



MEETING MINUTES - Endorsed

DATE: Wednesday 14 August 2019

TIME: 1:30pm to 6pm

VENUE: Port Macquarie Community Health Campus (PMCHC VC Room / CHHC ED20)

Item / Description	Action	Att
Attendance and Declarations		
<u>Welcome:</u> Warren Grimshaw AM, Chair- WG acknowledged the traditional owners of the land.		
Present: Warren Grimshaw AM Chair (WG), David Kennedy (DK), Janine Reed (JR), Dr Jennifer Beange (JBeange), Neil Porter, Susan McGinn (SM), Dr Stephen Begbie, Dr Timothy Francis (TF)		
Apologies: Neville Parsons Deputy Chair (NParsons), Rev. Dr John Barrett OAM (JBarrett), Dr Joanna Sutherland		
In Attendance: NSW Health Deputy Secretary Patient Experience and System Performance Division Susan Pearce, NSW Health Deputy Secretary Finance and Asset Management and Chief Financial Officer Dan Hunter, Secretary of Port Macquarie Base Hospital (PMBH) Medical Staff Council (MSC) Dr Fiona Leslie (FL), MNCLHD Chief Executive Stewart Dowrick (SD), Acting Director Communications and Strategy Delwyn Kruk, Media and Corporate Communications Manager Lynn Lelean, Julie Usher - Minutes		
Declaration of Pecuniary Interest, Conflict of Interest and Related Transactions: Nil		
Confidentiality:		
Item 1: Presentations/Discussion		
1.1	Meet with MNCLHD People Matter Employee Culture and Wellbeing Forum (PMEF) - Port Macquarie Community Health Campus (PMCHC) Members	
	<ul style="list-style-type: none"> The Board met with PMEF PMCHC based members Linda Kay and Tania Arnott. 	
1.2	Presentation – NSW Health Deputy Secretary Patient Experience and System Performance Division Susan Pearce (SP) and NSW Health Deputy Secretary Finance and Asset Management and Chief Financial Officer Dan Hunter (DH)	
	<ul style="list-style-type: none"> WG welcomed Susan Pearce and Dan Hunter to the MNCLHD and thanked them for attending and presenting to the Board meeting. 	
	<u>Resolution: The MNCLHD Governing Board:</u>	
	<ol style="list-style-type: none"> Noted the presentation on MNCLHD and state performance activity presented by Susan Pearce and Dan Hunter. Action: WG to write to Susan Pearce and Dan Hunter thanking them for attending and presenting to the Board. Action: WG requested a summary of the budget presentation go to the Executive Clinical Council. 	

1.3	<p>Presentation – Audit and Risk by Ken Barker (KB)</p> <ul style="list-style-type: none"> • WG welcomed Ken Barker and thanked him for presenting the bi-annual audit and risk update. • KB will undertake a 12-month review of the status of implementation of the recommendations from the independent review of the 2018 VMO reappointment process which included the payment of claims. KB to present this at a future Board meeting. <p><u>Resolution: The MNCLHD Governing Board:</u></p> <p>1. Noted the presentation on MNCLHD Audit and Risk activity presented by Ken Barker.</p> <p>Ken Barker departed the meeting.</p>
1.4	<p>Presentation – Macksville Maternity Service by MNCLHD District Midwifery Manager Olivia Tierney</p> <p>In attendance, Head of Woman and Maternity Network Hunter New England Local Health District (HNELHD) Professor Henry Murray (HM), Evidence Based Nursing Conjoint position University of Newcastle and MNCLHD Professor Leigh Kinsman, Consumer Representative Macksville Jessica Nash (JN), MNCLHD District Midwifery Manager Olivia Tierney (OT).</p> <ul style="list-style-type: none"> • WG welcomed Professor Henry Murray, Professor Leigh Kinsman, Dr Theresa Beswick, Jessica Nash and Olivia Tierney to the Board meeting. • OT provided an overview of the Macksville Maternity Service review and proposed service model options. OT advised prior to 2017 the service was supported by a General Practitioner (GP) led model of care and, in 2017 local GP’s withdrew their services. Later in 2017 a Locum Obstetrician was appointed to support the service and in 2018 a district wide review of Maternity services was undertaken. • It was noted that attempts to recruit local obstetricians to support the service had been unsuccessful and that the service has been supported by a Locum Obstetrician for over two years. • The Macksville redevelopment will include Australia’s first in-house Tresillian service in a regional area. • It was noted in April 2019, the Chair of the Macksville District Hospital Medical Staff Council (MSC) advised that medical staff at Macksville hospital did not support the continuation of delivery of births at the hospital. • Consultation on Macksville maternity services has been undertaken with internal stakeholders across the MNCLHD including a Working Group, service consumers and an external consultant. • The general consensus emerging was the desirability for a midwifery led model. In this regard it was noted that all other LHD’s have a midwifery led model within their service networks. • A midwifery led model would require mandatory training for staff, upskill, rotation and collaboration. Obstetric service skills courses would need to be mandated. A Steering Committee would need to be appointed to guide implementation to ensure sustainability and this would be supported by a research team.

