

MEETING MINUTES - Endorsed

DATE: Wednesday 12 December 2018

TIME: 2.45pm – 6pm

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

Attendance and Declarations		
<u>Welcome:</u> Warren Grimshaw AM, Chair. Neville Parsons assumed Chair from Item 3.4.		
Present: Warren Grimshaw AM Chair (WG), Neville Parsons Deputy Chair (NParsons), David Kennedy (DK), Rev. Dr John Barrett OAM (JBarrett), Dr Jennifer Beange (JBeange), Dr Stephen Begbie (SB), Neil Porter (NPorter), Neil Wendt (NW), Prof Gail Whiteford (GW)		
Apologies: Janine Reed (JR), Dr Joanna Sutherland (JS)		
In Attendance: Chief Executive Stewart Dowrick (SD), Vanessa Edwards (VE), Lynn Lelean (LL), Julie Usher		
Minutes		
Declaration of Pecuniary Interest, Conflict of Interest and Related Transactions: Nil		
Confidentiality		
ITEM / DESCRIPTION	ACTION	ATT
Item 1: Presentations/Discussion		
1.1	Confidential In Camera Items	
	<ul style="list-style-type: none"> Two file notes recorded. 	
1.2	Presentation – Audit and Risk	
	Presenter: Ken Barker	
	WG welcomed Ken Barker Chair of the Audit and Risk Committee to the Board meeting.	
	Ken Barker presented the Audit and Risk Report for the six months to December 2018, and advised the following;	
	Strategic operational changes:	
	<ul style="list-style-type: none"> Neil Wendt will need to be replaced on the Audit and Risk Committee following his resignation to the MNCLHD Board to ensure appropriate governance continues through to the Board. The two other independent committee members are Barry Shepherd and Deborah Green. The Audit Office in its 2017/18 Performance Audit Plan has identified for Health, audits in Ambulance demand, Health roster benefits realisation, risk management, culture and capability which is to include the district. 	
	Key activities:	
	<ul style="list-style-type: none"> The Audit Office issued its Engagement Closing Report on 2017/18 at the end of August noting financial statements were clean and provided on time. The 2017/18 Management Letter identified three issues for which further monitoring is occurring: <ul style="list-style-type: none"> Health Roster approvals (state wide issue) Excessive annual leave (state wide issue) Restricted and dormant SP&T funds (state wide issue) 	

Auditor General's Report to Parliament:

- The AG's report is pending and should be reviewed at a future meeting.
- The AG has recently presented the following two government reports to Parliament. The ARC has previously sought advice with level of compliance with any recommendations under control of the district:
 - o Use of contractors and consultants
 - o Governance and controls

During the six months to December 2018, the Committee has:

- Reviewed and endorsed the 2017/18 financial statements
- Monitored district responses to internal and external audit findings
- Reviewed internal audit reports
- Approved refreshed Internal Audit Manual
- Queried a number of issues with Healthshare and ehealth as a consequence of June, 2018 Assurance advice from both entities.
- Reviewed as standing items MoH Security Implementation Plan, Risk Management, WH&S, financial performance, the Internal Audit plan and overall governance issues.

Status of Internal Audits for six months

- The Oral Health and Pcard internal audit reports have been considered with the following identified:
 - o A clear need to obtain revenue budget adjustments
 - o A need to strengthen the approval of pcards to staff and, taking action to ensure approval of expenditure is done in a timely and appropriate manner.

Proposed future/in progress Internal Audits

- o The following internal audits will occur/be finalised in the following areas
 - Vmoney, purchasing, District Network return/gifts and benefits, Biomedical Equipment management, Data Privacy, Macksville facility

Internal Audit resourcing

- Audit has 1 fte vacancy which is impacting in the IA program. Recruitment action is expected shortly.
- Management response to audit recommendations is a standing item for all meetings.
- 53 audit recommendations are overdue including two high risk items (one is PMBH S8 drugs operating theatre, the other Hasting Macleay pathology billing. Action continues on both.

