

Minutes of the Hunter New England Local Health District Board

Eighty First Meeting

20th and 21st November 2018

**Venue: Glen Innes Hospital
and Armidale Hospital**

Present

Associate Professor Lyn Fragar (Chair), Dr Helen Belcher, Mrs Barbara Clark, Ms Lyn Raines, Mr Peter Johnston, Mr Ken White, Dr Patrick Farrell, Dr Felicity Barr, Mr Fergus Fitzsimons, Dr Ian Kamerman and Mrs Janelle Speed

Apologies

Dr Martin Cohen and Dr Stephen Oakley (Medical Staff Executive Council)

In Attendance

Mr Michael DiRienzo, Ms Susan Heyman and Ms Kylie McNamara

Order of Business: 1.1 – 9.3

TUESDAY 20TH NOVEMBER 2018 COMMENCING AT 2.00PM

TOUR OF THE GLEN INNES HOSPITAL

The Board was given a tour of the Glen Innes Hospital led by Ms Leanne Fitzgerald, Health Service Manager.

AFTERNOON TEA WITH GLEN INNES HOSPITAL STAFF AND GLEN INNES LOCAL HEALTH COMMITTEE

The Board was joined by the Glen Innes Hospital staff and Glen Innes Local Health Committee (LHC) for afternoon tea.

Discussion focussed on How Patient Safety and Quality is monitored and in practice in the Health Service. The following was NOTED:

- Patient safety at Glen Innes is led by Penny Whan, Acting Health Service Manager - it has been her focus and that of the Senior staff that make it a top priority.
- Action has included:
 - Active communication between ward and community health staff.
 - Safety huddles every day
 - Weekly multi-disciplinary meeting to put things in place to prevent “frequent flyers”, this is an action meeting to support patient safety.
 - Doctors support patient safety and the GP Anaesthetist sits on the Health Advisory Committee. Re-invigorating meetings, Doctors are happy to sit in on London Protocol review or investigations going on in order to prevent further instances.
- “Everybody respects and communicates with one another, staff here are committed, the standard that both Catherine Death and Penny Whan have set has filtered down, it is now a culture for staff.”
- The Glen Innes Health Committee gets a Health and Safety (Dashboard) report on a monthly basis, along with audit results.
- From the LHC perspective, patient safety is very good and it comes from information supplied plus community feedback.

Other matters raised were NOTED:

- Importance of improving local media attention – to build confidence in the health service in terms of the good things happening. Discussion focused on ways to achieve this, eg by having a program/schedule in place that can be planned, drafted in advance. The community is very supportive of the hospital.
- Medical Workforce – There are 10 GP VMOs in Glen Innes – with a new GP with Obstetrics qualifications who started in the previous week. Two GP registrars will start in February.
- They will soon be able to service Emmaville regularly. Reliance on locums will end once all staff are up and running early next year. Looking at succession planning around GPs.
- Provision of GP services is not the responsibility of the HNELHD however, there is an impact on our system.
- The Health Committee is working on healthcare workers packages to make the appeal of working in Glen Innes more attractive.
- The Committee noted that the Primary Health Network would be a good contact – they are communicating with GPs about how to best fit into the health service. Maybe this community can network with those services like Rural Doctors Network in order to obtain medical students (approx. 4 per year).
- The Local Health Committee commended the Board on the appointment of the Glen Innes Hospital Parkinson support nurse.

The Chair THANKED the Health Committee members and Glen Innes Hospital staff for their commitment and hard work for the people of Glen Innes.

BUSINESS OF THE MEETING

PRELIMINARY

1.1 Welcome, Apologies and Acknowledgment of Country

The Chair, Professor Lyn Fragar opened the business meeting at 3:25pm.

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

Dr Patrick Farrell reported that he has a potential conflict of interest as he is on the Training Accreditation Committee (TAC) as an Anaesthetist. This interest was NOTED by the Board.

1.3 Adoption of Minutes

The minutes of the meeting held on the 17th October 2018 had been circulated. The minutes were ADOPTED by the Board. The minutes will be published on the Hunter New England Health internet site.

ACTION BY: Board Secretariat

1.4 Action List

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

In relation to the presentation on reducing the carbon footprint of the District, it was AGREED that Ramsey Awad and Patrick Farrell to liaise on this.