- CHHC redevelopment will include new maternity and pediatric services.

The Board discussed the following;

- The Board noted the safety of midwifery led models are well evidenced and work well in other LHD's across the state. Noting they require a high level of community engagement during implementation phase.
- The Board noted Macksville hospital is currently supporting less than one birth a week.
- WG highlighted the needs of the community and the desire of some women to birth on country.
- WG suggested a midwifery led model might pose a positive alternative to patients.
- HM advised that once a service is set up and promoted through the local community including GP networks and medical community, patients will use the service. HM advised that governance issues need to be monitored and reviewed.

Susan Pearce and Dan Hunter departed the meeting.

Dr Theresa Beswick provided the following advice:

- It would be considered a network service which would be fully integrated and not seen as a separate function between the two hospitals. TB further stated that medical governance of the service would be based out of CHHC but intertwined with Macksville.
- The majority of Obstetricians based at CHHC advised they would support a model and concurred they would need to be more proactive in outreach.
- Rotation of midwifery staff would be critical to ensure similarity and consistency between the two models so staff can move between the two services including covering leave.
- Medical governance would include clear criteria of entry to the model and escalation points including when/if intervention needs to occur as well as advising patients if/when they need to transfer to CHHC.
- Patients deemed high risk would be separated from the midwifery led model.

Further discussion with the Board continued:

- WG noted the need to move cautiously in any direction noting the number of models put forward in the brief and the community preferred model.
- JN highlighted feedback from the community was that women want continuity of care and are less concerned with where that occurs. They want to work with their own midwife, and in the event of a transfer to CHHC, want the option of the midwife to travel with them.
- HM noted for a high risk birth, delivery would occur at CHHC then the midwife joins the patient at CHHC or back at Macksville hospital. HM noted the value of the patient meeting with all three midwives at the beginning of their pregnancy journey.
- HM stated the medical governance system will determine who can birth at Macksville hospital and will include an escalation policy which details the use of doctors available at the hospital as well as support from the local NSW Ambulance service. A Memorandum of Understanding (MOU) would

	<p>be required between the services. HM further advised that two midwives would be required per birth who would then audit each other.</p> <ul style="list-style-type: none"> • The Board noted that some of the concerns raised were universal and had been experienced by other LHD's in the state. • The Board asked if any local GP's had engaged in the process. OT advised that engagement had been very low from local GP's. • TB advised that the local GP's are generally not supportive of births at Macksville hospital but engagement may improve once the model is explained to them. TB further advised there would be an Ambulance service available at Macksville 24 hours a day, seven days per week. • OT highlighted the need for appropriate antenatal screening to ensure the safety of women and their babies. • It was noted the PHN could communicate the benefits of any model directly to GP's through the Continuing Professional Development (CPD) program conducted by North Coast GP Training Limited (NCGPT). • WG noted general support from the Board to explore the various options. WG further noted the extensive advice received on the issue including community sentiment and feedback. • It was agreed that an operational plan be prepared to identify the risks and provide an overview of medical governance for the September Board to assure the Board that governance is in place and risks are mitigated. • It was noted that any model implemented would occur over a minimum six-month period. • SD advised that the Executive Clinical Council had been provided research papers on midwifery led models at their recent meeting. SD advised that advice would also need to be sought from the Ministry of Health (MoH). <p><u>Resolution: The MNCLHD Governing Board:</u></p> <ol style="list-style-type: none"> 1. Noted the information provided in the Brief and Attachment: Macksville Maternity Service including the six options for models of care in the Summary of Maternity Service Model of Care Options table and how these meet the MNCLHD Strategic Directions 2017-2021. 2. Noted the information provided in the presentation. 3. Requested an operational plan for discussion at the September Board meeting. <p>Professor Henry Murray, Professor Leigh Kinsman, Dr Theresa Beswick, Jessica Nash and Olivia Tierney departed the meeting.</p>
1.5	<p>Secretary of Port Macquarie Base Hospital (PMBH) Medical Staff Council Dr Fiona Leslie, on behalf of Chair of PMBH Medical Staff Council Chair.</p> <ul style="list-style-type: none"> • Dr Leslie provided an overview of the forum held in early August with Evelyn Jonkman. • The forum now consists of medical staff, members of the Senior Executive Team (SET) and the MNCLHD Chief Executive. • Dr Leslie noted some common themes which came out of the forum including openness, trust and transparency. • Dr Leslie noted there is still frustration around how briefs are submitted and managed.

