

Minutes of the Hunter New England Local Health District Board

Eighty Third Meeting

20th February 2019

Venue: Newcastle Community Health Service

Present

Associate Professor Lyn Fragar (Chair), Dr Helen Belcher, Mrs Barbara Clark, Dr Martin Cohen, Dr Ian Kamerman, Ms Lyn Raines, Mr Peter Johnston, Dr Patrick Farrell, Dr Felicity Barr, Mr Fergus Fitzsimons, Mrs Janelle Speed, Mr Ben Wilkins and Dr Stephen Pryde

In Attendance

Mr Michael DiRienzo, Ms Nicole Taylor, Ms Karen Kelly, Dr Stephen Oakley (Medical Staff Executive Council) and Ms Kylie McNamara

Order of Business: 1.1 – 9.3

WEDNESDAY 20th FEBRUARY 2019 COMMENCING AT 9:00AM

The Chair WELCOMED two new Board members, Dr Stephen Pryde and Mr Laurence (Ben) Wilkins, and introductions were made.

TOUR OF COMMUNITY HEALTH SERVICE

The Board was provided with a tour of the community health service led by Mr Jonathan Holt, Acting General Manager, CACS-GNS.

BUSINESS OF THE MEETING

PRELIMINARY

1.1 Welcome, Apologies and Acknowledgment of Country

The Chair, Professor Lyn Fragar opened the meeting at 8:40am.

The Board Chair ACKNOWLEDGED the traditional owners of the country on which the meeting was held and paid respects to elders past and present.

1.2 Conflicts of Interest

Barbara Clark's daughter is moving to Gunnedah in July as an employee of Alpenglow, which is geographically based within Hunter New England Local Health District. This declaration was NOTED by the Board.

It was AGREED that the conflict of interest form and register will be sent to new Board members for their action and reference.

ACTION: Board Secretariat

1.3 Adoption of Minutes

The minutes of the meeting held on the 12th December 2018 had been circulated. The minutes were ADOPTED by the Board.

1.4 Action List

Progress on action items was DISCUSSED and NOTED by the Board.

1.5 Board Chair Report

1. The Board Chair advised that Board member Ken White had not re-appointed as a Board member. Arrangements for formally acknowledging the contribution made by Ken will be made, including a certificate of appreciation.

ACTION BY: Board Secretariat

2. The Board Chair participated with the district induction for new Board members on Wednesday 6 February 2019.

3. The Chair had received a report from the Cancer Institute NSW that which compares districts results to other districts. The report was REFERRED to the Chief Executive for comment by the Cancer team and to provide brief to the Board if any items should be brought to its attention.

ACTION BY: Chief Executive

4. The Chair had received a copy of the Third Australian Atlas of Healthcare Variation that was REFERRED to the Quality and Safety Committee review, and report back any items that may be of importance to the Board.

ACTION BY: Dr Martin Cohen

5. A letter had been received from a member of public in relation to a music therapy program for John Hunter Hospital. It was CONFIRMED that this correspondence has been actioned by the relevant managers.

1.6 Chief Executive's Report

The Chief Executive's report had been circulated in the business papers, that included the following:

- Appointment of Executive Medical Director
- Appointment of Executive Director Children Young People and Families
- Appointment to General Manager Peel Sector
- Recruitment of Hunter Valley Sector General Manager
- Appointment to Senior Management Accountant, Rural & Regional Health Services
- Royal Commission into Aged Care Services
- National review of the multi-purpose services (MPS)
- Inverell Hospital development
- CT scanner Inverell and second theatre
- Rounding at Inverell hospital
- Opening of Armidale hospital
- Moree and Glen Innes hospital upgrade
- Armidale refugee resettlement
- Districtwide Close the Gap Forum 2019
- NE&NW drought task group
- Manning Hospital election commitment
- 2019/20 Service agreement negotiations
- Excellence Awards 2019
- Minister visit to Tomaree and Maitland
- Hunter Business Infrastructure lunch event
- Transition of patients from the T-Basis Unit at Wingham to Manning hospital
- John Hunter Hospital Health and Innovation precinct
- John Hunter traffic congestion
- Walcha MPS rounding
- New Maitland hospital update

The Board DISCUSSED and NOTED the information in the Chief Executive Report, and CONFIRMED the actions being made by the Chief Executive.

COMMUNITY – THE PEOPLE WE SERVE

2.1 Community and Consumers Partnership Committee Minutes

The report and minutes from the meeting held on the 11th December 2018 had been circulated in the business papers. The report and minutes were NOTED by the Board.

The Committee Chair advised that the Community Partnership Forum dates for 2019 are as follows:

- 16 May – Tamworth
- 20 June – Newcastle
- 21 November Combined Forum – Tamworth

2.2 Good Health Committee

The report and minutes from the meeting held on the 11th December 2018 had been circulated in the business papers. The report and minutes were NOTED by the Board.

2.3 Aboriginal Health Committee Meeting

There were no papers for this meeting.

2.4 New Business

There was no new business relating to COMMUNITY – THE PEOPLE WE SERVE.

