



MEETING MINUTES - Endorsed

DATE: Wednesday 9 October 2019

TIME: 2:30pm to 6pm

VENUE: Video Conference – CHHC ME025 / PMCHC VC Room)

Item / Description	
Attendance and Declarations	
<u>Welcome:</u> Warren Grimshaw AM, Chair	
Present: Warren Grimshaw AM Chair (WG), Neville Parsons Deputy Chair (NParsons), David Kennedy (DK), Janine Reed (JR), Dr Jennifer Beange (JBeange), Dr Joanna Sutherland, Neil Porter (NP), Susan McGinn (SM), Dr Stephen Begbie (SB), Dr Tim Francis (TF)	
Apologies: Rev. Dr John Barrett OAM (JBarrett)	
Guest: Dr Deidre Little (Bellingen MSC) (link by teleconference for item 1.2)	
In Attendance: Chief Executive Stewart Dowrick (SD), Director Communications and Strategy Vanessa Edwards (VE), Media and Corporate Communications Manager Lynn Lelean (LL), Julie Usher-Minutes	
Declaration of Pecuniary Interest, Conflict of Interest and Related Transactions: Nil	
Confidentiality	
Item 1: Presentations/Discussion	
1.1	<p>Presentation – Aboriginal Health and Primary Partnerships</p> <p>WG welcomed the team to the meeting;</p> <ul style="list-style-type: none"> • Robyn Martin – Director Aboriginal Health & Primary Partnerships • Amanda Ryan - Manager AH planning strategy and performance • Andrew Bailey - District Manager Health Promotion • Naomi Wilson - A/g District Manager Oral Health <p>1.1.1 Presentation Document</p> <p><u>Resolution: The MNCLHD Governing Board:</u></p> <ul style="list-style-type: none"> • Noted the presentation document. <p>1.1.2 Brief: MNCLHD Aboriginal Cultural Safety & Security Framework (ACSSF).</p> <ul style="list-style-type: none"> • The Board requested lateral violence be addressed in the ACSSF and Accord. • The definition at the beginning of the documents to be updated to something more externally appropriate to align and resonate with the Aboriginal community. • The Board asked if the community had been engaged throughout the development of this plan. • SD noted Aboriginal employment is at 5.4%.

Resolution: The MNCLHD Governing Board:

1. **Noted** the progress of stage 2 of the MNCLHD ACSSF Implementation Plan.
2. **Supported** the Plan and welcome a further presentation when the next stage is reached. The Board will assist where possible to achieve ambitions of the plan.
3. **Action:** SD to review the number of other minority groups/NESB there are in MNCLHD.

1.1.3 Brief: Healthy Communities Advisory Committee (HCAC)

- The need to reorient clinical practice and culture to prevent chronic disease was noted.
- A regional approach to chronic disease to be raised at the Combined Board Meeting between the North Coast Primary Health Network (NCPHN) and the MNCLHD in November.

Resolution: The MNCLHD Governing Board:

1. **Noted** the overall progress of Healthy Communities Mid North Coast (Healthy Communities).
2. **Noted** that Healthy Communities is assisting MNCLHD deliver against various strategic priorities.
3. **Noted** the increasingly unsustainable burden that chronic disease exerts on the health system and the emergence evidence regarding the return on investment delivered through preventive health models of care.
4. **Discussed** the importance of the MNCLHD adopting a more assertive approach to strategic and operational planning for evidence based preventive health care, including the engagement of appropriate health economics expertise to ensure optimal return on investment strategy. **Action:** This item to be discussed at the January planning session.

1.1.4 Brief: Healthy Pregnancy KPI's in the 2019/20 MoH Service Level Agreement

Resolution: The MNCLHD Governing Board:

1. **Noted** the 2019/20 SLA KPIs related to gestational weight gain and smoking in pregnancy, noting the importance of clinical practice change, monitoring and planning required to support achievement of these KPIs.
2. **Noted** the outcomes of the Health Promotion funded and facilitated midwife trial.

1.1.5 Brief: Routine Height/Weight Recording KPI 2019/20 MoH Service Level Agreement

- The PICNIC (Parents in child nutrition informing community) program was noted.

