

MINUTES- ENDORSED

DATE: Wednesday, 8 November 2017

TIME: 2.30pm – 6pm

VENUE: Coffs Harbour Health Campus ED19&20 (PMCHC – VCN, MNCCI)

ITEM / DESCRIPTION	ACTION	CARRIAGE	ATT
Attendance and Declarations			
<u>Welcome:</u> Warren Grimshaw AM, Chair.			
Present: Warren Grimshaw Chair (WG), Neil Porter (NPorter), Neville Parsons (NParsons), Gail Whiteford (GW), Janine Reed (JR), John Barrett (JBarrett), Dr Stephen Begbie (SB), Neil Wendt (NW), Dr Jennifer Beange (JBeange), Apologies: Dr Jo Sutherland (JS), David Kennedy (DK)			
In Attendance: Stewart Dowrick (SD), Vanessa Edwards (VE), Lynn Lelean, Bronwyn Chalker, Greg Bell (left at 3pm), Dr John Neal, Julie Usher - Minutes			
Declaration of Pecuniary Interest, Conflict of Interest and Related Transactions			
Item 1: Presentations			
Presentations/Discussions			
1.1	<p>Presentation: Refugee Health Presenter: Michele Greenwood, CNC Refugee/Multicultural Health Nurse, Coffs Harbour Refugee Health Clinic</p> <p>Ms Greenwood gave an overview of the current services provided at the Coffs Harbour Refugee Health Clinic. Refugees coming to Coffs Harbour include those displaced by war and genocide. Many are from ‘working class’ backgrounds with skills and trades such as lawyers, hairdressers and accountants.</p> <p>Access to past medical records including immunisation records has been challenging, but slowly improving with the assistance of interpreters.</p> <p>Access to General Practitioners and Specialists in the Coffs Harbour area, who are willing to take on refugee patients and bulk bill for their services continues to be challenging. Some Specialists charge well above the Gap fee which makes accessing their services unaffordable. Issues include access to interpreters at the time of presentation, transport to and from appointments. Some refugees require a number of health referrals including optical, dental, general health and women’s health. It was noted that Dr Andrew Ramsay General Specialist has actively supported the Clinic.</p> <p>Settlement Services International (SSI) now have the contract to assist with organising short and long-term housing assistance. SSI also provide the refugees with an education package.</p>		
1.2	<p>Presentation: HIV Sexual Health Presenter: Dr Emanuel Vlahakis</p> <p>Dr Emanuel Vlahakis Staff Specialist HIV/Sexual Health gave an overview of the current services provided to patients. Clinics are held monthly in Grafton, Kempsey, Port Macquarie and Coffs Harbour.</p> <ul style="list-style-type: none"> • A new model of care has seen an increase in the number of patients at the clinic, and an increase in HIV clients presenting for assistance, some of whom have recently relocated to the region. The new model has meant we have achieved our targets set down by the Ministry of Health. • There are still some challenges with regard to the number of Doctors who are able to prescribe HIV drugs for patients, and the administrative processes involved with this. • HIV Preventive treatment trials have been successful with a number of people enrolled across the Mid North Coast. 		

