



# MEETING MINUTES - Endorsed

**DATE:** Wednesday 12 June 2019

**TIME:** 2:15pm to 6pm

**VENUE:** Video Conference

- Coffs Harbour Health Campus (CHHC) Meeting Room 25
- Port Macquarie Community Health Campus (PMCHC) Video Conference Room

Item / Description	Action	Att
<b>Attendance and Declarations</b>		
<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 Joanna Sutherland (JS), Rev. Dr John Barrett OAM (JBarrett), Neil Porter (NP), Susan McGinn (SM), Dr Stephen Begbie (SB), Dr Timothy Francis (TF)		
Apologies: Chief Executive Stewart Dowrick (SD), Dr Jennifer Beange (JBeange),		
In Attendance: Acting Chief Executive Kathleen Ryan (KR), Vanessa Edwards (VE), Lynn Lelean (LL), Dr Jennifer Chambers Chair Port Macquarie Base Hospital (PMBH) Medical Staff Council (MSC) (JC) (Observer), Julie Usher-Minutes, Paula Latham-Minutes		
Declaration of Pecuniary Interest, Conflict of Interest and Related Transactions: Nil declared		
Confidentiality		
<b>Item 1: Presentations/Discussion</b>		
1.1	<p><b>Discussion - Rob Gilbert (RG) of Paxton Partners regarding Macksville Computed Tomography (CT) Service</b> 2:15pm to 2:45pm</p> <p>RG provided the following overview of the business case:</p> <ul style="list-style-type: none"> <li>• Paxton has developed two business cases for a CT scanner, one at Macksville and one at CHHC and data used in the detailed analysis for both, was provided by CHHC clinicians and compiled by Emergency Doctors at Macksville.</li> <li>• Consultation occurred with key clinical stakeholders at CHHC and Macksville.</li> <li>• Concerns raised include:               <ul style="list-style-type: none"> <li>○ Patients presenting at Macksville hospital requiring a CT scan are transferred to CHHC.</li> <li>○ CT services at CHHC are often at full capacity</li> <li>○ Transport difficulties reported in coordinating the transportation of patients</li> <li>○ Extended length of stay at CHHC and Macksville due to patients awaiting tests</li> <li>○ Logistic issues</li> </ul> </li> <li>• There are two private CT scanner service providers between Macksville and Coffs Harbour.</li> </ul>	



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- At present, the number of CT scans conducted at Macksville hospital is well below the number required to fund the service.
- A review into any adverse incidents by not having a CT service available at Macksville has not identified any patients who were negatively impacted by not having this service available at Macksville.
- The increase in aged population was noted.
- CHHC CT scanning service runs at full capacity with very few outpatient scans performed.
- Macksville configuration for CT scanner and X-Ray services, along with current number of patients requiring these services is not deemed attractive for a private partner.

The Board held the following discussion:

- The length of travel time from Macksville to CHHC – RG advised that it is not necessarily the length of travel time, but the delay in service upon arrival at CHHC.
- Is there potential to improve the patient transport service to reduce wait times?
- WG asked about the viability of an additional CT scanner in Coffs Harbour - RG advised an additional CT scanner in Coffs Harbour would support the existing volume requirement and could be supported with improvements to the patient transport service.
- It was noted that the private CT service providers in the Nambucca area do not conduct contrast CT scans and these patients are transferred to CHHC.
- The Board asked about bed block issues at CHHC?
- WG noted, that the Business Case presented does not seem to justify the immediate installation of a CT scanner at Macksville. Within this context the outlay of funds, capital and recurrent, would seem to be difficult to justify. Consideration needed to be given to how best provide these services for the Macksville and Nambucca Valley communities.
- In this context, the Board endorsed capital expenditure of \$45,000 to future proof the new Macksville Hospital for a possible addition of a CT scanner at a future date.
- A review of patient flow and bed block issues at CHHC to be urgently considered.