Item 2: Minutes and Action Table	
2.1	<p>Minutes</p> <p>2.1.1 Minutes of Meeting – 10 July 2019</p> <p>2.2.1 Minutes of Special Budget Meeting 30 July 2019</p> <p><u>Resolution: The MNCLHD Governing Board:</u></p> <ol style="list-style-type: none"> 1. Endorsed the Minutes of Meeting 10 July 2019 2. Endorsed the Minutes of Special Budget Meeting 30 July 2019
2.2	<p>Actions</p> <p>2.2.1 Action Table</p> <p><u>Resolution: The MNCLHD Governing Board:</u></p> <ol style="list-style-type: none"> 1. Noted the Action Table
	<p>2.2.2 Action: MNCLHD 2019 Health Innovation Awards</p> <ul style="list-style-type: none"> • WG to write to the MNCLHD Awards organising committee to express appreciation from the Board. <p><u>Resolution: The MNCLHD Governing Board:</u></p> <ol style="list-style-type: none"> 1. Noted the Chair had actioned this request.
Item 3: Strategic Items for endorsement and/or discussion	
3.1	<p>Chief Executive’s Report & Attachments</p> <p>In addition to the written report, Chief Executive Stewart Dowrick provided an update on the following issues;</p> <ul style="list-style-type: none"> • Emergency Treatment Performance (ETP) and Transfer of Care (TOC) – In July and August 2019 presentations to MNCLHD Emergency Departments (ED) increased between 12% and 15% and admissions increased by 8% and this impacted patient flow. More patients are being treated within the four-hour benchmark, but targets are not being achieved due to volume increases. This is a state-wide issue and will be addressed at the MNCLHD Governing Board January Planning session. <ul style="list-style-type: none"> ○ SD wished to thank all staff for their hard work during this period. ○ WG further wished to acknowledge and thank staff for accommodating the growth in ED presentations. • Health Services Union (HSU) – organised state-wide industrial action ‘stop work for four hours’ in early August and advised this will occur again until demands are met. This industrial action centers around escalating violence in health facilities and the safety and security of staff. <ul style="list-style-type: none"> ○ The Board noted advice received at the July 2019 MNCLHD Board meeting from the Chair of the Board Sub-Committee Workforce, Health and Safety that some staff still do not wear their duress pendants whereas staff in other areas of the district wear them all the time.

	<ul style="list-style-type: none"> ○ SD noted wearing duress pendants is mandatory and while compliance had improved in some areas, other areas considered them not user friendly. ○ The Board would like to understand why staff are not using this safety tool when it has been provided to them and is a mandatory requirement. ○ Action: SD to provide further information on the use of duress pendants across the MNCLHD. Information to include the concerns of staff who do not wear them. <ul style="list-style-type: none"> ● Hastings Macleay Clinical Network Coordinator – recruitment is underway with applications closing toward the end of August. ● Medical Workforce Plan – the Workforce Plan is progressing well with the first Steering Committee held late July. ● North Coast Collective Governance Planning Workshop – work is progressing on this workshop which will focus on integrated commissioning governance models between the North Coast Primary Health Network (NCPHN), Northern NSW Local Health District (NNLHD) and MNCLHD. ● Efficiency Improvement Plans – MNCLHD will be required to identify expense saving strategies as part of the Efficiency Improvement Plans. ● Wauchope District Memorial Hospital Urgent Care Centre (UCC) – the UCC celebrated its fifth year of operation at the end of July. ● Chief Executive visit to the USA – WG noted this trip was endorsed by NSW Health Secretary and supported by the MNCLHD Board and Board Chair. SD will present findings at the September Board meeting. SD noted the video put together by the MNCLD Integrated Multi Media Unit (IMMU) “Butt Out Kids About” campaign was well received. ● Surgical performance - WG noted MNCLHD had achieved high standards in all surgical targets in the financial year 2018/2019, including; 100% for Category A, 96.5% for Category B, and 96.2% for Category C. <p><u>Resolution: The MNCLHD Governing Board:</u></p> <ol style="list-style-type: none"> 1. Noted the Chief Executive’s Report and Attachments 2. Noted the verbal update provided by the Chief Executive.
3.2	<p>Report: MNCLHD Organisational Performance Report</p> <ul style="list-style-type: none"> ● The Board noted there are currently 22 indicators which need work. ● The presentation of the report is clear. ● SD noted the elective surgery figures and advised that Ear Nose and Throat (ENT) was an issue at CHHC but they are now providing a regional service. ● SD noted most mental health targets were on track. <p><u>Resolution: The MNCLHD Governing Board:</u></p> <ol style="list-style-type: none"> 1. Received and noted performance of the MNCLHD Key Performance Indicators
3.3	<p>Leading Better Value Care (Standing item)</p>