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<ul style="list-style-type: none"> Funded Hepatitis C treatments, have enabled a large proportion of patients to be cured. The Hepatitis C intervention program for Aboriginal people 'Deadly Liver Mob', has been successful in identifying and treating Aboriginal people with Hepatitis C infections. Gender dysphoria services are now available for adults. SD noted that this initiative was the creation of Paul Corben and the Public Health Team. This position is a permanent appointment and having this resource, has already made a huge difference to those needing this service in the District. WG agreed that this is a great service for the community. 			
<p>Resolution: The Governing Board received and noted the information provided in Item 1.</p>			
<p>Item 2: Minutes of Governing Board</p>			
2.1	<p>Minutes of Meeting 11 October 2017 The following edits to be made:</p> <ol style="list-style-type: none"> Item 5.4.1. Report to be prepared by Kathleen Ryan from Clinical Governance. Item 5.1.1 Janine Reed and Neil Wendt visited the maternity unit at Kempsey. 		
2.2	<p>Council of Board Chair's – consideration of outcomes of October meeting.</p> <p>Discussion was held around effective governance of the Board, and ways in which the MNCLHD could look to improve. WG noted that there is a state-wide focus on the role of the Board's operating more effectively. This included increasing communication via the Staff Medical Council's. Although it was noted that both SD and WG attend district Staff Medical Council meetings regularly, there was agreement that the following initiatives be followed up so that we ensure we are engaging with our clinicians in an effective way:</p> <ul style="list-style-type: none"> The need to consider convening a District Medical Staff Council which meet once or twice per year. Also need to consider strategies on how we involve our clinicians. This topic to be added to the January Planning Day Agenda. WG noted that Sydney LHD appear to be doing well with their governance and that they have a very active program. It was noted that Bruce Hodge has been elected as Chair of the PMBH Staff Medical Council. WG advised that we need input from SD and VE on our current strategies so that we meet the new deadline. In the AMA ASMOF Senior Hospital Doctor Engagement Survey 2016, SD noted that MNCLHD is the only rural LHD that got a green in regular participation by clinicians at Board level - indicates we are doing pretty well. NParsons asked if consideration could be given to members of the Board attending the MSC Meetings. SD noted the quinquennial contract process was underway. <p>Action: WG to contact the Chair's of the CHHC and PMBH Medical Staff Council's, seeking ideas and input for the engagement of clinicians going forward. Also to ask if Board members can attend their MSC Meetings, and the appropriate timing for attendance.</p> <p>Action: WG to ask Ron Phillips, Chair of the Sydney LHD Board, if he would be happy to come and share with us insights into the structure of their Board and successes.</p> <p>Action: SD to discuss with Dr John Neal, input from the CHHC MSC into the Board meetings.</p>		
<p>Resolution: The Minutes of the Governing Board meeting of 8 November 2017 were confirmed as an accurate record and will be made publicly available on the MNCLHD website. With the abovementioned corrections noted and updated.</p>			
<p>Item 3: Business Arising</p>			
<p>Action Table and follow up</p>			
3.1	Action Table	Noted	Chair

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3.2	<p>CHHC Redevelopment Mark Wilson to provide the Board with an update on the CHHC redevelopment.</p> <p>The update was included in the Coffs Harbour Clinical Network Directorate Report item 7.8.</p> <ul style="list-style-type: none"> SD advised that work is progressing well toward meeting the business plan. ED configurations have been agreed to. The Business Case for HI is now being completed. The Chair of the CHHC Staff Medical Council observed that the project would go a significant way toward achieving the Clinical Services Plan, however certain issues remained outstanding which could be subject to further consideration. <p>Resolution: the update on the CHHC Redevelopment was noted by the Board.</p>		
3.3	<p>Annual Symposium/Events SD to report on the costings and options for future events in the research arena.</p> <ul style="list-style-type: none"> Brief: Symposium Costings and Proposal Resolution: The Governing Board endorsed the recommendations in the Brief, including: <ul style="list-style-type: none"> Reducing the amount of spend on keynote speakers. (GW mentioned that most university representatives would speak for free). Reduce the length of time to one day and night. 		
3.4	<p>SET Structure</p> <ul style="list-style-type: none"> SD to present the PWC proposed structure and options, noting the capacity to fund any changes as a consideration. SD advised that some initial changes will occur at the beginning of December which include: <ul style="list-style-type: none"> Moving Quality Managers under Clinical Governance Directorate Some minor changes to the Communications and Corporate Strategy Directorate Data analytics will also move to Finance Further changes may occur in Finance after the new Director has settled in. <p>Resolution: The Governing Board noted the progress on the restructure.</p>		
3.5	<p>Integrated Care</p> <ul style="list-style-type: none"> Paper to be presented to the Board with a brief overview of programs and the outcomes following implementation for reference to the Board. <p>Brief: Nambucca Valley Integrated Care Summary Report</p> <ul style="list-style-type: none"> NVIC 2015_2017 Project Board Report <p>Briefs: Nambucca Valley Integrated Care Social Network Research Study</p> <ul style="list-style-type: none"> NVIC Final Report Social Network Research Project <p>BC gave an overview of the programs including:</p> <ul style="list-style-type: none"> The three year \$20 million funding program to improve services in the Nambucca Valley has now concluded, with some long lasting care arrangements in place. Improvements included; ensuring the right people attend the right services, work with GP's, referral pathways, Macksville ED, Patient information sharing, aged care and chronic disease, health literacy programs. The Healthy Kids Bus Stop for the Royal Far West was a success with screening of hundreds of children which enabled them to access treatment. This initiative won an international award. WG noted that the papers were of excellent quality and provided some vehicles for conversation in the future. WG wondered how many MNCLHD initiatives relied on the funds from MOH, and if there is still passiveness in the Nambucca community to access services. BC noted that here had been a lot of work done to improve connectedness and working closer together in 		