**Resolution: The Mid North Coast Local Health District (MNCLHD) Governing Board:**

- **Noted** the information provided by Paxton Partners in the Business Case.
- **Noted** bed block and patient flow issues at CHHC.
- **Noted** the capital expenditure approved to future proof the new Macksville Hospital for a possible addition of a CT scanner at a future date.
- **Action:** Advice to be sought on how we can meet the needs of the Nambucca Valley and Macksville community in the short term.
- **Action:** CE to review the original Clinical Services Plan for Macksville hospital for reference to inclusion of a CT scanning service.
- **Action:** WG to write letter of thanks to Rob Gilbert of Paxton Partners.

1.2	<p><b>Presentation – John Slaven Director of Financial Operations and Asset Management regarding Finance and Performance Top Three</b></p> <p>2:45pm to 3:30pm</p>
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John Slaven provided the following overview:

- 2019/2020 budget was presented to Board and hard copies of the presentation distributed with the papers.
- The current financial climate for the Local Health District (LHD) will require increased scrutiny around spending.
- It was noted across the past 6-7 years the District has returned a surplus. Cost per National Weighted Activity Unit (NWAU) is one of the lowest in the state which indicates the LHD is efficient.
- State budget is being delivered in mid-June which will allow us to confirm our allocations.
- Saving strategies across the District are being identified and implemented and will be presented to the Finance and Performance Board Sub-Committee (F&P Committee), Senior Executive Team (SET) and Board for endorsement.
- We have received a reduction in revenue targets to more realistic figures.
- A review of how the Electronic Medication Management System (eMEDs) face to face training is delivered is being reviewed.
- The importance of clear messaging to staff around achieving cost savings and consistency.
- It was noted, as tabled at the last F&P Committee, that we must find a coordinated approach to delivering our services on a reduced budget.
- It was noted that the MNCLHD does hold a 1% contingency which is acknowledged and considered good practice.
- An overview was provided of some of the identified savings strategies including in the areas of worker's compensation, bed optimisation and service effectiveness.
- WG asked about the viability of the Hospital in the Home (HITH) services given current service delivery is not cost effective. Advice received that HITH operates well in one Network and not so well in the other and is certainly an area for improvement.
- 70% of our costs are labour.
- The discussion at the June SET meeting on savings opportunities and strategies was noted.
- Caution avoiding any cost cutting that would adversely impact Close the Gap strategies.

**Resolution: The MNCLHD Governing Board:**

- ***Noted*** the information provided by John Slaven.
- ***Noted*** the budget situation.
- ***Requested*** a strategic approach to the development of the 2019/2020 budget and potential savings to ensure the District achieves its Strategic Directions, and to be kept informed of progress.
- ***Noted*** the Board will seek further advice once the budget for 2019/2020 is confirmed, along with advice on timeframes.
- ***Supported*** the need for budget discussions with clinical and other staff.

**Item 2: Minutes and Action Table**

2.1	Minutes
	2.1.1 Minutes of Meeting – 8 May 2019

**Resolution: The MNCLHD Governing Board endorsed the Minutes of meeting 8 May 2019**

2.2	<p>Actions 2.2.1 Action Table</p> <p><b><u>Resolution:</u></b> <i>The MNCLHD Governing Board endorsed the Action Table</i></p>	
	<p><b>2.2.2 Action: Corporate Governance</b></p> <ul style="list-style-type: none"> <li>• VE to include Board 'Agenda setting' on every third Agenda</li> <li>• NParsons to put together a paper on where governance can improve</li> </ul>	Refer 7.4
	<p><b>2.2.3 Action: Dr Emil Gayed S122 Recommendations</b></p> <ul style="list-style-type: none"> <li>• Health Care Quality Committee (HCQC) and Medical and Dental Appointments Advisory Committee (MDAAC) Board sub- committees to review the Recommendations to ensure appropriate governance, and to explore the way in which surgical services are monitored including through scope of practice. HCQC and MDAAC to provide a brief update on how this has been considered at their respective meetings.</li> <li>• HCQC to further review credentialing.</li> </ul>	Refer 5.5.3
<b>Item 3: Strategic Items for endorsement and/or discussion</b>		
3.1	<p>Chief Executive's Report &amp; Attachments</p> <p>Acting Chief Executive Kathleen Ryan provided an update on the following issues:</p> <ul style="list-style-type: none"> <li>• Macksville – The main works construction phase was marked by a sod-turn event held in early June at the new site.</li> <li>• Coffs Harbour Health Campus expansion project - works progressing.</li> <li>• Bowraville HealthOne – the General Practice (GP) clinic will move to the new HealthOne building soon.</li> <li>• Port Macquarie Base Hospital (PMBH) car park – the expansion project has begun with a sod-turn event held early May.</li> <li>• Bureau of Health Information (BHI) – the BHI report has been released, Emergency Department (ED) performance noted as favourable.</li> <li>• Winter Services Plans – plans have been submitted to the Ministry of Health (MoH).</li> <li>• People Matter Employee Forum – this group continues to meet on a regular basis.</li> <li>• Executive Clinical Council Advisory Group – this group met for the first time in early May. The Terms of Reference (TORs) and draft minutes were noted. The few number of attendees was noted and a reminder of the Minister's preference to increase clinical engagement. It was noted the invitees were not broadly sourced and suggestion made to invite two or three representatives from each network MSC. The CHHC MSC Chair did not attend, nor the heads of department. Chair of MSC of Bellingen attended. Suggestion to invite the North Coast Primary Health Network (PHN). Videoconference was suggested however WG stated face to face meeting is often the best option given the social interaction. The thorough consultation process was noted in getting this forum off</li> </ul>	

