



MEETING MINUTES - Endorsed

DATE: Wednesday 8 July 2020

TIME: 2pm to 6pm

VENUE: Video Conference:

Item / Description	Action	Att
Attendance and Declarations		
<u>Welcome:</u> Warren Grimshaw AM, Chair		
Present: Warren Grimshaw AM Chair (WG), Neville Parsons Deputy Chair (NParsons), Dr Alison Seccull, Janine Reed (JR), Dr Jennifer Beange (JBeange), Dr Joanna Sutherland (JS), Rev. Dr John Barrett OAM (JBarrett), Neil Porter (NP), Susan McGinn OAM (SM), Dr Tim Francis (TF)		
Apologies: David Kennedy (DK)		
In Attendance: Chief Executive Stewart Dowrick (SD), Director Communications and Strategy Vanessa Edwards (VE), Manager Corporate Governance Delwyn Kruk (DwK), Julie Usher-Minutes.		
Observers: Dr Daniel Curley		
Declaration of Pecuniary Interest, Conflict of Interest and Related Transactions: Dr Tim Francis noted occasional locum work performed at the local district hospitals and Baringa Private Hospital.		
Confidentiality: Noted		
Item 1: Presentations/Discussion		
1.1	Confidential In-Camera Session 2pm to 2:30pm	
	Dr Daniel Curley – Chair of the Coffs Harbour Medical Staff Council WG welcomed Dr Daniel Curley – Chair of the Coffs Harbour Health Campus Medical Staff Council (CHHC MSC) to the meeting. On behalf of the CHHC MSC Dr Daniel Curley raised the following items; <ul style="list-style-type: none">• Clinician engagement with the Board and Executive considered very important.• Concerns around recruitment and retention of staff including recruitment processes and positions. Recruitment taking a long time and positions ‘lost in system’. Unsuccessful applicants not being advised in a timely manner or not advised at all.• Recruitment delay issues lead to perception of and actual waste of Ministry funds for projects funded by the Ministry.• Process issues are leading to staff feeling disgruntled with regard to recruitment.• Concerns around the Reid Report – conversations are occurring around how the report might be distributed to staff – this is yet to be decided and Dr Curley would welcome advice from the Board on this matter. Dr Daniel Curley departed the meeting.	

1.2	<p>Patient Story – Sarah’s Story</p> <p>Sarah's story is a 20-minute video produced by the Mid North Coast Local Health District about someone living with dementia to help educate the community. The video chronicles Sarah's story touching on themes from noticing memory loss to symptom progression, the diagnosis and beyond. It provides a message of hope.</p> <p><u>Resolution: The MNCLHD Governing Board:</u></p> <ol style="list-style-type: none"> <i>The Board wished to thank Carolyn Guichard and the MNCLHD Integrated Multi Media Unit for the production of this video.</i>
Item 2: Minutes and Action Table	
2.1	<p>Minutes</p> <p>2.1.1 Minutes of Meeting – 10 June 2020</p> <p><u>Resolution: The MNCLHD Governing Board:</u></p> <ol style="list-style-type: none"> Endorsed the Minutes of Meeting 10 June 2020
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"> Noted the Action Table <hr/> <p>2.2.2 Action: MNCLHD Serious Misconduct Committee</p> <ul style="list-style-type: none"> <i>The Board request a copy of the TOR and any referrals to this committee</i> The Board noted the absence of a clinician on the committee. SD noted that clinical engagement would go through professional standing groups as required and further noted the focus of this group is to bring together the three areas of the business which manage serious misconduct issues to ensure the most appropriate pathway for each matter is agreed upon and followed. The Board observed that Audit should not be involved in the decision-making responsibility. <p><u>Resolution: The MNCLHD Governing Board:</u></p> <ul style="list-style-type: none"> Noted the Terms of Reference for the MNCLHD Serious Misconduct Committee. Noted the impact of this Committee could preclude the need for PID’s. Noted membership of the Committee be reviewed in 12 months’ time. <hr/> <p>2.2.3 Action: MDAAC Clinical appointments</p> <ul style="list-style-type: none"> <i>The Board request information on the three clinical appointments which were declined in February</i>

- The Board asked if MDAAC need to record why people are leaving in their reports, noting that there are privacy issues with regard to this information.
- The Board suggested all resigning persons should be invited to complete an exit interview.