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	<p>the community.</p> <ul style="list-style-type: none"> JR commented that some initiatives worked well, and some did not and unfortunately some of those further alienated some areas of the community. JR further commented that the program did not quite meet her expectations, while noting that there had been some successes. JR further noted that the community drove the 'Healthy Kids Bus Stop' initiative and that it was taken up really well, in-conjunction with Nambucca Valley Alley Cats. It was noted that Macksville ED presentations were still climbing. People are aware that there are good doctors in the ED, and this is why they are attending ED rather than going to their GP. It was also noted that there is no after hours or weekend GP service. This issue is still being worked through. GW noted the school readiness program demonstrates best practice. WG noted the use of technology and discharge statements. BC advised that our discharge summaries are being monitored to ensure details are correct and up to date. WG noted that the reports are outstanding but highlight how difficult the work is across the Valley. WG further noted that our work in integrated care is key, and that the report provides some insights into the way forward, and that this in itself is a good achievement. <p>Resolution: The Governing Board noted the Brief's and accompanying reports.</p>		
3.6	<p>Mental Health</p> <ul style="list-style-type: none"> BC to provide a background information Brief on current issues and risks associated with seclusion, restraint and observations of patients with a mental illness in MNCLHD. <p>BRIEF: Mental Health – update on seclusion, restraint and observations of patients with a mental illness in MNCLHD.</p> <p>BC gave an overview of current practices including:</p> <ul style="list-style-type: none"> Every seclusion is now reviewed by a multidisciplinary team. This approach includes planning and forecasting medication if the person becomes agitated. Currently undertaking review, education and focus to provide a less restrictive practice. WG expressed admiration that processes are improving in this regard. Noting it is hard to forecast for the future. As well as having appropriate supports including psychiatrists etc. <p>Resolution: The Governing Board noted the Brief and overview.</p>		
3.7	<p>Refugee Health in Coffs Harbour</p> <ul style="list-style-type: none"> The Governing Board agreed to a presentation from CNC Refugee Health on current Coffs Harbour refugee health status and underlying factors. <p>Refer Item 1.1</p>		
3.8	<p>Peak Activity Planning</p> <ul style="list-style-type: none"> Further advice to be sought from the General Managers, on the most effective Discharge strategies, and which ones should be ceased. The improvement of liaison with the PHN to be referred to the Integrated Care Committee. Board to dedicate time to review areas of concern such as dealings with the PHN and GP's. <p>This item will be scheduled for discussion at the January Planning meeting</p>		
3.9	<p>Health Promotion/September</p> <p>SD to provide a Brief to the Board on September outcomes, including a reflection on engagement and culture.</p> <p>Resolution: The Governing Board noted the Brief and overview.</p>		
3.10	<p>Your Health Link Website</p> <ul style="list-style-type: none"> VE provided a paper on how page results (visit/likes) are assessed against outcomes and returns. WG asked what impact this is having on our welfare and communities and how does this link to succeeding in health outcomes. 		