Risk Framework

- The Ministry has changed the reporting template for the Top 10 risks.

ARC Focus Areas – 2018

- Continue to monitor implementation of risk framework
- Continue to support and focus on improved clearance of outstanding external and internal audit findings and recommendations
- Ensure compliance with PD2016-51 dealing with ARC's
- Seek attendance of key Executives at the ARC where internal audits reflect a need for reform in their area of responsibility.

Ken Barker further noted:

	<ul style="list-style-type: none"> - Information has been requested from Mark Wilson regarding expenses relating to Macksville. Decisions will need to be made that the auditors can see. Ken Barker will send an outline to Head of Finance. - A copy of the Auditor Generals' Report 'Procurement and Reporting of Consultancy Services' is available at www.audit.nsw.gov.au - The budget was overstated with regard to the Oral Health Report. - PCard general review and recommendations include identifying who has approval over PCards, and ensuring they process them in a timely manner to ensure appropriate governance. The District need to implement a formal policy with regard to staff acceptance on what is required of them. It was noted that Healthshare are encouraging the use of PCards. <p>Resolution: The Board noted the following;</p> <ul style="list-style-type: none"> • The recommendations made by Ken Barker • The recommendations with regard to monitoring PCard governance, management, policy and approvals. • The number of audits may increase and the district should review which ones are mandated. • There are 53 overdue risks, including two high risk items. • There is one PID • Consideration be given to a presentation to the Board on the 'Speak up Program'. • Consideration is being given to putting the Risk Officer under the Audit and Risk directorate • Timeliness of the VMO review mechanism • Monitoring of high risk recommendations by the LHD <p>Professor Gail Whiteford joined the meeting.</p> <ul style="list-style-type: none"> • WG on behalf of the Board, thanked Professor Gail Whiteford and Neil Wendt for their service to the Mid North Coast Local Health District Board.
Item 2: Minutes and Action Table	
2.1	<ul style="list-style-type: none"> • Minutes of Meeting – 14 November 2018 <p>Resolution:</p> <ul style="list-style-type: none"> • The Minutes were endorsed.
2.2	<ul style="list-style-type: none"> • Action Table <p>Resolution:</p> <ul style="list-style-type: none"> • The Action Table was noted. • Concern was expressed regarding outstanding action 'Management of Clinical Credentialing' from the August 2018 meeting. JB advised that we are half way through the process with no feedback on this issue to date, and that we need to ensure everyone is supportive of the process.
2.2a	<p>Action: Health Care Quality Board Sub-Committee</p> <ul style="list-style-type: none"> • <i>The Board agreed to refer the matter of membership of the Health Care Quality Board Sub-Committee, to the CHHC and PMBH Medical Staff Councils, seeking assistance to provide the best possible membership to this committee, further noting that consistent members need to be able to attend.</i> • <i>Update October 2018: Request to include Heath Service Development and Innovation Committee</i> <p>SD advised that the network MSC Chair's have followed up this request.</p>