Resolution: That the MNCLHD Governing Board:

1. **Noted** the progress of MNCLHD in meeting the 2019/20 Service Level Agreement KPI Routine Height and Weight Recording.
2. **Noted** the importance of clinical practice change required to achieve the Routine Height and Weight KPI.
3. **Noted** the importance of clinical services planning to ensure that appropriate clinical intervention services are available for children above a healthy weight.

1.1.6	<p>Brief & Attachments: MNCLHD Specialised Dental Services & the NSW Oral Health Tertiary Services Plan (OHTSP) 2018-2023</p> <p><u>Resolution: The MNCLHD Governing Board:</u></p> <ol style="list-style-type: none"> 1 Noted the Oral Health Teams progress against the MNCLHD Oral Health Services Tertiary Plan. 2 Endorsed the Oral Health Program to develop and deliver the recommendations of the OHTSP (within existing resources) as the two pronged approach will ensure delivery of specialised services is cost effective and sustainable in the long term via: <ul style="list-style-type: none"> • Development of Senior Oral Health Dental Officer Skillsets; and • Engagement of a range of specialised oral health services delivery modalities as required. <p>The work undertaken by Robyn Martin and Aboriginal Health and Primary Partnerships in providing for the MNCLHD overall was noted.</p> <p>Robyn Martin, Amanda Ryan, Andrew Bailey and Naomi Wilson departed the meeting.</p>
1.2	<p>Meet with Chair of Bellingen Medical Staff Council, Dr Deirdre Little (By teleconference).</p> <p>WG welcomed Dr Little to the meeting.</p> <p>Dr Little provided the following update on Bellingen hospital:</p> <ul style="list-style-type: none"> • Bellingen hospital is functioning well. The hospital has excellent nurses and administrators and staff are generally happy working there. • Dr Little advised that the Bellingen community have raised the following matters: <ul style="list-style-type: none"> ○ Accessing mental health services in Bellingen area: difficulty getting appointments with psychiatrists in reasonable time frame – often too late for psychosis onset. These appointments are also expensive and difficult for some patients to pay for. ○ There are issues with referrals to the Acute Care Service: referrals are telephoned and faxed though at the same time and no response is received from Acute Care to acknowledge the referral and this is impacting on patient care. This is still occurring despite requests to the service to advise receipt of referral. ○ Complaint received from the parents of a mental health patient that a mental health carer did not turn up to collect patient. ○ Parents of some patients who have moved to Bellingen area from other Districts, with current diagnosis and management plan in place, are having these changed without parents being involved in the patients care plan. ○ Management of IMMS reports – there is no feedback on IMMS reports. A review of IMMS reports will highlight systemic problems. Need to improve following up SAC2's. ○ Transfer of care handover: quite often, handover information cannot be relied upon and sometimes there are errors in records leading to incorrect handovers for transfers

	<p>which occur between CHHC and Bellingen hospital. Barriers include obtaining a patient's full medical history.</p> <p>Resolution: The MNCLHD Governing Board:</p> <ol style="list-style-type: none"> Noted the comments around the current functioning of Bellingen hospital. Action: SD to review matters raised by Dr Deirdre Little. Action: SD to arrange for MNCLHD Director Mental Health Sara Shaughnessy and General Manager Mental Health Drug and Alcohol Alan Pretty to attend the next Bellingen Medical Staff Council meeting to discuss progress in mental health services. 	
Item 2: Minutes and Action Table		
2.1	<p>Minutes</p> <p>2.1.1 Minutes of Meeting – 11 September 2019</p> <p>Resolution: The MNCLHD Governing Board:</p> <ol style="list-style-type: none"> Endorsed the Minutes of Meeting 11 September 2019 	
2.2	<p>Actions</p> <p>1.2.1 Action Table</p> <p>Resolution: The MNCLHD Governing Board:</p> <ol style="list-style-type: none"> Noted the Action Table 	
	<p>2.2.2 Action: Kempsey Home Renal Service</p> <ul style="list-style-type: none"> The Board requested advice on this service noting the low rate of home dialysis in the LHD and the budget restrictions on Kempsey service provision. 	Refer 4.2
	<p>2.2.2 Action: Mandatory Training Targets</p> <ul style="list-style-type: none"> VS to provide a summary report on low completion rates for mandatory training by medical staff. 	Refer 4.3
	<p>2.2.3 Action: MNCLHD Quarterly Risk Report</p> <ul style="list-style-type: none"> KS to review risk register for current financial position including current growth. KS to prepare a further report which includes list of the top 5 risks in descending order as identified by SET. 	Refer 4.4
	<p>2.2.4 Action: Mobile Duress Alarm Use</p> <ul style="list-style-type: none"> 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. 	Refer 4.5
	<p>2.2.5 Action: Macksville Maternity Service</p> <ul style="list-style-type: none"> The Board request an operational plan for discussion 	Refer 3.6