ACTION BY: Patrick Farrell and Ramsey Awad

1.5 Board Chair Report

The Board Chair reported the following:

- NSW Health Awards – HNELHD won three of the categories in which the District had finalists.
- District audit participation – HNELHD is one of five districts chosen for detailed audits. Board members should receive a copy of the District's draft report before it is tabled in parliament.
- A letter of complaint had been received from a staff member of a Mental Health team in relation to harassment and bullying. The Board Chair has responded to the complainant advising that she has requested the Chief Executive look further into this, and to include a consideration of our processes in relation to bullying and harassment of employees. The Chief Executive will report to the next Board meeting.

ACTION BY: Chief Executive.

1.6 Chief Executive's Report

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

- Infrastructure update
- Murrurundi Redevelopment
- Community Donation – Walcha Hospital
- Tenterfield Hospital Refurbishments
- Aboriginal Care Integration Diagnostic Report project
- Service Recognition
- Drought and our staff
- NSW Health Awards
- Violence Abuse and Neglect Re-design
- 40 Years' Service at Toomelah

- Peel cluster General Manager
- Executive Director, Finance
- Chief Executive, Health Infrastructure
- Treasury Visit to John Hunter Hospital
- NSW Audit Office Performance Audit of LHD Governance Arrangements

The Board DISCUSSED and NOTED the information in the Chief Executive Report.

COMMUNITY – THE PEOPLE WE SERVE

2.1 Community and Consumers Partnership Committee Minutes

The report and minutes from the meeting held on the 16th October 2018 had been distributed in the Board papers. The report was NOTED by the Board.

2.2 Good Health Committee

The report and minutes from the meeting held on the 16th October 2018 had been distributed in the Board papers. The report was NOTED by the Board.

It was AGREED that the report relating to Violence Abuse and Neglect redesign should go on the agenda for Good Health Committee.

ACTION BY: Board Secretariat and Susan Heyman.

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 new information relating to COMMUNITY – THE PEOPLE WE SERVE for this meeting.

SERVICE – THE SERVICE WE PROVIDE

3.1 District Clinical Council Minutes

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

A verbal report was provided by Dr Patrick Farrell in relation to the meeting held on 14th November 2018. Papers related to this meeting were then circulated to the Board.

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 THE SERVICE WE PROVIDE for this meeting.

3.4 For Information

There was no new information relating to THE SERVICE WE PROVIDE for this meeting.

SAFETY AND QUALITY – EXCELLENCE – EVERY PATIENT, EVERY TIME

4.1 Health Care Quality Committee Minutes

The report and minutes from the meeting held on the 24th October 2018 had been circulated in the business papers. The report was NOTED by the Board.

Delays in submitting Reportable Incident Briefs (RIBS) – the Board NOTED that Operational Directors will review the process, including incidents occurring over holidays and weekends. There are concerns over meeting the expectations from the MoH around this process, and a request will be made to the Ministry to perhaps permit a staggered reporting process.

ACTION ITEM: Michael DiRienzo

The Board was requested to consider its needs relating to the Patient Safety and Quality Dashboard. It was AGREED that this should be a focus of the next February Meeting, with the Board having the benefit of a background briefing paper.

ACTION ITEM: Board Secretariat, Martin Cohen and Melissa O'Brien

4.2 Presenting Regular Patient Feedback to the Board

A paper had been distributed in the business papers proposing a revised approach to the Patient Feedback item. The paper was DISCUSSED and the proposal was ENDORSED by the Board.

4.3 New Business

There was no New Business relating to SAFETY AND QUALITY for this meeting.

4.4 For Information

4.4.1 Safety and Quality Account Update

The Safety and Quality Account Update was NOTED by the Board.

RESOURCES – MANAGING OUR SERVICES WELL

5.1 Finance and Performance Report

The Board DISCUSSED and NOTED the Finance and Performance Report.

5.2 Finance and Performance Committee Minutes

The report and minutes of the meeting held on the 16th October 2018 had been distributed in the business papers. The report was NOTED by the Board.

5.3 Audit and Risk Management Committee

There were no papers for this meeting.

5.4 Work, Health and Safety Report

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

5.5 New Business

There was no new business relating to MANAGING OUR SERVICES WELL for this meeting.