Resolution: The MNCLHD Governing Board:

1. **Action:** Requested further advice with regard to recording and reporting on reasons for resignations from MDAAC.
2. **Action:** Review recruitment policy to ensure MNCLHD is a preferred option.

2.2.4 Action: VMO standard appointment letters

- SD to write to MoH to request the re-initiation of standard letters project

Resolution: The MNCLHD Governing Board:

1. **Noted** the letter.

2.2.5 Action: Service and Culture report on progress of initiatives

- Persons responsible and time frames for actioning the recommendations be listed against each item.
 - The Board noted the leadership role they have taken with regard to the reports.
 - The Board welcomed a strategic session with SET to work on a shared vision for the District.
 - The Board noted the request that the Reid report be disseminated to the PHN with regard to Grafton Correctional Centre.

Resolution: The MNCLHD Governing Board:

1. **Noted** desire to work toward a vision as soon as we can that takes into consideration all aspects of work that we do in the District and the challenges the Board will face in the future.

2.2.6 Action: MNCLHD NSW Health Board Report

SD to provide a commentary report on the indicators listed where MNCLHD is performing below state average.

- SD advised targets are set by the Ministry.

Resolution: The MNCLHD Governing Board:

1. **Noted** the updated report and advice from SD.
2. SD to follow up ED presentations under review and when the working party will report on this.
3. SD to follow up budget relating to access to psychiatry services on weekends.

2.2.7 Action: MNCLHD Interim Operational Plan Status Report

- SD to identify top risks from this report.

<p>Resolution: <i>The MNCLHD Governing Board:</i></p> <ul style="list-style-type: none"> • Noted the updated report and risks identified. 	
Item 3: Strategic Items for endorsement and/or discussion	
3.1	<p>Chief Executive's Report</p> <p>The Chief Executive along with the written report, provided the following verbal update:</p> <ul style="list-style-type: none"> • Elective surgery is a high priority for the District. • Performance Frontiers have been engaged to assist with a 'road map' of expected achievements and time frames to assist with the development of a strategic vision for the District. • The Board noted the Agenda and papers were much improved this month and those involved should be commended. The following Board members have agreed to be involved, along with Performance Frontiers on the further review of the papers Neil Porter, Sue McGinn and Dr Joanna Sutherland. • Action: <i>Board requested an updated KPI report on the items where we are not performing and what we can focus on in the next 30 day period.</i> • Commitments have been made by the Commonwealth for oncology and radiology centres in rural areas. The Board noted this matter and suggested any approach include assistance for patients on how to access these services in rural areas. • Durri will be leasing space at Kempsey hospital for a period of up to two years. This will provide a potential innovative approach to care for this service. • Rural Doctors Network have approached the District to present to the Board on the use of commonwealth funding in the Kempsey Nambucca area on Allied Health and Medical improvement. The Board endorsed this strategy. • Macksville Maternity – Midwifery services have been postponed at Macksville hospital because of concerns around the clinical model. Despite the work involved we still do not have clinical engagement for this service to commence from Coffs Harbour. The service will be on hold for immediate future. <ul style="list-style-type: none"> ○ Action: <i>SD to follow up and provide overview on the local GP response to this model in the Macksville area.</i> ○ Action: <i>The Board requested update on the postponement of this service at the August meeting.</i> • The structure of Director Mental Health Integrated Care Drug and Alcohol position discussed. The Board noted the position description should include a proviso that the structure remains flexible. • Accreditation to be included on the August Agenda. • Port Macquarie Base Hospital Helipad – SD noted Helipad is recorded as a risk and is not currently compliant with CASA (Civil Aviation Safety Authority). Options being reviewed include moving the helicopter service out to Port Macquarie airport and having a transfer service, making the helipad area bigger by removing carparking spaces (approx. 50 spaces), working with Health Infrastructure to obtain capital funding to put the helipad on the roof of the Emergency Department. Short term arrangements will be needed soon. <p>3.1.1 MNCLHD COVID-19 Update</p>