	<ul style="list-style-type: none"> SD to follow up current risk assessment on current service provision 	
	<p>2.2.6 Action: MNCLHD Recruitment System (ROB)</p> <ul style="list-style-type: none"> VS to provide a report on the Recruitment System (ROB) 	Refer 4.7
	<p>2.2.7 Action: Respecting the Difference Training (RTD)</p> <ul style="list-style-type: none"> VE advised that RTD training is held in each network per month and runs for one full day. There have been 18 sessions scheduled to date in 2019 noting some were cancelled due to low enrolment numbers. The content of the training is reviewed every 12 months with the assistance of the Centre for Aboriginal Health. <p>Resolution: The MNCLHD Governing Board:</p> <p>1 Noted the verbal update provided on RTD training.</p>	
Item 3: Strategic Items for endorsement and/or discussion		
3.1	<p>Chief Executive's Report</p> <p>In addition to the written report, Chief Executive Stewart Dowrick provided a verbal update on the following issues:</p> <ul style="list-style-type: none"> Emergency Treatment Performance (ETP) and Transfer of Care (TOC) – month on month increases continue in MNCLHD emergency departments. SD has requested advice from MoH to review what is occurring. SD noted we have good staff who are very well trained in the District. CHHC and PMBH have both seen an increase in Ambulance attendances. <p>Resolution: The MNCLHD Governing Board:</p> <ol style="list-style-type: none"> Noted SD is having discussions with MoH re month on month increase/trend presentation to ED Action: SD to write to MoH to seek support to undertake a review of ED presentations. Letter to include a request to seek additional funding for 2019/2020 to support these presentations. The MNCLHD Chief Executive and the Board wish to acknowledge the commitment of staff throughout this activity. The Board is aware of the experience not only in the EDs but in the wider service, and is looking at identifying solutions to address this. The Board wish to thank all staff for their efforts under the current pressures. Action: WG to write to the Network Managers noting this sentiment. Noted and endorsed the ongoing dialogue between the NCPHN and MNCLHD to review why presentations are increasing. <ul style="list-style-type: none"> Senior Leadership Review Coffs Clinical Network – A review will be undertaken of the CCN late 2019, based on PMES survey results. <p>Resolution: The MNCLHD Governing Board:</p> <ul style="list-style-type: none"> Noted the advice from the Chief Executive and requested there be an appropriate communications strategy to support the review with the Medical Staff Council and other stakeholders as appropriate. 	