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<p>Resolution: The Governing Board noted the Brief and overview.</p> <p>Resolution: The Governing Board noted the update on Action items. Items finalised with no further actions will be removed from the Action Table.</p>			
<p>Item 4: Chief Executive's Report</p>			
<p>4.1</p>	<p>Chief Executive's Report and Attachments:</p> <p>Stewart Dowrick gave an update to the Board on the following key issues:</p> <ul style="list-style-type: none"> Coffs Harbour Health Campus redevelopment - SD complimented Mark Wilson and his team on the great work undertaken planning the redevelopment. Dr Neal advised that engagement of clinicians is satisfactory. Primary Health Service Kempsey – SD advised that a further two GP's had resigned. This will increase the number of presentations to ED. Peak Activity – It was noted that despite on-going efforts, patient discharge before 10am remains minimal, especially on weekends. SB asked if we could compare discharge statistics from previous years to see if the processes we have put in place are working. <p>Action: SD to review historical data on discharge time frames.</p> <ul style="list-style-type: none"> Executive Director Nursing Midwifery and Workforce - interviews are being conducted this week. Medical Christmas Hot Spots Report and Christmas Services Plan – The District has commenced this and the overall Christmas Service Plan is being developed in consultation with Network Coordinators. Patient Safety Account – the first report will be circulated to the Board in December. Medical Model Kempsey Hospital – recruitment is underway for VMO Physicians to Kempsey. Interviews are being held between now and end of December with some good applicants having applied already. Macksville Maternity Services – A third round of recruitment has commenced. Noting this has been ongoing, and despite our best efforts, we may need to consider a different model. It was noted that the service supports only one birth per week. We will be providing a Brief to the Secretary on our model of service in December. WG noted that the new facility will see an increase in those presenting to birth at the hospital. The paramount concern to the Board was the safety of childbirth at Macksville - and endorse the actions of the CE to approach the Secretary on options for the delivery of services over the December/January period. This may involve some transfers to Coffs Harbour. The Board noted the issues as they stand at the moment, and the continued work undertaken to achieve a desired outcome for Macksville. KMPG review of RCA's - is almost complete and this information will be provided to the Board. FTE's - are gradually coming down. Work continues on reducing unnecessary overtime. Stepember – the Coffs Harbour Special Care Nursery team won the District Stepember challenge. There were 149 teams entered this year. SEF – the rural SEF will be held in Port Macquarie this year. <p>Action: WG to invite Carrie Marr from the Clinical Excellence Commission to present on how we could implement some of the processes outlined in the 'Measuring Quality Improvement for Board's and Executive's' document, and if this should be managed through the Clinical Governance directorate.</p> <p>Resolution: The Governing Board noted the update from the Chief Executive.</p> <p>Dr Stephen Begbie departed the meeting.</p>		
<p>4.2</p>	<p>Chief Executive's Key Performance Indicators Chief Executive's Performance Summary</p>	<p>Noted</p>	<p>CE</p>
<p>Resolution: The Governing Board received and noted the information provided in Item 4.</p>			
<p>Item 5: Strategic Matters (as per the MNCLHD Strategic Directions 2017-2021) - for discussion and/or endorsement</p>			