	<ul style="list-style-type: none"> • SD noted the home location of patients is being recorded when people present to LHD clinics for testing. • The District is in touch with NSW Police regarding Public Health Orders. Public Health messages need to be reinvigorated at District level. • SD noted testing remains a key issue. Services will expand at Woolgoolga, Port Macquarie and Coffs Harbour with view to opening a clinic in Macksville. • The Commonwealth run clinics are pop-in style clinics and are by appointment only. LHD clinics no appointment required. Access to testing data by Commonwealth clinics, private and other agencies in the MNC would be helpful. • Use of Personal Protective Equipment (PPE) has increased and is being managed in the District which will assist us with elective surgery. <p><u>Resolution: The MNCLHD Governing Board:</u></p> <ol style="list-style-type: none"> 1. Noted the Chief Executive’s Report and verbal update 2. Noted the MNCLHD COVID-19 Update. Level 3 masks are in short supply and need to be monitored. 3. Action: SD to write to the CE of the PHN seeking to quantify the way the testing is being managed and recorded.
3.2	<p>Report: MNCLHD Organisational Performance Report</p> <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>Business Paper and Report: MNCLHD Draft Surgical Plan</p> <ul style="list-style-type: none"> • WG noted concern of PMBH Medical Staff Council (MSC) on achieving surgery targets. • SD noted extra funding has been sought to assist the District with reducing surgery waitlists. • Strategies being reviewed include the use of smaller hospitals and private hospitals in the network. • A Patient Support Manager will be recruited to assist with surgical plan over a two year period. <p><u>Resolution: The MNCLHD Governing Board:</u></p> <ol style="list-style-type: none"> 1. Endorsed the continued development of Surgical Plan for 2020/21 that will focus on achieving additional surgical case volume in 2020/21 2. Noted the challenges and thanked the Chief Executive for continuing advice in the management of this matter. 3. Noted the need to ensure there is funding available to progress this.
3.4	<p>Business Paper and Report: Service Planning for Bellinger River and Wauchope hospitals.</p> <ul style="list-style-type: none"> • Consultant has commenced work and a Steering Committee is being established. A Board representative and a Community representative would be good to have on this committee. • The consultant will look at the Asset structure of both hospitals to start with.

	<p><i>Resolution: The MNCLHD Governing Board:</i></p> <p>1. Received and noted the information provided in the paper.</p>
3.5	<p>Business Paper and attachment: MNCLHD Service Level Agreement Update</p> <ul style="list-style-type: none"> • SD noted it will be a difficult year funding wise with limited discretionary funding. • Macksville Hospital is considered outside of the Service Level Agreement. <p><i>Resolution: The MNCLHD Governing Board:</i></p> <p>1. Noted the information provided in the business paper and seek further advice for the August meeting.</p>
3.6	<p>Business Paper and attachment: MNCLHD COVID19 Interim Operational Plan 2020</p> <p><i>Resolution: The MNCLHD Governing Board:</i></p> <p>1. Noted the information provided in the business paper</p>
3.7	<p>Business Paper: Update on MNCLHD Capital Works & Health Infrastructure Program</p> <p><i>Resolution: The MNCLHD Governing Board:</i></p> <p>1. Noted the information provided in the business paper</p>
3.8	<p>Business Paper: Leading Better Value Care</p> <p><i>Resolution: The MNCLHD Governing Board:</i></p> <p>1. Noted the information provided in the business paper.</p>
Item 4: Operational Items	
4.1	<p>Business Paper & Report: MNCLHD RCA Update Report July2020</p> <ul style="list-style-type: none"> • Report should perhaps include a revised due date rather than overdue date. Where the report is delayed for an administration issue then management should be followed up. <p><i>Resolution: The MNCLHD Governing Board:</i></p> <p>1. Noted the information provided in the Business paper and Report.</p>
4.2	<p>Business Paper & attachments: Acknowledgement of Country Plaques and Statement of Commitment Signs</p> <p><i>Resolution: The MNCLHD Governing Board:</i></p>