2.2b	<p>Action: Sinclair Report</p> <ul style="list-style-type: none"> • CE to advise the Board on the implementation of the Recommendations including the appointment of a Change Manager. • <i>Update November: the HM MSC be given the opportunity to review the timetable of implementation and provide feedback with regard to priorities.</i> • <i>Update November: Per Recommendation 16; advise the network MSC's that Briefs can be sent directly to the HSDI Board Sub-Committee for discussion and review.</i> <p>Refer Item 4.2</p>
2.2c	<p>Action: Leading Better Value Care</p> <ul style="list-style-type: none"> • <i>SD to prepare a strategic analysis document outlining the outcomes, timeframes and medical processes associated with the LBVC program.</i> <p>LBVC to be discussed at the January planning day.</p>
2.2d	<p>Action: Pathology Service Commissioning</p> <ul style="list-style-type: none"> • <i>The district to go forward in consultation with NSW Health and the Hastings Macleay Medical Staff Council with regard to the adequacy of the medical model.</i> • <i>A discussion with clinicians to be arranged.</i> <p>SD noted that discussions have commenced with NSW Pathology.</p>
2.2e	<p>Action: Maternity Services Review</p> <ul style="list-style-type: none"> • <i>KR to find out how many women are birthing at 32 weeks so we can identify how many are being transferred to John Hunter.</i> • <i>SD to provide advice on what resources are needed to get to Level 5 Maternity and Level 4 Neonatal as soon as possible, but to ensure we are operating safely in the interim.</i> • <i>SD to provide a formal report, following advice from the Health Care Quality Board Sub-Committee, on the actions being taken in regard to the status of transferring babies.</i> <p>Refer Item 4.1</p>
<p>Item 3: Strategic Items for endorsement and/or discussion</p>	
3.1	<p>Chief Executive's Report and attachments:</p> <p>Stewart Dowrick provided an update on the following issues:</p> <ul style="list-style-type: none"> • Paper: NSW Health Performance Framework Record of Health Services Performance Review – MNCLHD August 2018. Resolution: the 4th Quarterly Performance meeting was noted. <ul style="list-style-type: none"> ○ The District is still short of ETP target ○ The District has maintained it's '0' performance rating. • Paper: North Coast Primary Health Network – Draft Primary Mental Health Care Needs Assessment. The District has been invited to provide feedback on this paper. • CE site staff meetings - have taken place with a focus on individual self-reflection with regard to culture, management, resourcing and communication. • VMO reappointment process – two outstanding contract payments have been finalised. The new fee for service arrangement will prevent this occurring in the future. • Cardiology Services Review – recruitment of a 4th Cardiologist at CHHC has commenced. • ACCC matter – the District will provide further information including revenue. Action: SD to prepare a brief on the risks associated with this matter and how these might be managed depending on the outcome.

	<ul style="list-style-type: none"> Report: CEC and NSW Health High Performing Rural Health Systems – Summary Report from Workshop 16 November 2018. This workshop was conducted at the Senior Managers Forum in November and facilitated by KPMG and the CEC. Resolution: The Summary Report was noted. <p>Resolution:</p> <ul style="list-style-type: none"> The Chief Executive’s Report and attachments were noted.
3.2	<p>Key Performance Indicators</p> <ul style="list-style-type: none"> WG advised that NSW Health are reviewing the format of the KPI report to reflect past and future trends. <p>Resolution:</p> <ul style="list-style-type: none"> The Board noted the KPI Report
3.3	Better Value Care (Standing item)
3.4	<p>Kempsey Coffee Shop</p> <ul style="list-style-type: none"> Email: from Janine Reed Brief: Kempsey retail food services and engagement of Colliers Int. <p>Resolution:</p> <ul style="list-style-type: none"> The Brief and email were noted.
3.5	<p>Brief: CT Scanner services CCN</p> <ul style="list-style-type: none"> SD advised that the business case for a second CT scanner at CHHC appears probable. SD advised that the business case for a CT scanner at Macksville does not seem likely but consideration is being given to building a space as a shell for future use. <p>Resolution:</p> <ul style="list-style-type: none"> The Brief and update were noted.
3.6	<p>Brief: People Matter Employees Culture & Wellbeing Forum</p> <ul style="list-style-type: none"> SD advised that the first Forum was held on 10 December 2018 and was attended by approximately 60 staff representatives from across the District, along with two consumer representatives. Director NMW Vicki Simpson and the CE will attend these Forums throughout the year. The Forums are staff led in order to create an environment where staff can speak freely. Feedback from the Forums will come through the WHS Committee. A video was made of the day which will be distributed to all staff. <p>Resolution:</p> <ul style="list-style-type: none"> The Brief and update were noted.
3.7	<p>Brief: State Oral Health Tertiary Services Plan 2018</p> <p>Resolution:</p> <ul style="list-style-type: none"> The Brief was noted.
3.8	<p>Brief: NSW Strategic Framework and Workforce Plan for Mental Health</p> <p>Resolution:</p> <ul style="list-style-type: none"> The Brief was noted.