	<ul style="list-style-type: none"> Executive Clinical Council Advisory group – at their next meeting, this group will discuss accreditation and close the gap initiatives. <p><u>Resolution: The MNCLHD Governing Board:</u></p> <ol style="list-style-type: none"> Noted the Chief Executive’s Report Noted the verbal update provided by the Chief Executive
3.2	<p>3.2.1 Report: MNCLHD Organisational Performance Report 3.2.2 Report: MNCLHD MoH Board Report August 2019</p> <ul style="list-style-type: none"> SD advised that information from the MoH Board Report is provided to the networks for the respective Medical Staff Councils. <p><u>Resolution: The MNCLHD Governing Board:</u></p> <ol style="list-style-type: none"> Received and noted performance of the MNCLHD Key Performance Indicators.
3.3	<p>Leading Better Value Care (Standing item)</p>
3.4	<p>Brief & Attachments: MNCLHD Safety and Quality Account 2019 – 2020</p> <p><u>Resolution: The MNCLHD Governing Board:</u></p> <ol style="list-style-type: none"> Endorsed the MNCLHD Safety and Quality Account 2019-2020 for Governing Board Chair and Chief Executive signature, for submission to the Ministry of Health.
3.5	<p>Brief & Attachments: National Standards Attestation</p> <ul style="list-style-type: none"> The Board requested for future, the relevant Board sub-committee make a recommendation to the Board for endorsement. <p><u>Resolution: The MNCLHD Governing Board:</u></p> <ol style="list-style-type: none"> Noted the Governing Board’s responsibilities Noted the evidence in MNCLHD to attest to Actions 1.1 and 1.2 Endorsed the MNCLHD Governing Board Chair on behalf of the Governing Board, and the Chief Executive, attest and sign the Attestation Statement.
3.6	<p>Brief & Attachments: Macksville Maternity</p> <p>The Board discussed and requested the following:</p> <ul style="list-style-type: none"> The Board noted there had been an extremely thorough process with regard to the review of this service and also noted the assistance provided from Hunter New England Local Health District. The Board requested clarification that women who do not elect for early discharge can still transfer to Macksville hospital if they choose to do so. This was confirmed.

	<p><u>Resolution: The MNCLHD Governing Board:</u></p> <ol style="list-style-type: none"> 1. Noted the progress outlined in the Brief 2. Endorsed the development of a Midwifery Group Practice Model at Macksville Health Campus. <p>Noting:</p> <ol style="list-style-type: none"> a. The Board requested the working group engage local General Practitioner’s before and after the implementation of the model. b. The Board requested neonatal resuscitation training be included in the implementation plan including where the responsibility sits for this function in the event it is required during a transfer. <ol style="list-style-type: none"> 3. Congratulated those who have worked on this proposal and look forward to further advice on when the model will be operational.
Item 4: Operational Items	
4.1	<p>Brief: MNCLHD Properties – Fire Safety Status</p> <p><u>Resolution: The MNCLHD Governing Board:</u></p> <ol style="list-style-type: none"> 1. Noted: the information provided in the Brief. 2. Action: Request the Brief be referred to SET – SET to alert the Board if there are any further issues the Board should be made aware of.
4.2	<p>Brief: Home Dialysis Training Unit (HDTU)</p> <ul style="list-style-type: none"> • CE noted the impact of travel to services outside of the District on the Aboriginal community. <p><u>Resolution: The MNCLHD Governing Board:</u></p> <ol style="list-style-type: none"> 1. Noted the information provided in the Brief. 2. Supported the District to commence discussions with HNE and NNSW LHDs in regards to possible future options for the MNCLHD and funding options within the scope of funding opportunities.
4.3	<p>Brief: Medical Officer Mandatory Training</p> <p>The Board discussed the following:</p> <ul style="list-style-type: none"> • The very low compliance rate for Medical Officer Mandatory Training in the District. • The number of hours required to complete this training per calendar year. • The responsibility for the individual to complete on-line training can feel discretionary. • The need to ensure the training is targeted and prioritised and linked to the performance review cycle. <p><u>Resolution: The MNCLHD Governing Board:</u></p> <ol style="list-style-type: none"> 1. Endorsed the strategies and recommendations in the Brief to improve compliance rates. 2. Action: SD to investigate the nature of the training and whether it is appropriate for our services and if a more directed approach can be taken.
4.4	<p>Brief: Enterprise-Wide Risk Management Quarterly Reporting to the Ministry of Health</p>