3.4	<p>Brief & Attachment: MNCLHD Corporate Governance Statement</p> <p><u>Resolution: The MNCLHD Governing Board:</u></p> <p>1. Endorsed the Corporate Governance Attestation Statement 2018/19.</p>
3.5	<p>Brief: MNCLHD Strategy: Caring for Older People 2017 – 2021</p> <ul style="list-style-type: none"> WG noted the brief contained a very thorough report and requested this item be put on a future agenda for a broader strategic discussion. <p><u>Resolution: The MNCLHD Governing Board:</u></p> <ul style="list-style-type: none"> Noted the Brief: MNCLHD Strategy: Caring for Older People 2017 – 2021 and referred discussion on this matter to a future meeting.
Item 4: Operational Items	
4.1	<p>Brief: MNCLHD Delegations Manual</p> <p><u>Resolution: The MNCLHD Governing Board:</u></p> <p>1. Approved the updated Delegations Manual</p>
Item 5: Governance Items – Board Sub Committees and associated reporting	
5.1	<p>Board Sub-Committee: Community Engagement</p> <p>5.1.1 Confirmed Minutes 13 May 2019</p> <p>5.1.2 Chair's Summary 29 July 2019</p> <p><u>Resolution: The MNCLHD Governing Board:</u></p> <p>1. Noted the information provided in the Community Engagement Sub-Committee papers.</p>
5.2	<p>Board Sub-Committee: Workforce, Health & Safety (WHS)</p> <ul style="list-style-type: none"> It was noted that the next WHS meeting is being held on 19 August 2019. It was noted that finalisation of the Medical Workforce Plan has been put back to allow more consultation.
5.3	<p>Board Sub-Committee: MDAAC</p> <p>5.3.1 Confirmed Minutes 13 June 2019</p> <p>5.3.2 Chair's Summary 11 July 2019</p> <p>5.3.3 Critical Actions Compliance Declarations July 2019</p> <ul style="list-style-type: none"> The resignation of Hastings Macleay Clinical Network (HMCN) Visiting Medical Officer (VMO) Oral and Maxillofacial Surgeon Dr Kenneth Dawson was noted due to his desire to change career path. Dr Dawson's contribution to the MNCLHD was noted.

	<p><u>Resolution: The MNCLHD Governing Board:</u></p> <ol style="list-style-type: none"> Noted the information provided in the MDAAC Sub-Committee papers Noted the Critical Actions Compliance Declarations.
5.4	<p>Board Sub-Committee: Integrating Care</p> <ul style="list-style-type: none"> 5.4.1 Confirmed Minutes 30 April 2019 5.4.2 Chair's Summary 23 July 2019 <ul style="list-style-type: none"> • An update on the North Coast Collective (NCC), joint commissioning framework, was provided at the Integrating Care meeting on 23 July 2019. • The NCC includes representatives from MoH, Deloitte, NCPHN, Department of Communities and Justice, and non government organisations who are interested in coming together to share priorities across the Mid North Coast. • The NCC is looking at establishing a governance model which monitors risks going forward with a focus on Mental Health Drug and Alcohol (MHD&A) needs and adolescents. • The Board requested to be kept informed of the progress of the NCC. <p><u>Resolution: The MNCLHD Governing Board:</u></p> <ol style="list-style-type: none"> Noted the information provided in the Integrating Care Sub-Committee papers. Action: SD to provide an update on the NCC in the CE Report for the September Board meeting.
5.5	<p>Board Sub-Committee: Health Care Quality</p> <ul style="list-style-type: none"> 5.5.1 Confirmed Minutes 24 June 2019 5.5.2 Chair's Summary 22 July 2019 <p><u>Resolution: The MNCLHD Governing Board:</u></p> <ol style="list-style-type: none"> Noted the information provided in the HCQC Sub-Committee papers.
5.6	<p>Board Sub-Committee: Health Service Development & Innovation (HSDI)</p> <ul style="list-style-type: none"> 5.6.1 Confirmed Minutes 7 June 2019 5.6.2 Chair's Summary 2 August 2019 – Verbal update <ul style="list-style-type: none"> • The HSDI meeting of 2 August 2019 was an excellent showcase of a variety of innovative work being undertaken by enthusiastic staff working collaboratively with other agencies. The level of enthusiasm and positivity was noted. • An update was provided on the fracture clinic at PMBH. Clinical redesign is well underway and improvements in communication and care have been noted. • <p><u>Resolution: The MNCLHD Governing Board:</u></p> <ol style="list-style-type: none"> Noted the information provided in the HSDI Sub-Committee papers and verbal update.