3.9	<p>Brief: MNCLHD Aboriginal Women in Leadership</p> <p>Resolution:</p> <ul style="list-style-type: none"> • The Brief was noted.
Item 4: Operational Items	
4.1	<p>Brief: External Maternity Services Review</p> <p>Resolution:</p> <ul style="list-style-type: none"> • The Brief was noted.
4.2	<p>Brief: Sinclair Report – Implementation of Recommendations</p> <p>Resolution:</p> <ul style="list-style-type: none"> • The Brief was noted. • The Board requested the report include a column with expected close out date recorded. • This report to be tabled at every Board meeting and be included in the quarterly report for the MoH.
4.3	<p>Brief: Barker Report – Implementation of Recommendations</p> <p>Resolution:</p> <ul style="list-style-type: none"> • The Brief was noted.
4.4	<p>Incident Management and RCA</p> <ul style="list-style-type: none"> • Brief: Incident Management Report October and November 2018 • MNCLHD RCA Reports (RI18 – 379,543,558,657) • Brief: KPMG Review of implementation of 2016 RCA Recommendations • - Jenny it's great to have the detail but need to have a close out date. Concerns that the evidence was given in verbal form. There isn't any timeframe for completion. It would be great if we could have those lifted out that are still open and a timeframe listed against them. 4.4c. • Report: KPMG Review of implementation of 2016 RCA recommendations • Brief: Legislation changes to serious incident management in NSW Health <p>Resolution:</p> <ul style="list-style-type: none"> • The incident management briefs and RCA Reports were noted. • The Board requested close out dates be recorded against the 2016 RCA Recommendations. • The Board requested open recommendations be lifted out of 2016 RCA Recommendations and close out dates be listed against each item.
4.5	<p>Brief: NSW Health Risk Reporting Requirements</p> <p>Resolution:</p> <ul style="list-style-type: none"> • The Board endorsed the new report. • WG requested the new format be discussed at the January planning day.
4.6	<p>Brief: Update on MNCLHD Joint Consultative Committee</p>

	<ul style="list-style-type: none"> SD noted that the safety of staff parking at night in Kempsey car park had been raised. SD advised that there is night time parking available and a 'buddy' system in place. <p>Resolution:</p> <ul style="list-style-type: none"> The Brief was noted
4.7	<p>Brief: Christmas New Year Hot Spots</p> <p>Resolution:</p> <ul style="list-style-type: none"> The Brief was noted
Item 5: Governance Items – Board Sub Committees and associated reporting	
5.1	<p>Board Sub-Committee: Community Engagement</p> <ul style="list-style-type: none"> Confirmed Minutes 24 September 2018 <p>Resolution:</p> <ul style="list-style-type: none"> The minutes were noted The Brief & Report: Community Connections visit to Macksville – 10 October 2018 to be distributed via email.
5.2	<p>Board Sub-Committee: Workforce, Health & Safety</p> <ul style="list-style-type: none"> It was noted that the next meeting of the WHS Committee is 17 December 2018.
5.3	<p>Board Sub-Committee: MDAAC</p> <ul style="list-style-type: none"> Confirmed minutes 13 September 2018 Chair's Summary 11 October 2018 Confirmed minutes 11 October 2018 Chair's Summary 8 November 2018 MDAAC CACDs November 2018 <p>Resolution:</p> <ul style="list-style-type: none"> The committee papers were noted.
5.4	<p>Board Sub-Committee: Integrating Care</p> <ul style="list-style-type: none"> It was noted that the next meeting of the IC Committee is 30 January 2019. It was noted that the Integrating Care Committee will need a new Chair in 2019.
5.5	<p>Board Sub-Committee: Health Care Quality</p> <ul style="list-style-type: none"> Confirmed Minutes 24 October 2018 Chair's Summary 26 November 2018 It was noted that membership of the HCQC is being reviewed. It was noted that Kathleen Ryan is reviewing the presentation of information to this committee. <p>Resolution:</p> <ul style="list-style-type: none"> The update and committee papers were noted.
5.6	<p>Board Sub-Committee: Health Service Development & Innovation</p>