	<p>The Board noted the following:</p> <ul style="list-style-type: none"> The process problems identified with eMeds as it relates to timeliness of medication reconciliation by Pharmacists. SD advised that funding has been set aside for pharmacy support in the MNCLHD and a brief on this matter will be provided for the November meeting. Feedback on the quarterly reports is still not being received from MoH. <p>Future considerations for consideration:</p> <ul style="list-style-type: none"> Whether ED growth may need to be included as a risk noting the impact on future budgets. If the current poor performance in the culture review is posing a risk to future service delivery. <p><u>Resolution: The MNCLHD Governing Board:</u></p> <ol style="list-style-type: none"> Endorsed the MNCLHD ERM Risk Identification Report Jul-Sep 19 to be sent to the Ministry of Health. Noted the funding set aside to support eMeds medication reconciliation process. Congratulated the Director Internal Audit, Risk and Compliance Kimberley Sayner on the standard of report. Action: WG to write to the Secretary regarding regular feedback on quarterly reports.
4.5	<p>Brief: Mobile Duress Alarm Use</p> <p>The Board noted the following:</p> <ul style="list-style-type: none"> MNCLHD Medical officers working within emergency departments were identified as the most likely to be non-compliant with mandatory wearing of a mobile duress alarm. SD advised that non-compliance reasons also include concern about wearing this device around the neck. <p><u>Resolution: The MNCLHD Governing Board:</u></p> <ol style="list-style-type: none"> Noted: the information provided in the Brief Noted: the recommendations identified for follow up. Action: The Board request a follow up audit report in three months' time.
4.6	<p>MNCLHD Workforce Plans</p> <ul style="list-style-type: none"> 4.6.1 MNCLHD Interim Allied Health Workforce Plan 2019 - 2022 4.6.2 MNCLHD Nursing and Midwifery Workforce Plan 2020 – 2024 <ul style="list-style-type: none"> The Acknowledgement of Country in both documents requires updating. <p><u>Resolution: The MNCLHD Governing Board:</u></p> <ol style="list-style-type: none"> Requested the Interim 2019-2022 Allied Health Workforce Plan, and the Nursing and Midwifery Workforce Plan 2020 to 2024 be referred to the Workforce Health and Safety Board Sub Committee (WHS) for review and subject to WHS not having major changes, the Board endorsed both Workforce plans in principle.
4.7	<p>Brief: MNCLHD Recruitment – ROB Benefits Realisation Report</p>

	<ul style="list-style-type: none"> The Board noted we are not performing well in this area and are below the state average timeframe for end-to-end recruitment which is impacting on budget in terms of locum usage. <p>Resolution: The MNCLHD Governing Board:</p> <ol style="list-style-type: none"> Noted the information provided in the Brief. Action NP to refer the Brief: MNCLHD Recruitment – ROB Benefits Realisation Report to the Workforce Health and Safety Board Sub Committee (WHS) for comment. 	
Item 5: Governance Items – Board Sub Committees and associated reporting		
5.1	Board Sub-Committee: Community Engagement 5.1.1 Confirmed Minutes 29 July 2019 5.1.2 Chair's Summary 16 September 2019 <p>Resolution: The MNCLHD Governing Board:</p> <ol style="list-style-type: none"> Noted the information provided in the Community Engagement Sub-Committee papers. Noted the Community Connections Report and visit to CHHC Physiotherapy Service in July 2019. 	
5.2	Board Sub-Committee: Workforce, Health & Safety The next meeting is being held on 21 October 2019. <ul style="list-style-type: none"> Board members Neil Porter and Sue McGinn attended the MNCLHD Senior Manager’s Forum (SMF) on Building a Strong Safe Work Culture through Leadership and Commitment. The broad range of speakers all with a focus on leadership and safety was noted. The great camaraderie, mutual respect and engagement among the SMF was apparent. 	
5.3	Board Sub-Committee: MDAAC 5.3.1 Confirmed Minutes 8 August 2019 5.3.2 Chair's Summary 12 September 2019 5.3.3 Critical Actions Compliance Declarations <p>Resolution: The MNCLHD Governing Board:</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	Board Sub-Committee: Integrating Care	Next meeting 22 October
5.5	Board Sub-Committee: Health Care Quality 5.5.1 Confirmed Minutes 26 August 2019 5.5.2 Chair's Summary 23 September 2019 <ul style="list-style-type: none"> Reporting is now aligned to the National Standards and includes a service report. Current surgical services performance was noted. 	