	<p>1. Endorsed the development and display of Acknowledgment of Country and Statement of Commitment signs and plaques at each MNCLHD facility.</p>	
4.3	<p>Business Paper & attachments: Routine Height and Weight Recording progress against KPI's</p> <ul style="list-style-type: none"> SD acknowledged the good work of the team in this regard. <p>Resolution: The MNCLHD Governing Board:</p> <ul style="list-style-type: none"> Noted the information provided in the business paper and reports. Wished to congratulate the team for their work on the KPI's. 	
4.4	<p>Business Paper: Data Centre Power Outage – June 2020</p> <p>Resolution: The MNCLHD Governing Board:</p> <ul style="list-style-type: none"> Noted the information provided in the business paper. 	
4.5	<p>Business Paper & Report: MNCLHD Digital Strategy Update</p> <p>Resolution: The MNCLHD Governing Board:</p> <ul style="list-style-type: none"> Noted the information provided in the business paper and reports. Noted the Cyber Security update and the work done in this area. 	
4.6	<p>Business Paper & Report: MNCLHD Enterprise Risk Identification Report April to June 2020</p> <p>The Board noted the following;</p> <ul style="list-style-type: none"> Noted the occupational violence risk. Hydrotherapy pools have not been operational for some months due to COVID-19 and will remain closed until late this year. This service is also being reviewed. Risk of not progressing our cultural reviews as noted in risk 10. The need to focus on overall cultural issues for the District should be included as part of this risk. The risk of not doing anything should be stressed. Risk 11 has increased in risk. <p>Resolution: The MNCLHD Governing Board:</p> <p>1. Endorsed the information provided in the business paper and report.</p>	
Item 5: Governance Items – Board Sub Committees and associated reporting		
5.1	Board Sub-Committee: Community Engagement (CE)	Next Meeting 21 July
5.2	<p>Board Sub-Committee: People and Culture Committee</p> <p>5.2.1 Confirmed Minutes 18 May 2020</p> <p>5.2.2 MNCLHD People and Culture Reports May 2020</p> <ul style="list-style-type: none"> New dashboard style report noted. 	

	<ul style="list-style-type: none"> Recruitment delays are noted by the Committee, occurring right throughout the process including shortlisting and recommendation stages. These two steps are sometimes held up with managers. Human Resources are looking at working with recruitment to eliminate time delays. Finance also need to review new positions. Suggest if the position is a replacement or is budgeted then position should be fast tracked. The Board noted delays in recruitment is impacting on morale and culture. The new Director People and Culture is looking at recruitment delays. <p>Resolution: <i>The MNCLHD Governing Board:</i></p> <ol style="list-style-type: none"> Noted the information provided in the People and Culture Sub-Committee papers. Action: SD to raise the matter of recruitment delays with SET to see if any processes can be streamlined or modified.
5.3	<p>Board Sub-Committee: MDAAC</p> <ul style="list-style-type: none"> 5.3.1 Confirmed Minutes 14 May 2020 5.3.2 Chair’s Summary 11 June 2020 5.3.3 MDAAC CACD June 2020 <p>Resolution: <i>The MNCLHD Governing Board:</i></p> <ol style="list-style-type: none"> Noted the information provided in the MDAAC Sub-Committee papers
5.4	<p>Board Sub-Committee: Integrating Care</p> <p>Resolution: <i>The MNCLHD Governing Board:</i></p> <ol style="list-style-type: none"> Noted there has not been a meeting held since January 2020 and work with the acting Director MHIC is required to enable this meeting to progress. Action: SD to follow this up with A/Director MHIC.
5.5	<p>Board Sub-Committee: Health Care Quality</p> <ul style="list-style-type: none"> 5.5.1 Confirmed Minutes 25 May 2020 5.5.2 Chair’s Summary 22 June 2020 <ul style="list-style-type: none"> Accreditation raised as a concern noting it now may not occur in 2021. The Board wish to reiterate business as usual to all staff. Inadequate funding for e-med trainers raised as a high risk by the committee. Home dialysis noted as an issue that needs improvement. <p>Resolution: <i>The MNCLHD Governing Board:</i></p> <ol style="list-style-type: none"> Noted the information provided in the HCQC Sub-Committee papers Noted the delay with Accreditation