the ground which included several weeks' notice, several date options, proxy invitations and a majority rules process.

- **Resolution:** *The Governing Board takes on board the suggestions around the Executive Clinical Council Advisory Group, for further exploration with the Chief Executive (CE).*
- **Action:** *WG to raise issue of engagement with the CHHC MSC Chair.*
- Mental Health Inpatient Unit (MHIPU) PMBH expansion - there has been no recorded seclusion since opening in January 2019.
- Accreditation – the District has made sound progress on the next accreditation program. Antimicrobial stewardship was highlighted as requiring additional attention leading to accreditation.
  - **Action:** *The Governing Board request assurance around this accreditation risk for the July meeting.*
- Electronic Medical Records (eMR)-Electronic Medication (eMEDs) – Advice provided in the Chief Executive's Report and concerns raised that the Drug to Drug to Interaction (DDI) functionality was not part of the research proposal for MNCLHD. Communication around the non-inclusion of this feature had been an unfortunate oversight by the two project teams but assurance about the validity and importance of this work had been received and undertaken with the opportunity to do further research.
  - It was noted that the non-inclusion of this feature is of great concern to clinicians at PMBH. A concern was raised that no clinical input had been sought in this decision and that PMBH clinicians feel they should have been part of the trial because they are involved in patient safety. A further concern was raised that Visiting Medical Officers (VMOs) on short term placements at PMBH may work at other hospitals within the state where this feature is turned on thus this may pose an additional safety issue in terms of training and requirements.
  - KR advised there were meetings where this was discussed and the PMBH General Manager (GM) was invited, however did not attend.
  - It was noted that there are research methods for this project and questioned the views of the ethics committee around how information is to be shared, given the potential for an adverse effect and the legal implications.
  - The Board questioned the appropriateness in reviewing this particular circumstance by the Executive Clinical Council Advisory Group.
  - **Resolution: The MNCLHD Governing Board:**
    - **Noted** *the update provided in the Chief Executive's Report and the verbal advice provided by Acting Chief Executive Kathleen Ryan.*
    - **Noted** *the comments about safety, and the need to consult clinicians in decisions relating to the delivery of health services.*
    - **Noted** *the unfortunate oversight that the fact sheet was not disseminated.*
    - **Noted** *that new staff are made aware of this matter during orientation.*
    - **Requested** *the MNCLHD Executive Clinical Council Advisory Group review this circumstance and provide advice on how best to engage clinicians in any similar process in the future.*
    - **Requested** *the Research group be alerted to the concerns raised by the PMBH MSC, and be asked to provide legal advice around ethics implications be sought.*