	<ul style="list-style-type: none"> • Birth trauma data from Kempsey is being reviewed. • Correspondence has been issued to the two network Emergency Department Directors seeking review against each of the recommendations from the NSW Coroner’s Inquest into the death of Naomi Williams. • eMeds issues continue to be problematic. <p>The Board discussed Root Cause Analysis (RCA) Reports:</p> <ul style="list-style-type: none"> • The Board questioned whether they should receive full Root Cause Analysis (RCA) Reports again. Receiving the reports may increase the ability of the Board to be informed earlier of issues and trends. • It was noted that the Health Care Quality Board Sub-Committee review and report to the Board on RCA’s. It was further noted that the two network Clinical Safety and Quality Committees also receive the RCA reports. Ken Barker, Chair Audit and Risk also provides the outcomes of any RCA recommendations in the bi-annual Audit and Risk update to Board. • The Board request they be informed of RCAs and suggested receiving a summary report and any actions. Further requests for detailed information can be made if required. <p><u>Resolution: The MNCLHD Governing Board:</u></p> <ol style="list-style-type: none"> 1. Noted the information provided in the HCQC Sub-Committee papers. 2. Action: SD to review RCA reporting process to the Board with Kathleen Ryan and Donna Dorrington. The review to include how the Board is kept informed of District coronial matters. 3. RCA summary report to be provided to each Board meeting. 	
5.6	Board Sub-Committee: Health Service Development & Innovation	Next meeting 18 October 2019
5.7	<p>Board Sub-Committee: Finance and Performance</p> <p>5.7.1 Confirmed Minutes 27 August 2019</p> <p>5.7.2 Chair’s Summary 24 September 2019</p> <p>5.7.3 Report: Finance and Performance – YTD 31 August 2019</p> <ul style="list-style-type: none"> • The Board asked if there is a way for staff to identify and report on potential cost savings including looking for opportunities to identify waste. • SD to provide cost centre savings strategy report at November meeting. <p><u>Resolution: The MNCLHD Governing Board:</u></p> <ol style="list-style-type: none"> 1. Noted the information provided in the F&P Sub-Committee papers 2. Noted the information in the F&P Year to Date Report. 	
5.8	<p>Board Sub-Committee: Audit and Risk</p> <p>5.8.1 Confirmed Minutes 4 June 2019</p>	

	<ul style="list-style-type: none"> Recent Audit identified some concerns with rostering, leave management and recruitment. This audit identified poor practice by two officers involved. This matter will be reported on by Ken Barker at the bi-annual Audit and Risk update to Board in December. <p>Resolution: The MNCLHD Governing Board:</p> <ol style="list-style-type: none"> Noted the information
5.9	<p>Board Sub-Committee: Close the Gap (next meeting 22 October 2019).</p> <p>5.9.1 Brief & Attachments: Draft Agreement Document for new Mid North Coast Aboriginal Health Accord 2019-2022</p> <ul style="list-style-type: none"> The Board noted the significant work undertaken to finalise these documents. <p>Resolution: The MNCLHD Governing Board:</p> <ol style="list-style-type: none"> Endorsed the MNCLHD’s participation and sign off of the Mid North Coast Aboriginal Health Accord Agreement 2019-22.
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	Clinical Governance and Information Services
6.6	Finance and Performance
6.7	Communications
6.8	Coffs Clinical Network
6.9	Hastings Macleay Clinical Network
	<p>Resolution: The MNCLHD Governing Board:</p> <ol style="list-style-type: none"> Noted the information provided in the Directorate Reports.
Item 7: General Business, Correspondence and Business without notice	
7.1	<p>Confidential In Camera Items</p> <p>7.1.1 Confidential File Note (1) – 11 September 2019</p> <ul style="list-style-type: none"> Two x Confidential File notes were recorded. <p>Resolution: The MNCLHD Governing Board:</p> <ol style="list-style-type: none"> Endorsed the Confidential File Note – 11 September 2019
7.2	Next Agenda



Health

Mid North Coast Local Health District

GOVERNING BOARD

7.2.1 Brief: Mental Health & Integrated Care– suggestions for Nov Board 7.2.2 Brief: Precious Michelle <i>Resolution: The MNCLHD Governing Board:</i> 1 <i>Endorsed</i> the Briefs for presentation at the November 2019 Board meeting

Item 8: Large Attachments and additional information		

Item 9: Upcoming Events	
Date	Event Details
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 6:15pm	