	<ol style="list-style-type: none"> 3. Action: The Board requested Accreditation be referred to the Audit Committee for opinion on whether Audit could conduct a review of areas of concern raised from last Accreditation, and conduct their own internal audit in place of delayed Accreditation. 4. Action: SD to remind SET that Accreditation standards are ongoing as part of the quality process. 5. Action WG to write to all ED and ICU departments including Kempsey for their work during COVID-19. 	
5.6	Board Sub-Committee: Health Service Development & Innovation	Next meeting 7 Aug
5.7	<p>Board Sub-Committee: Finance and Performance</p> <ol style="list-style-type: none"> 5.7.1 Confirmed Minutes 26 May 2020 5.7.2 Chair's Summary 30 June 2020 5.7.3 FOAM Presentation to F&P BSC 30 June 2020 <ul style="list-style-type: none"> • The work undertaken in previous months on how we can do things better will help us long term. • The commitment of all staff of working with less during recent budget phase to be commended. <p>Resolution: <i>The MNCLHD Governing Board:</i></p> <ol style="list-style-type: none"> 1. Noted the information provided in the F&P Sub-Committee papers 2. Noted Additional funding received of \$11.3 million dollars. 3. Action: Finance and Performance Committee to review finance service level agreement targets when next 18 month SLA plan is available with view to raising with MoH unattainable targets. 	
5.8	<p>Board Sub-Committee: Audit and Risk</p> <ol style="list-style-type: none"> 5.8.1 Confirmed Minutes 5 March 2020 <p>Resolution: <i>The MNCLHD Governing Board:</i></p> <ol style="list-style-type: none"> 1. Noted the information provided in the Audit and Risk Sub-Committee papers 	
5.9	<p>Board Sub-Committee: Close the Gap</p> <ol style="list-style-type: none"> 5.9.1 Confirmed Minutes 18 February 2020 5.9.2 Chair's Summary 16 June 2020 <p>Resolution: <i>The MNCLHD Governing Board:</i></p> <ol style="list-style-type: none"> 1. Noted the information provided in the Close the Gap Sub-Committee papers 	
Item 6: Directorate Updates – not required this month		
Item 7: General Business, Correspondence and Business without notice		
7.1	<p>Confidential Items</p> <ol style="list-style-type: none"> 7.1.1 Confidential File Note – 10 June 2020 7.1.2 Business Paper –Media Interest Dr Andrew Leggett 	

	<p><u>Resolution: The MNCLHD Governing Board:</u></p> <p>1. Noted the information provided in 7.1.1 and 7.1.2 and commended the proper process followed with regard to the recruitment of Dr Andrew Leggett.</p>
7.2	<p>Chair's Report</p> <p>7.2.1 File Note Meeting with Secretary MoH & Board Chairs 23 June</p> <p>7.2.2 Nomination to Mid North Coast Cancer Institute Service Plan Reference Group</p> <ul style="list-style-type: none"> WG noted surgery targets and Victorian COVID-19 situation are of priority for Secretary. WG attended July PMBH SMC meeting and noted improved collegiality. <p><u>Resolution: The MNCLHD Governing Board:</u></p> <p>1. Noted the file note at item 7.2.1.</p> <p>2. Noted the need to nominate a Board member to the Mid North Coast Cancer Institute Service Plan Reference Group.</p>
7.3	<p>Business paper: Board Membership</p> <ul style="list-style-type: none"> The need for the Board to do a self-appraisal to identify skills gaps was noted. Development of successional transition program to be developed by Vanessa Edwards. <p><u>Resolution: The MNCLHD Governing Board:</u></p> <p>1. Reviewed the information provided on Board membership expiration dates and identify timeframe and planning process for handover of critical roles.</p> <p>2. Action: Vanessa Edwards to develop a successful transition program. Program to include feedback from Board Sub-Committee Chair's on others which might replace them to ensure transfer of knowledge. Dr Jennifer Beange to assist in this regard.</p>

Item 8: Large Attachments and additional information

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Item 9: Upcoming Events

Date	Event Details
8 July	July Board Meeting – Coffs Harbour
23 July	Special Budget Meeting – Video Conference - cancelled
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	Annual Public Meeting – Cavanbah Hall Coffs Harbour / December Board Meeting – Coffs Harbour

There being no further business the meeting closed at 6:10