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	<ul style="list-style-type: none"> <li>• Oral Health Research Committee – Robyn Martin, Director of Aboriginal Health and Primary Partnerships has been invited to be part of the MoH’s Oral Health Research Committee as the Aboriginal Health representative.</li> <li>• Integrated Multi Media Unit (IMMU) Award Finalist – the MNCLHD IMMU have been announced as a finalist in the Suicide Prevention Australia LIFE Awards Media Category for the Patient Story <i>Precious Michelle</i> video. Winners will be announced at the end of July 2019.</li> <li>• MNCLHD – MoH Quarterly Performance Meeting – The District maintains its “0” performance rating.</li> <li>• Minutes: MNCLHD Executive Clinical Council Advisory Group 1 May 2019             <ul style="list-style-type: none"> <li>○ <b>Resolution: The MNCLHD Governing Board noted the minutes.</b></li> </ul> </li> <li>• National Standards Cultural Safety Workshop (CATSINaM) – A two-day workshop was held in May to offer practical and achievable guidelines to assist the District embed cultural safety in the implementation of the National Standards.</li> <li>• Letter: Chief Executive Officer Werin Aboriginal Corporation Fay Adamson re Werin Elders’ Olympics.             <ul style="list-style-type: none"> <li>○ <b>Resolution: The MNCLHD Governing Board noted the letter.</b></li> </ul> </li> <li>• Paper: Health Service Act s31.             <ul style="list-style-type: none"> <li>○ <b>Resolution: The MNCLHD Governing Board noted the governance information from the MoH provided in s31.</b></li> </ul> </li> <li>• Macksville Maternity Services – the consultant is conducting interviews at the moment and a progress report will be available soon.</li> <li>• Dr Emil Gayed – this matter has been referred to the NSW Police and a taskforce established.</li> <li>• Corporate Costs: An update on the annual corporate return given to the MoH was provided. The District has requested further material by cost component to assist with benchmark comparison against other Districts. When this information is available it will be reviewed by SET and Finance to show the distribution of expenditure across the key groups including nursing, medical, administration and allied health.             <ul style="list-style-type: none"> <li>○ <b>Resolution: The MNCLHD Governing Board noted the report and further actions in this regard.</b></li> </ul> </li> </ul> <p><b><u>Resolution: The MNCLHD Governing Board:</u></b></p> <p><b><u>1. Noted the Chief Executive’s Report and attachments</u></b></p>
3.2	<p>Report: MNCLHD Health System Performance Report</p> <ul style="list-style-type: none"> <li>• It was noted the report had been updated with a focus on key drivers and information on positive and negative drivers, with action items moved to the end of the report.</li> <li>• It was noted that the incorrect report was included in the papers. The revised report will be distributed via email.</li> </ul>
3.3	<p>Leading Better Value Care (Standing item)</p>

Item 4: Operational Items	
4.1	<p>Brief &amp; Report: Sinclair/Barker Review – Progress update (standing item)</p> <p><b><u>Resolution: The MNCLHD Governing Board:</u></b></p> <p>1. <b>Noted</b> the information provided in the report</p>
4.2	<p>Brief &amp; Attachments (3): MNCLHD Accreditation Model and Committee Structure</p> <p><b><u>Resolution: The MNCLHD Governing Board:</u></b></p> <p>1. <b>Noted</b> the Accreditation update. 2. <b>Reviewed</b> the requirement of the Governing Board to sign Attestation statement.</p>
4.3	<p>Brief &amp; Attachments (2): Aboriginal Health Plan 2013-2023 Mid Term Evaluation</p> <p>It was noted that moderate progress is being made at the state level with these indicators.</p> <p><b><u>Resolution: The MNCLHD Governing Board:</u></b></p> <p>1. <b>Noted</b> the NSW Aboriginal Health Plan 2013-2023 Mid Term Evaluation Main Report and Summary Report. 2. <b>Noted</b> MNCLHD continues its progress against the recommendations in all Strategic Directions. 3. <b>Noted</b> Annual Report Cards, produced by the Centre for Aboriginal Health (CAH), will monitor progress of the implementation of evaluation recommendations. This report will be submitted to SET, Close the Gap (CTG) Board Subcommittee and the Mid North Coast Aboriginal Health Authority (MNCAHA). 4. <b>Noted</b> MNCLHD status update against the specific recommendations allocated to LHDs for Strategic Direction 1 and 6 in attachment 2.</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 18 March 2019 5.1.2 Chair’s Summary 13 May 2019 5.1.3 Brief: Patient Story Update “Aaron’s Story”</p> <p>The Board wished to congratulate the staff who have sought to implement improvements and solutions which are acceptable to Aaron and his family when accessing care.</p> <p><b><u>Resolution: The MNCLHD Governing Board:</u></b></p> <p>1. <b>Noted</b> the information provided in the Community Engagement Sub-Committee papers. 2. <b>Noted</b> the contents of the Patient Story Update.</p>