5.6 For Information

5.6.1 Benchmarking Lost Time Injury Frequency Rate Against other NSW Health Entities

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

POSITIONING FOR THE FUTURE

6.1 Innovation and Research Report

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

[6.2 Item deleted]

6.3 New Business

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

6.4 For Information

6.4.1 Port Stephens HealthOne Project

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

OUR STAFF AND WORKPLACE CULTURE

7.1 Medical and Dental Appointments Advisory Committee

The report and minutes of the meeting held on 23rd October 2018 had been distributed with the business papers. The paper was NOTED by the Board.

7.2 New Business

There was no new business relating to OUR STAFF AND WORKPLACE CULTURE.

7.3 For Information

7.3.1 VMO (Dr Gayed) Manning Hospital – Key Points

A Progress Report had been distributed in the business papers. The paper was DISCUSSED and NOTED by the Board.

7.3.2 Medical Specialist College Accreditations

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

7.3.3 ACEM Correspondence

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

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 information relating to BOARD DEVELOPMENT.

MEETING REVIEW AND FEEDBACK

9.1 Member's issues not covered elsewhere

There were no papers for this meeting.

WEDNESDAY 21st NOVEMBER 2018 COMMENCING AT 8:30AM

TOUR OF ARMIDALE HOSPITAL

The Board was given a tour of Armidale Hospital was led by Catharine Death, General Manager – Peel Sector, and Hamish Yeates, Director of Nursing and Midwifery, Armidale Hospital.

MORNING TEA WITH ARMIDALE HEALTH COMMITTEE

The Board was joined by the Armidale Health Committee representatives for morning tea.

Community feedback and health matters raised by the Armidale Health Committee were NOTED:

- The broader community is very enthusiastic about the new hospital, very positive comments now that access to ED has been sorted out.
- There are a total of five community members on the health committee.
- There was discussion regarding the Committee's role in patient safety and quality of care:
 - There had been some issues around pharmacy (a Committee member serves on the Medication Safety Committee), and also safety issues on resources. There has now been a pharmacist employed in Tamworth with a focus to support rural facilities, this is a new role.
 - Data presented to the local health committee meetings shows that otherwise they are on track – falls, pressure areas, five key indicators that they monitor. Next year, they are hoping to evolve that more.
 - One local health committee member is on the Quality Committee for the hospital, and clinical excellence commission committee and a committee that is looking at patient handover.
 - The Sector quality committee – covers off on high level quality processes, national standards and policies for the entire sector. Two community members sit on the committee. Reports to District and HCQC. Patient safety report is being cascaded down to these committees.
- Highlights – being involved in the new development. How the staff managed the transition, feedback from the community, they wanted to thanks the staff for such a smooth transition.
- A key issue raised related to access to services and specialists.
 - It was acknowledged that Telehealth has been very beneficial to the community – ENT utilises Telehealth, they are looking at anesthetics as well. A lot of physicians use telehealth in their clinics – fracture clinic, endocrinologists. OT, hand therapy – staff are thinking of how to improve services, and how to make the patients' journey better.
- Indigenous communities:
 - Mums and Bubs program running from the hospital is working well.
 - Hospital in the Home utilised by Aboriginal patients.
 - Planned in the future for Aboriginal patients' hospital engagement.
- Parking issue being addressed – the General Manager has met with Armidale council, indicating that there is need for more than just all day parking nearby the hospital for the elderly etc.
- The Committee complimented HNELHD on being a good operator, and performing well.
- Local Health Committee would like to be doing a lot more than what they are currently doing, changes may assist. More consumers on the committee is good, feedback is then taken back to the committee. More patient focus for the committee.

The Board CONGRATULATED and THANKED the Committee for its work, specifically the indigenous feedback to the new build.

9.2 Feedback from the Previous Meeting

The feedback report from the October 2018 meeting had been distributed in the business papers. The paper was NOTED by the Board.

- Relating to cancer care at the Mater, it was acknowledged that some work needs to be done around presenting and analysing the data.
- Good Health Committee agenda – teach back would be good to be including in our junior doctors orientation.

LUNCH WITH ARMIDALE HOSPITAL CLINICIANS AND STAFF

The Board was joined by the staff and clinicians from Armidale Hospital over lunch.