2.5 For Information

There was no further information relating to COMMUNITY – THE PEOPLE WE SERVE.

SERVICE – THE SERVICE WE PROVIDE

3.1 District Clinical Council Minutes

The report and minutes from the meeting held on the 12th December 2018 had been circulated in the business papers. The report and minutes were NOTED by the Board.

A matter raised at the January 2019 District Clinical Council concerned the e-maternity software. Clinicians were concerned regarding the time taken during patient consultations at antenatal clinics with the amount of data that is required to be collected, hence causing delays and problems in antenatal clinics. Chris Mitchell, Director Information, Communication and Technology was in attendance at District Clinical Council.

The Chief Executive will examine the issues that have been raised, with Chris Mitchell.

ACTION BY: Chief Executive

3.2 Medical Staff Executive Council Report

There were no papers for this meeting.

3.3 New Business

There was no new business relating to SERVICE – THE SERVICE WE PROVIDE.

3.4 For Information

3.4.1 Clinical Pharmacologist succession planning. The verbal update provided was NOTED by the Board.

SAFETY AND QUALITY – EXCELLENCE – EVERY PATIENT, EVERY TIME

4.1 Health Care Quality Committee Minutes

The verbal update provided was NOTED by the Board.

4.2 New Business

There was no New Business relating to SAFETY AND QUALITY – EXCELLENCE – EVERY PATIENT, EVERY TIME for this meeting.

4.3 For Information

There was no further information relating to SAFETY AND QUALITY – EXCELLENCE – EVERY PATIENT, EVERY TIME for this meeting.

RESOURCES – MANAGING OUR SERVICES WELL

5.1 Finance and Performance Report

The Finance Management reports for the month ending 31st January 2019 had been circulated in the business papers. The Board DISCUSSED and NOTED the Finance and Performance Report.

Deep Dive – Felicity Barr had chosen to investigate Hospital Acquired Complications, and noted that over the past 12 months this has been an evolving process. Nicole Taylor, Manager Activity and Performance, advised there is a large effort being put into refining data on unplanned re-admissions (ie. recording practises that lead to this data).

Felicity was THANKED for her report.

5.2 Finance and Performance Committee Minutes

The report and minutes of the meeting held on the 11th December 2018 had been distributed in the business papers. The minutes were NOTED by the Board.

5.3 Audit and Risk Management Committee

The report and minutes of the meeting held on the 7th December 2018 had been distributed in the business papers. The minutes were NOTED by the Board.

5.4 Work, Health and Safety Report

The report was distributed in the business papers. The report was DISCUSSED and NOTED by the Board.

The Board REQUESTED that its congratulations and appreciation be passed on to staff through the relevant means.

ACTION BY: Chief Executive

5.5 New Business

There was no New Business relating to MANGING OUR SERVICES WELL for this meeting.

5.6 For Information

5.6.1 People Matter Employee Survey 2018 – Action Plan

A paper had been distributed in the business papers. The paper was NOTED by the Board.

The Board has requested 6 months report on progress of action plan.

ACTION: Chief Executive

POSITIONING FOR THE FUTURE

6.1 Innovation and Research Report

A paper had been distributed in the business papers. The paper was NOTED by the Board.

6.2 New Business

There was no New Business relating to POSITIONING FOR THE FUTURE for this meeting.

6.3 For Information

There was no New Information relating to POSITIONING FOR THE FUTURE for this meeting.

LUNCH WITH NEWCASTLE COMMUNITY HEALTH SERVICE CLINICIANS

Board members were joined by clinicians from the Newcastle Community Health Service over lunch. Clinicians from the following services joined:

- Community Acute Post Acute Care (CAPAC) – Health at Home, Transitional Aged Care Program, Hospital in the Home, Geriatrician

- Oral Health
- Chronic Disease and Aged Care
- Diabetes
- Alliance Program (inclusive Rural work)
- Parenting Education and Maternity Services
- Hunter Equipment Service
- Occupational Therapist
- Drug and Alcohol

The following were discussed and NOTED:

1. ACHIEVEMENTS

Drug and Alcohol

- For the first time the service went through accreditation and did well.
- Undertaking full clinical service redesign to standardise patient care from entry to exit.
- Also had addition and commission of three new services
 - Chronically unwell patients
 - Substance use in pregnancy and parenting
 - Youth service which has started in Newcastle

Occupational Therapy

- Staff reported being proud of the positive culture within team, and within CACS GNS overall.
- Quite a number of changes in community OT, particularly in aged care. Worked on analysing waitlist and better delivery of service to clients.
- Increased amount of referrals (in spite of lots of privatisation as well).
- Belief that other services have a lot of trust in them.
- Manage complex clients very well, engage in community facilities as other resources which results in better long term outcome for clients.

Oral Health

- Environment that is very enthusiastic, with a commitment to provide quality dental services to patients.
- 90% of patients managed within time.
- Aged Care Residential program – mobile clinic, provide services to both MPS facilities across district - residents are getting a dental service that they otherwise would not have access to.