5.2	Board Sub-Committee: Workforce, Health & Safety	Next meeting 17 June 2019
5.3	<p>Board Sub-Committee: MDAAC</p> <p>5.3.1 Confirmed Minutes 11 April 2019</p> <p>5.3.2 Chair's Summary 9 May 2019</p> <p>5.3.3 Critical Actions Compliance Declarations April 2019</p> <p><b><u>Resolution: The MNCLHD Governing Board:</u></b></p> <p>1. <b>Noted</b> the information provided in the MDAAC Sub-Committee papers.</p> <p>2. <b>Noted</b> the Critical Actions Compliance Declarations.</p>	
5.4	Board Sub-Committee: Integrating Care	Next meeting 19 July 2019
5.5	<p>Board Sub-Committee: Health Care Quality</p> <p>5.5.1 Confirmed Minutes 29 April 2019</p> <p>5.5.2 Chair's Summary 27 May 2019</p> <p>5.5.3 Gap Analysis Dr G Recommendations</p> <p>Chair of the Health Care Quality Committee provided the following update:</p> <ul style="list-style-type: none"> <li>▪ Appreciation expressed for the number of ED reps who attended the last meeting.</li> <li>▪ A number of the recommendations which came out of the Furness report are not achievable within MNCLHD as they do not adhere to the policy and process around how Root Cause Analysis (RCAs) are reported.</li> <li>▪ The Board expressed concern on how clinicians can report, in a non-threatening way, adverse practices by colleagues. Where clinicians can then be retrained or upskilled.</li> <li>▪ The role of MDAAC to restrict accreditation to be reviewed. <b>Action: MDAAC to review how accreditation is restricted. The Clinical Advisory Committee to provide advice on how they would like this to be conducted.</b></li> <li>▪ The low rate of home dialysis in the LHD was noted and budget restrictions on Kempsey service provision. <b>Action: The Board requested advice on Kempsey Home Renal service.</b></li> </ul> <p><b><u>Resolution: The MNCLHD Governing Board:</u></b></p> <p>1. <b>Noted</b> the information provided in the HCQC Sub-Committee papers.</p> <p>2. <b>Noted</b> the update provided in the Gap Analysis Dr G Recommendations</p>	
5.6	<p>Board Sub-Committee: Health Service Development &amp; Innovation</p> <p>Chair of the Health Service Development &amp; Innovation Committee provided the following update from meeting held 7 June 2019:</p> <ul style="list-style-type: none"> <li>- Concerns raised regarding The Big Ideas project with late advice received that no projects would be funded. Despite a number of applications being requested and received. Funding</li> </ul>	





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	<p>should be allocated and agreed upon before the request for projects goes out. <b>Action: NP to review this funding model with Finance.</b></p> <ul style="list-style-type: none"> <li>- A presentation was made on Leading Better Value Care (LBVC) as part of HITH – with initiatives focussed on saving a number of bed days. These initiatives further demonstrate significant cost savings and should be investigated to see if they can be funded.</li> <li>- The Get Moving project demonstrates considerable benefit to patients and staff and should be rolled out to other hospitals in the District.</li> <li>- The attendance of SET member Sara Shaughnessy was well received.</li> </ul>		
5.7	<p>Board Sub-Committee: Finance and Performance</p> <p>5.7.1 Confirmed Minutes 30 April 2019</p> <p>5.7.2 Chair’s Summary 28 May 2019</p> <p>5.7.3 Report: Finance and Performance – YTD 30.04.19</p> <p><b><u>Resolution: The MNCLHD Governing Board:</u></b></p> <p>1. <b>Noted</b> the information provided in the F&amp;P Sub-Committee papers.</p>		
5.8	<p>Board Sub-Committee: Audit and Risk</p> <p>5.8.1 Confirmed Minutes 18 March 2019</p> <p><b><u>Resolution: The MNCLHD Governing Board:</u></b></p> <p>1. <b>Noted</b> the information provided in the Audit and Risk papers.</p>		
5.9	<table border="1" style="width: 100%;"> <tr> <td style="width: 70%;">Board Sub-Committee: Close the Gap</td> <td style="width: 30%;">Next meeting 18 June</td> </tr> </table>	Board Sub-Committee: Close the Gap	Next meeting 18 June
Board Sub-Committee: Close the Gap	Next meeting 18 June		