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5.1 People, Patients and the Community				
We deliver patient-centred care informed by patients, their families and the community				
5.1.1	Board Sub-Committee: Community Engagement	Next Meeting 27 November	Chair CESC	
Identification of Risks for Item 5.1 (if applicable):				
Resolution/s confirmed by the Board relating to Item 5.1:				
1. The the Governing Board noted the information provided in Item 5.1.				
5.2 Leadership, Workforce and Culture				
We support the development of our workforce through learning and development, with a culture that supports everyone to be their best				
5.2.1	Board Sub-Committee: Workforce, Health & Safety <ul style="list-style-type: none"> Confirmed Minutes – 21 August 2017 Chair’s Summary – 12 October 2017 <p>Neil Porter, the Chair of the Workforce, Health and Safety Sub Committee also noted the following items:</p> <ul style="list-style-type: none"> There were no bullying investigations reported for September. There were six workers compensation claims for September. A report is being prepared for the board on workers compensation insurance targets. The Investigation ToolKit has been rolled out. A report is being prepared for the board on security. Security improvements at Dorrigo hospital have been completed. 			
5.2.2	Board Sub-Committee: MDAAC <ul style="list-style-type: none"> Confirmed Minutes – 14 September 2017 Chair’s Summary – 12 October 2017 Register of Recommendations and Actions Recommendations – CE Approved <p>WG requested that the Board be kept updated on VMO recruitment.</p>			
Identification of Risks for Item 5.2 (if applicable):				
Resolution/s confirmed by the Board relating to Item 5.2:				
1. The Governing Board received and noted the information provided in Item 5.2				
5.3 Integrated Care				
We have strong partnerships with healthcare providers across the Mid North Coast to ensure we can deliver truly integrated healthcare				
5.3.1	Board Sub-Committee: Integrated Care It was noted that the next meeting is being held on 23 November 2017.			
5.3.2	BRIEF: Better Value Care <ul style="list-style-type: none"> BC noted that the implementation of the Leading Better Value Care (LBVC) Program is on track and overseen by the Health Reform Team in Mental Health and Integrated Care Directorate. The eight LBVC clinical priorities are implemented with an established evidence-base, mandatory Model of Care and quarterly performance indicators. The MNCLHD maintains ongoing engagement with the NCPHN via the Primary Care Clinical Council in Coffs Harbour and Port Macquarie to consult about the LBVC implementation. <p>Resolution: The Governing Board noted the update on Better Value Care, and requested this item remain on the Agenda under Integrated Care.</p>			
5.3.3	BRIEF: Overview of Aged Care			

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- Resolution: The Governing Board noted the Brief and updated provided by BC.			
<u>Identification of Risks for Item 5.3 (if applicable):</u>			
<u>Resolution/s confirmed by the Board relating to Item 5.3:</u>			
1. The Governing Board received and noted the information provided in Item 5.3			
5.4 Safety and Quality			
The safety of our staff, patients and the community is at the core of everything we do. We use data, research and evidence to inform the delivery of quality care.			
5.4.1	Board Sub-Committee: Health Care Quality <ul style="list-style-type: none"> Confirmed Minutes – 25 September 2017 Chair Summary – 30 October 2017 (verbal update by Dr Jenny Beange). 		
5.4.2	BRIEF: NSW RCA Summary Report RCA Summary Report		
5.4.3	BRIEF: Safety and Quality Account for MNCLHD System Purchasing Performance Safety & Quality Framework SD advised that the report requested by the Ministry would be prepared for consideration of the Quality Committee and the Chair of the Board. He also noted that this is a first effort and this will provide valuable insights in terms of future reporting frameworks. Resolution: The actions suggested by the CE were noted and endorsed.		
<u>Identification of Risks for Item 5.4 (if applicable):</u>			
<u>Resolution/s confirmed by the Board relating to Item 5.4:</u>			
1. The Governing Board received and noted the information provided in Item 5.4.			
5.5 Innovation and Research			
We evaluate our outcomes against best practice. We collaborate with academic partners to ensure research is part of our culture			
5.5.1	Board Sub-Committee: Health Service Development & Innovation Chair Summary – 13 October 2017		
<u>Identification of Risks for Item 5.5 (if applicable):</u>			
<u>Resolution/s confirmed by the Board relating to Item 5.5:</u>			
1. The Governing Board received and noted the information provided in Item 5.5			
5.6 Value and Accountability			
We drive value by delivering the best patient outcomes within a level of expenditure that is sustainable			
5.6.1	Board Sub-Committee: Finance and Performance <ul style="list-style-type: none"> Confirmed Minutes – 3 October 2017 Chair Summary – 31 October 2017 Neville Parsons, the Chair of the Finance and Performance Committee also noted; <ul style="list-style-type: none"> The new Executive Director Financial Operations and Asset Management, Carlie Kilikas has commenced. A detailed report on progress against current budget issues will be presented to the Board in December. 		
5.6.2	Finance and Performance Report – Executive Summary – YTD 30 September 2017		
5.6.3	Board Sub-Committee: Audit and Risk It was noted that the next meeting is being held on 30 November.		
<u>Identification of Risks for Item 5.6 (if applicable):</u>			
<u>Resolution/s confirmed by the Board relating to Item 5.6:</u>			
1. The Governing Board received and noted the information provided in Item 5.6.			