5.7	<p>Board Sub-Committee: Finance and Performance</p> <p>5.7.1 Confirmed Minutes 25 June 2019</p> <p>5.7.2 Chair’s Summary 23 July 2019</p> <p>5.7.3 Report: Finance and Performance – YTD 30.06.19</p> <ul style="list-style-type: none"> SD advised that Director Financial Operations & Asset Management John Slaven will provide an improvement in budget reporting to improve accuracy, timeliness and to enable decisions to be made on up to date information. It was noted MNCLHD continues to perform well against the state and peers. <p>Resolution: The MNCLHD Governing Board:</p> <ol style="list-style-type: none"> Noted the information provided in the F&P Sub-Committee papers Noted the information in the F&P Year to Date Report. 	
5.8	Board Sub-Committee: Audit and Risk	Next meeting 5 Sept
5.9	Board Sub-Committee: Close the Gap	Next meeting 27 Aug
Item 6: Directorate Updates		
6.1	Mental Health and Integrated Care	
6.2	Public Health Unit	
6.3	Aboriginal Health and Primary Partnerships	
6.4	Nursing Midwifery Workforce	
6.5	<p>Clinical Governance and Information Services</p> <ul style="list-style-type: none"> The Board asked why there was a number of outstanding death reviews still to occur at CHHC and PMBH and why this was taking time to complete. SD advised that the team have been catching up with them and will soon be up to date. 	
6.6	Finance and Performance	
6.7	Communications	
6.8	Coffs Clinical Network	
6.9	<p>Hastings Macleay Clinical Network</p> <ul style="list-style-type: none"> The Board noted the number of presentations to Kempsey ED. 	
<p>Resolution: The MNCLHD Governing Board: Noted the information provided in the Directorate Reports</p>		
Item 7: General Business, Correspondence and Business without notice		
7.1	<p>Confidential In Camera Items</p> <p>7.1.1 Confidential File note – 10 July 2019</p> <p>Resolution: The MNCLHD Governing Board:</p> <ol style="list-style-type: none"> Endorsed the Confidential File Note – 10 July 2019 	

7.2	<p>Next Agenda 7.2.2 Brief: Aboriginal Health Top 3 – suggestions for September Board</p> <p>Resolution: The MNCLHD Governing Board:</p> <ul style="list-style-type: none"> • Deferred a decision on this brief to the September Board meeting.
7.3	<p>2019 NSW Health Board Members Conference</p> <p>Resolution: The MNCLHD Governing Board:</p> <ol style="list-style-type: none"> 1. Supported the attendance of Dr Joanna Sutherland, Dr Jennifer Beange and Janine Reed to attend the 2019 NSW Health Board Members Conference
7.4	<p>Review of MNCLHD Mental Health Service</p> <ul style="list-style-type: none"> • SD advised the Board that Conjoint Associate Professor Martin Cohen will return to the MNCLHD to conduct a post 12-month review of our Mental Health service following the 2018 MNCLHD Mental Health Services Review. This also follows a separate review conducted by Mr Terry Clout in 2016. Professor Cohen will be supported by the MoH Chief Psychiatrist. <p>Resolution: The MNCLHD Governing Board:</p> <ul style="list-style-type: none"> • Noted the advice provided by the Chief Executive on this matter.
Item 8: Large Attachments and additional information	
Item 9: Upcoming Events	
Date	Event Details
14 August	MNCLHD Governing Board Meeting – Port Macquarie
16 August	Official Opening Port Macquarie Mental Health Unit – Port Macquarie
3-4 Sept	Living Well Expo and Harmony in Health Expo – Coffs Harbour
11 Sept	MNCLHD Governing Board - Wauchope
9 October	MNCLHD Governing Board - Bellingen
7 Nov	MNCLHD Combined Board meeting with NCPHN Board – Video Conference
13 Nov	MNCLHD Governing Board – Coffs Harbour
22 Nov	MNCLHD National Photographic Competition Opening Night and Awards – Port Macquarie
11 Dec	MNCLHD Annual Public Meeting and Governing Board Meeting – Port Macquarie
There being no further business the meeting closed at (please complete at end of meeting)	