Looking at expanding service to other aged care facilities across the district.

- Good opportunities to improve and enhance clinics, Stage 2 at Muswellbrook redevelopment, additional chairs at Tamworth Hospital as well, these projects assist with managing waitlists.
- Training in dealing with patients with special needs. Service has a special needs consultant/dentist.
- Multiple visits from other LHDs recently, doing things in a way that is “leading the way”, being seen as a leader.
- Quarterly WHS meeting, plus review cases to improve patient safety and quality, recommendations for new/additional equipment is tabled at the Safety and Quality committee.

CAPAC

- This is a very large community service. Care is provided in the community across three LGA's, coordination across that area is 150 – 180 clients on their books at any one time. Provide a lot of support to the acute sector, particularly JHH, no waitlist.
- Commencement of cystic fibrosis program last year.

- Provides leadership for the HITH clinical stream.
- Provide early intervention to prevent hospitalisations.
- Review a range of different things in the Safety and Quality meetings held once per month.
- Monitor audits for national standards, which leads to education for the staff.

Maternity services

- Engaging consumers into education programs.
- Essentials of Care project.
- Production of short films, resulting in increased attendance rates in past 12 months.
- Upgrading to websites has resulted in traffic increasing, and is also important for health literacy.
- Baby friendly hospital accreditation for the first time, as well as National standard 2.
- Engaging families, particularly same-sex families.

Diabetes

- Clinics are run at various sites, although locally based in Newcastle community health service.
- Department of endocrinology provide services
- Face to face appointments with both dietitian and nursing educators across the centre.
- From 2014 program, alliance with PHN and excellent Exec sponsorship.
40 GP practices this year have been reached out to, with a view to upskilling GPs and practise nurses and educators, so they can have flow on affect with education being passed on. They provide feedback for GPs where the service can provide support.
- Masterclasses are held in the evening for GPs and practice nurses.
- Positive feedback from both patients and staff.
- Intervention program that has CNCs mentor or act as a point of contact for younger clinicians who are new to the service. This commenced three years ago with a lot of success.
- Positive culture within this building – communication of issues by leadership and management. Ready access to our leaders. Managers are interested and keen and want to see the team/s do well, everyone is very passionate about what they do.
- *Excellence* was introduced into the community, standards of behaviour, staff rounding, client rounding – feedback positive.

2. CHALLENGES TO BE ADDRESSED

- **Occupation Therapy** – bariatric clients are not accepted by NDIS (clients who weigh in excess of 200kg). Resources are hence not available to do a multi-disciplinary approach with these patients that will make a difference to their health. Clients will end up in residential care very young, pressure injuries etc. Difficult to place their criteria into a service, need an intensive program. They want to improve and change their lives. It was AGREED that data be collated regarding the scale and nature of the problem and a report be provided to the Board.

ACTION BY: Karen Kelly

- Access to patient data/information is sometimes lost between hospital and GPs, it can often take a long time to access information on patients, even though they have the same patients.
- Access to the building for all patients is challenging. This is currently being worked on, with a suggestion to council to have disabled parking re-instated.
- Aged care funding.
- Lateral violence – data difference within 12 month period (Nathan Mulley).

The Chair THANKED staff for joining the Board for lunch and CONGRATULATED all services on their hard work and achievements.

OUR STAFF AND WORKPLACE CULTURE

7.1 Medical and Dental Appointments Advisory Committee

The report of the meeting of the Medical Dental Appointments Advisory Committee held on 22nd January 2019 was distributed with the business papers. The paper was NOTED by the Board.

The definition of a “Ministry reportable listing” will be advised – AHPRA notifications.

ACTION: Karen Kelly

7.2 New Business

There was no New Business relating to OUR STAFF AND WORKPLACE CULTURE for this meeting.

7.3 For Information

7.3.1 Update - VMO Dr Gayed, Manning Hospital

A report had been distributed in the business papers.

The paper was NOTED and ENDORSED by the Board.

Board NOTED the report and ACCEPTED the recommendations.

The Board ACKNOWLEDGED the difficulty in making changes that are required.

The Board RECOMMENDED that the Chief Executive discuss the three Furness report recommendations made by Ms Furness at the upcoming Senior Executive Forum and also with the Ministry. A Progress update to be provided to the Board at a future date.

ACTION: Chief Executive

BOARD DEVELOPMENT

8.1 Board Performance Report

There were no papers for this meeting.

8.2 Board Members Development Report

There were no papers for this meeting.

8.3 New Business

There was no New Business relating to BOARD DEVELOPMENT.

8.4 For Information

There was no new For Information relating to BOARD DEVELOPMENT.

MEETING REVIEW AND FEEDBACK

9.1 Member's issues not covered elsewhere

There were no papers for this meeting.

9.2 Feedback from the Previous Meeting

There were no papers for this meeting.

9.3 Next Meeting

The next meeting will be held on the 19th and 20th March in Boggabri MPS and Narrabri Hospital.

The Chair, Professor Lyn Fragar closed the meeting at 2:40pm.