	<ul style="list-style-type: none"> It was noted that the papers for the HSDI meeting of 7 December 2018 will come to the February 2019 meeting.
5.7	<p>Board Sub-Committee: Finance and Performance</p> <ul style="list-style-type: none"> Confirmed Minutes 30 October 2018 Chair's Summary 27 November 2018 Report: Finance and Performance Report Year to Date 31 October 2018 <p>Resolution:</p> <ul style="list-style-type: none"> The update and committee papers were noted.
5.8	<p>Board Sub-Committee: Audit and Risk</p> <ul style="list-style-type: none"> It was noted that the papers for the A&R meeting of 6 December 2018 will come to the February 2019 meeting.
5.9	<p>Board Sub-Committee: Close the Gap</p> <ul style="list-style-type: none"> It was noted that the next meeting of the IC Committee is 18 December 2018.
Item 6: Directorate Updates	
6.1	<p>Mental Health & Integrated Care</p> <p>Resolution:</p> <ul style="list-style-type: none"> The update was noted.
6.2	<p>Public Health</p> <p>Action:</p> <ul style="list-style-type: none"> SD to write to NSW Health to seek extra funding to support refugee health services. <p>Resolution:</p> <ul style="list-style-type: none"> The update was noted, in particular the increase in refugee numbers.
6.3	<p>Aboriginal Health & Primary Partnerships</p> <p>Resolution:</p> <ul style="list-style-type: none"> The update was noted.
6.4	<p>Nursing, Midwifery & Workforce</p> <p>Resolution:</p> <ul style="list-style-type: none"> The update was noted.
6.5	<p>Clinical Governance & Information Services</p> <p>Resolution:</p> <ul style="list-style-type: none"> The update was noted.

6.6	Financial Operations and Asset Management Resolution: <ul style="list-style-type: none"> • The update was noted.
6.7	Communications and Strategic Relations Resolution: <ul style="list-style-type: none"> • The update was noted.
6.8	Coffs Clinical Network Report Resolution: <ul style="list-style-type: none"> • The update was noted.
6.9	Hastings Macleay Clinical Network Report Resolution: <ul style="list-style-type: none"> • The update was noted. • The Board noted the PMBH Seasonal Strategy poster winning best poster at the Allied Health State Directors of Operations and GM's Quarterly Meeting held in November.
Item 7: General Business, Correspondence and Business without notice	
7	Confidential In Camera Items <ul style="list-style-type: none"> • Refer Item 1.1
7.1	Letter: Elizabeth Koff re: Assessment & subsequent management of serious incidents Resolution: <ul style="list-style-type: none"> • The letter was noted.
7.2	Letter: WG to Alison Brown re: appreciation for presentation to November Board Resolution: <ul style="list-style-type: none"> • The letter was noted.
7.3	Guidance Note: NSW Caretaker Conventions Resolution: <ul style="list-style-type: none"> • The Caretaker Conventions was noted.
7.4	Letter: Brad Hazzard re Request for advice from MNCLHD Board re Consideration of PMES Action Plan/bullying <ul style="list-style-type: none"> • SD advised we are submitting our document on the 20 December 2018 and a copy will be distributed to the Board at the February 2019 meeting. Resolution: <ul style="list-style-type: none"> • The letter was noted.



7.5	<p>Report: Governing the quality of healthcare in Australian public hospitals</p> <ul style="list-style-type: none">• SD noted that Alison Brown will provide a final report on each LHD's implementations. <p>Resolution:</p> <ul style="list-style-type: none">• The report was noted.
Item 8: Large Attachments and additional information	
Nil	
There being no further business the meeting closed at 6pm.	