Employees from several clinical streams at Armidale Hospital were present: Finance, Education Services, Community Health, Child youth and Family, Theatres and Day Surgery, Emergency Department, Patient Safety Officer, Surgical, Maternity and Paediatrics, ICU, Anaesthetics and Medicine.

The following were DISCUSSED and NOTED:

Patient Safety and Quality

- Intensive Care Unit
 - The ICU was opened up from previously being a very small unit
 - This has required development of different style of nursing, allowing more privacy for patients
 - There are Safety huddles three times per day at the minimum
 - Trolleys with requirements for the day in each room which includes all required equipment for that shift
 - Staff have taken to the de-centralised nursing approach
 - Doctors have also been a part of the de-centralised nursing
- Department of Medicine
 - Safe culture where discussions around patient care is discussed
 - Regular M&M meetings are routine, with communication up to the Quality Committee around this
 - A lot of the quality activities are very process driven, without focus on outcomes, that, to a clinician misses the point - preference is for less process, more outcome driven
Outcome measures are currently being developed, not yet on the ground. Clinicians are very committed to quality improvement. Clinicians were encouraged by the Board Chair to develop outcome measures and share these with the District.
 - With quality work, doctors are invited to participate in audits, which are designed centrally with no clinician input locally and as a result the information is not able to be applied and patient outcomes are not able to be improved.
- Maternity Services are using SCOPIA three times for per day to link with Armidale, Glen Innes etc. These are referred to as 'huddles', potential for transfer, staff member support, this is new. CTGs done during pregnancy require second midwife sign off – if there is only one clinician in the hospital, this can be looked at via SCOPIA
- Community Health – biggest change is the collaborative approach between the hospital and Community Health - they really are integrated into their care, relationships are formed and safety improves as a result where other departments can pick things up to improve.
- Emergency Department
 - the move to new building was very easy. Staff are appreciative of the space, the bays are much bigger. Rooms and personalised care for patients is very good, obtained a triage nurse, which is beneficial to the dept.
 - Staff of the ED are doing stroke thrombolysis there now that they weren't doing before.
 - The community love the colour of the ward and are very positive. Utilise two consult rooms for fast tracking when need be.
- Day Surgery

- had been open in new premises for two days. Have seen a marked increase in how quickly patients get there. New unit, bigger spaces, more rooms for patients and the space flows better. More space allows for families to be there as well.
- The Anaesthetist did a facility test beforehand and it was very useful to be able to test that we didn't have a phone service working, simulation was done to ensure everything works, a process for future new builds. It was seamless, everyone in the facility ensured the move went well.
- Clinicians were very appreciative of the amount of work that went into this prior to the move – congratulations to Lisa Ramsland, Change Manager. A letter of appreciation will be forwarded from Chief Executive.

ACTION ITEM: Board Secretariat

- Refugee Health
 - Quite a few refugee services come into ED, interpreter services are used. Refugee services are very good, they have them integrated with health care, GPs etc. Smooth process, other than wait time for an interpreter.
 - The Child, Youth and Family team do a lot of work with refugees. STARTS group provided onsite education around trauma etc. The main language spoken is verbal not written, health literacy is a big problem. Immunisation clinics have been a success. Education around parenting practices (ie. following up immunisation).

Areas of Concern

- It is very busy in theatres. In future there may be a need for an emergency list available on a regular basis, discussions around re-designing theatre services.
- Over Christmas/New Year period mental health services closes. There is one mental health assessment room in ED, there are 13 spaces in ED, which means they can't allot all these spaces to mental health over this period. Mental health are working towards getting an alternate option in place.

ACTION ITEM: Michael DiRienzo

- Anti-microbial stewardship pharmacist is now appointed, advice about looking on local implications. This is being worked on.
- Medication reconciliation – still don't have electronic medication chart as yet, that is coming next year.
- Integration of inpatient hospital resources could be better integrated into sector and outpatient/community needs. Some impact across the sector could then be done, like what has been done with obs/maternity.

Historical Point

- CTGs – the person who invented them lived in Tenterfield, he was an obstetrician.

The Board THANKED clinicians for the work they do day in and day out. The Board CONGRATULATED the clinicians for the way they do their work, their reputation is very sound and very good.

9.3 Next Meeting

The next meeting will be held on the 12th December 2018 at District Headquarters Building.