<b>Item 6: Directorate Updates</b>	
6.1	Mental Health & Integrated Care
6.2	Public Health
6.3	Aboriginal Health & Primary Partnerships
6.4	Nursing, Midwifery & Workforce
6.5	Clinical Governance & Information Services
6.6	Financial Operations and Asset Management
6.7	Communications and Strategic Relations
6.8	Coffs Clinical Network Report
6.9	<p>Hastings Macleay Clinical Network Report</p> <p><b><u>Resolution: The MNCLHD Governing Board:</u></b></p> <p>1. <b>Noted</b> the information provided in the Directorate Reports.</p>

Item 7: General Business, Correspondence and Business without notice	
7.1	<p>Confidential In Camera Items 7.1.1 Confidential File Notes (5) from 8 May 2019</p> <p><b>Resolution:</b> <i>The MNCLHD Governing Board:</i></p> <p>1. <b>Noted</b> the information provided in the Confidential File Notes.</p>
7.2	<p>Paper: Governance of Local Health Districts – Auditor General’s Performance Report</p> <p><b>Resolution:</b> <i>The MNCLHD Governing Board:</i></p> <p>1. <b>Noted</b> the recommendations and requested these be reviewed at a session on governance.</p>
7.3	<p>Brief &amp; Attachment (1): National Safety and Quality Health Services (NSQHS) Standards – User Guide for Governing Bodies</p> <p><b>Resolution:</b> <i>The MNCLHD Governing Board:</i></p> <p>1. <b>Referred and Noted</b> the NSQHS User Guide for Governing Bodies to understand the expectations of the roles and responsibilities of the Governing Board in relation to the National Standards and the actions specifically of the Governing Board (1.1 &amp; 1.2).</p>
7.4	<p>Brief: MNCLHD Agenda Setting</p> <p>The Board discussed the following:</p> <ul style="list-style-type: none"> <li>• The need to have a permanent 2:30pm start.</li> <li>• The need to have time to focus on strategic items.</li> </ul> <p><b>Resolution:</b> <i>The MNCLHD Governing Board:</i></p> <p>1. <b>Reviewed and endorsed</b> the draft Agenda Program which indicates the high-level focus areas to be scheduled across a 12-month period.</p> <p>2. <b>Requested</b> patient story on District fracture clinic be added to the schedule.</p> <p>3. <b>Requested</b> the following items be added to the schedule:</p> <ul style="list-style-type: none"> <li>a. Review of HITH services</li> <li>b. Auditor General’s Performance Review – pursue current status and where this is leading us</li> <li>c. Review Thomson Geer Paper (45 mins) – governance and recommendations</li> </ul>
Item 8: Large Attachments and additional information	
Neville Parson’s leave from 25 July to 25 August 2019 was noted.	
Item 9: Upcoming Events	
Date	Event Details
12 June	MNCLHD Governing Board Meeting – Video Conference
13 June	MNCLHD Health Innovation Awards Ceremony – Port Macquarie



**Health**  
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**GOVERNING BOARD**

10 July	MNCLHD Governing Board Meeting – Coffs Harbour
25 July	MNCLHD Governing Board – Special Budget Meeting
14 August	MNCLHD Governing Board Meeting – Port Macquarie
3-4 Sept	Living Well Expo and Harmony in Health Expo – Coffs Harbour
22 Nov	MNCLHD National Photographic Competition Opening Night and Awards – Port Macquarie
<b>There being no further business the meeting closed at 5pm</b>	