforce Plan 2017-2020 MNCLHD Aboriginal Workforce Plan 2017-2020 <p>Resolution: The Governing Board resolved to approve the Brief: District Aboriginal Workforce Plan 2017-2020. WG noted the exceptional work of this Plan and the work completed by the Committee.</p>		
5.2.2	<p>Board Sub-Committee: MDAAC</p> <ul style="list-style-type: none"> Confirmed Minutes – 10 August 2017 Chair's Summary – 14 September 2017 MDAAC Critical Actions Compliance Declaration MDAAC VMO Recommendations September 2017 		

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<p>Resolution: The Governing Board extended their congratulations to the Committee on their achievements. The Council of Board Chair's had also noted the good work undertaken by MDAAC committees state wide.</p>			
<p>Identification of Risks for Item 5.2 (if applicable):</p>			
<p>Resolution/s confirmed by the Board relating to Item 5.2:</p> <ol style="list-style-type: none"> The Governing Board received and noted the information provided in Item 5.2 			
<p>5.3 Integrated Care 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</p>	<p>Board Sub-Committee: Integrated Care</p> <p>It was noted that the next meeting is being held 23 November 2017.</p>		
<p>Identification of Risks for Item 5.3 (if applicable):</p>			
<p>Resolution/s confirmed by the Board relating to Item 5.3:</p> <ol style="list-style-type: none"> The Governing Board received and noted the information provided in Item 5.3 			
<p>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.</p>			
<p>5.4.1</p>	<p>Board Sub-Committee: Health Care Quality</p> <ul style="list-style-type: none"> Confirmed Minutes – 28 August 2017 Chair Summary – 25 September 2017 Quality and Safety Report Summary – September 2017 <ul style="list-style-type: none"> Safety Quality Framework – Kathleen Ryan will prepare a report for the Board later this year. An Out Of Session endorsement will be required before 30 October 2017. NSQIP – this is progressing, in CHCN and HMCN. WG requested further information on the issues highlighted. It was agreed clinical coding can create dilemmas in reporting and we need to better understand this issue. <p>Action: SD to prepare a one page brief to be tabled at the January Planning Day.</p> <ul style="list-style-type: none"> Patient Safety Accounts – SD, JS and KR to endorse our Patient Safety and Quality Accounts, and these will be tabled before the end of the year to the Governing Board. 		
<p>Identification of Risks for Item 5.4 (if applicable):</p>			
<p>Resolution/s confirmed by the Board relating to Item 5.4:</p> <ol style="list-style-type: none"> The Governing Board received and noted the information provided in Item 5.4. 			
<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> <ul style="list-style-type: none"> Confirmed Minutes – 2 June 2017 Chair Summary – 2 June 2017 Chair Summary – 8 September 2017 		
<p>Identification of Risks for Item 5.5 (if applicable):</p>			
<p>Resolution/s confirmed by the Board relating to Item 5.5:</p> <ol style="list-style-type: none"> The Governing Board received and noted the information provided in Item 5.5 			

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2. Resolution: The Governing Board resolved to congratulate the HSDI Committee for the work they are doing.				
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"> Confirmed Minutes – 5 September 2017 Chair Summary – 3 October 2017 End of Financial Year Finance and Performance Report BRIEF: Resource utilisation and alignment with budget availability and service needs. 			
Resolution: The Governing Board resolved to approve the Brief: Resource utilisation and alignment with budget availability and service needs. The Board noted the continued good work of the Committee.				
5.6.2	Board Sub-Committee: Audit and Risk <ul style="list-style-type: none"> Confirmed Minutes – 1 June 2017 SD advised that management will start instructing staff with excessive leave, to take leave in 2018. SD advised that the Fraud and Risk Survey Report will be presented to the Board when available. 			
<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.				
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 <ul style="list-style-type: none"> Confirmed Minutes – 8 June 2017 			
<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 note the information provided in Item 5.7.				
Item 6: Other Operational Items for Discussion				
6.1	Brief: MNCLHD State Awards Finalists <ul style="list-style-type: none"> Letter from Governing Board to Finalists 			
Resolution: The Governing Board noted the Brief: MNCLHD State Awards Finalists and the Letter to Finalists.				
Item 7: Directorate Updates				
Directorate Updates				
7.1	Mental Health & Integrated Care			
7.2	Public Health			
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			
Action: VE to prepare a paper on how page results (visit/likes) are assessed against outcomes and returns. WG asked what impact this is having on our welfare and communities and how does this link to succeeding in health outcomes?				

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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 The Governing Board noted the advice sent by WG, to the MOH on this matter.			
8.3	Confidential Item – To be tabled at meeting: <ul style="list-style-type: none"> Memo to Board on CE Performance Assessment 2016-2017. CE Performance Plan 2017/2018 Resolution: <ul style="list-style-type: none"> The Governing Board noted the CE Performance Plan 2017/18. The Governing Board congratulated the Chief Executive Stewart Dowrick for his achievements and efforts 			
8.4	End of Year Dinner with SET and Governing Board Members <ul style="list-style-type: none"> The date and location of the End of Year Dinner to be decided by an out of session availability/vote. 			
8.5	Bureau of Health (BHI) Information Report SD advised that the BHI report will come out shortly, and will be presented to the Board when available. Early advice received indicates that the MNCLHD is performing well, with every site receiving good feedback. This will be an opportunity to thank our staff and the communities we work for.			
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		
	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 6.20pm				