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5.7 Closing the Gap				
We will continue to work towards closing the gap of health disparities between Aboriginal and non-Aboriginal people				
5.7.1	<p>Board Sub-Committee: Close the Gap</p> <ul style="list-style-type: none"> Confirmed Minutes – 21 August 2017 Chair Summary – 24 October 2017 MNCLHD Aboriginal Careers in Health – Expo Report MNCLHD Aboriginal Health Report Card – Annual Report 2016-2017 <p>The Board noted the excellent quality of the reports and the progress made on initiatives.</p> <p>SD noted that MNCLHD is leading the way with CTG initiatives and is recognised state-wide for quality good work in this area.</p> <p>Action: WG to write to Robyn Martin and David Kennedy to acknowledge the excellent work and the progress to date on CTG initiatives.</p>			
Identification of Risks for Item 5.7 (if applicable):				
Resolution/s confirmed by the Board relating to Item 5.7:				
1. The Governing Board received and noted the information provided in Item 5.7.				
Item 6: Other Operational Items for Discussion				
6.1	<p>Sub Committee Terms of Reference</p> <p>Resolution: The Governing Board received and noted the Sub Committee Terms of Reference.</p>			
Item 7: Directorate Updates				
Directorate Updates				
7.1	Mental Health & Integrated Care			
7.2	Public Health			
7.3	Aboriginal Health & Primary Partnerships			
7.4	Nursing, Midwifery & Workforce			
7.5	Clinical Governance & Information Services			
7.6	Financial Operations and Asset Management			
7.7	<p>Communications & Strategic Relations</p> <ul style="list-style-type: none"> John Barrett commended Vanessa Edwards and her team, on the quality of the Communications and Strategic Relations Directorate Report. He further noted that The Pulse staff newsletter is a fantastic forum for distribution of information across the District. 			
7.8	<p>Coffs Clinical Network Report</p> <ul style="list-style-type: none"> John Barrett noted that the amount of detail in this report is exceptional. 			
7.9	Hastings Macleay Clinical Network Report			
Resolution: The Governing Board received and noted the information provided in Item 7.				
<ul style="list-style-type: none"> The Board agreed that Directorate Reports are only required every second month going forward. December 2017 the last report then February 2018 the next. 				
Item 8: For Information of the Board (Discussion by exception)				
Correspondence, General Business & Questions on Notice				
8.1	Confidentiality (Standing item)	Noted		
8.2	<p>Combined MNCLHD and NCPHN Board Meetings</p> <ul style="list-style-type: none"> WG reaffirmed our commitment to working with the PHN, and our commitment to the Combined Board Meetings. WG asked that all Board members prioritise attendance at these meetings where possible. WG noted that the Summer Strategy will be our next priority. 			



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	<ul style="list-style-type: none"> WG noted that the MNCLHD and NCPHN will continue to meet three times a year in 2018. 			
Resolution: The Governing Board received and noted the information provided in Item 8.				
Item 9: 2017 - Upcoming visits and events (for information)				
Date	Event Details			
8 November	MNCLHD Board Meeting - CHHC			
16 November	National Obesity Summit (Glasshouse Port Macquarie)			
17 November	Your Health Link National Photographic Competition (Glasshouse Port Macquarie)			
7 December	Thursday 7 December: Farewell dinner for Stephen Rodwell and Gail Farrar (noting attendees to pay for their own meal) – Shearwater Restaurant Coffs Harbour			
13 December	Annual Public Meeting - TBA MNCLHD Board Meeting – PMCHC MNCLHD Board end of year dinner – Quay Lime Bar and Grill			
24 January 18	MNCLHD Planning Day – Coffs Harbour			
There being no further business the meeting closed at (<i>please complete at end of meeting</i>)				