

Minutes of the Hunter New England Local Health District Board

Eightieth Meeting

17th October 2018

Venue: Calvary Mater Hospital

Present

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

In Attendance

Mr Michael DiRienzo, Mr Chris Mitchell, Dr Marcia Fogarty, Ms Karen Kelly, Dr Stephen Oakley (Medical Staff Executive Council), Ms Jane Gray and Ms Kylie McNamara

Order of Business: 1.1 – 9.3

WEDNESDAY 17TH OCTOBER 2018 COMMENCING AT 9:00AM

TOUR OF MENTAL HEALTH

The Board was provided with a tour of the Mental Health Facility led by Dr Marcia Fogarty.

MORNING TEA WITH CALVARY MATER CLINICIANS

Board members were joined by clinicians from oncology, finance, nursing, pharmacy, haematology, surgery, medical services and intensive care from the Calvary Mater Hospital over morning tea. The following issues were raised and NOTED:

- **Surgery**
There has been a recent period of growth.
Breast reconstructive services are going well and working well with other services within the facility - staff have noted this as being the best relationships with other services in 30 years).
- **Emergency Department and ICU**
Emergency Physicians are happy, and appreciation was expressed to the Chief Executive for assisting with increase in FACEM levels.
Challenges
The Calvary Mater ICU has capacity to be utilised more for retrieval cases.
- **Oncology**
The Oncology service has grown, they have an excellent program of clinical trials area in Australia (clinical trial fellow employed last year). Satisfaction of oncology staff is high, five oncology trainees, people want to work here.
Safety and quality – oncology has processes in place, acute patients are seen or admitted to expedite their treatment. Quality and safety meetings are held on a regular basis.
Radiation oncology have installed an MRI scanner which was seamless.
Key challenges
The number of patients with increased life expectancy who require treatment has increased substantially due to the number of drugs available and research. First line, second line and third line treatments are now available. Strategies are required to manage this and balance the new patients who need appointments. A business case has been prepared.
- **Haematology**
Haematology stream – Medchart has rolled out and this is received positively, you have access to all patient records, efficiency gains.
Challenges
In relation to leukaemia services, there is some pressure due to increased patient numbers, successful outreach areas (ie. Taree). Blood transfusions are ongoing for some patients, smaller hospitals cannot provide services required.
- **Clinical Toxicology and Clinical Pharmacology**
Clinical toxicology is an on-call service provided cover the whole of the country on one roster, has increased from 250 patients per year to over 1,000 per year. Within five years of rolling out, the service is internationally recognised as being one of the top three in the world.
Clinical pharmacology – any clinicians in the district know they can call the Calvary Mater switchboard in order to get hold of pharmacology in the case of a poisons case. They have a great relationship with ICU.
Challenges
Clinical pharmacology – only one clinical pharmacologist currently employed (combined with toxicologist services) and succession planning is required for the future. There are 15 or 16 currently training in the country).

The Board discussed the comments made by clinicians and it was AGREED that:

1. Improving utilisation of the ICU at Calvary Mater will be discussed with ICU at JHH and reported back to the Board.

2. Cancer appointments to be addressed with Dr Tony Proietto and outcomes reported to the Board.
3. Succession planning for Clinical Pharmacologist – follow up on future replacement.

ACTION BY: Karen Kelly/Michael DiRienzo

BUSINESS OF THE MEETING

PRELIMINARY

1.1 Welcome, Apologies and Acknowledgment of Country

The Chair, Professor Lyn Fragar opened the meeting at 8:45am.

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

Mr Fergus Fitzsimons reported that he has two potential conflicts in relation to the Drought Task Group and the Armidale refugee resettlement, both referred to in the Chief Executive's Report.

Dr Helen Belcher reported that she has been appointed a Leadership position on the Council for Mission Diocese of Maitland-Newcastle.

These declarations were NOTED by the Board.

1.3 Adoption of Minutes

The minutes of the meeting held on the 18th and 19th September 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

The Board Chair briefed the Board on the Board Members conference that was held on Monday 8 October 2018. There had been an emphasis on Risk Management.

It was AGREED that a presentation on risk management, including the District's Risk Management Framework be included in 2019 workplan. (April 2019)

ACTION BY: Board Secretariat

1.6 Chief Executive's Report

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

- Wendy Mulligan's retirement as General Manager, Tablelands Sector .
- Appointment of Catharine Death to General Manager, Tablelands Sector.
- Hydrotherapy pool – Armidale.
- Multipurpose Service Program – Stage 5 Murrurundi Health Service Redevelopment Planning and Development.
- Drought Task Group.
- Northern Regional Aboriginal Alliance (NRAA) – Pre-accord Workshops.
- Thriving small town's initiative.
- Violence prevention task group.
- Armidale refugee resettlement.

- MRI Tamworth – Medicare licence.
- Maitland Hospital Project – Executive Steering Committee update.
- SRC report.
- Public dental service activity.

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

There were no papers for this meeting.

Helen Belcher reminded all Board members about the Community Partnerships Forum on 27 November. The Annual General Meeting will be held at the beginning of the forum.

2.2 Good Health Committee

There were no papers for this meeting.

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 September 2018 had been circulated in the business papers.

The report and minutes were NOTED by the Board.

3.2 Medical Staff Executive Council Report

There were no papers for this meeting.

Stephen Oakley confirmed that 29th November has been set for the next MSEC meeting.

3.3 New Business

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

3.4 For Information

There was no further information relating to SERVICE – THE SERVICE WE PROVIDE.

SAFETY AND QUALITY – EXCELLENCE – EVERY PATIENT, EVERY TIME

4.1 Health Care Quality Committee Minutes

There were no papers for this meeting.

4.2 Patient Story

The Patient Story had been distributed in the business papers. The patient story was DISCUSSED and action by the Executive Leadership Team was NOTED by the Board.

4.3 New Business

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

4.4 For Information

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

LUNCH WITH MENTAL HEALTH CLINICIANS

Board members were joined by clinicians from the Mental Health Service over lunch.

The following were discussed and NOTED:

- **Cultural safety**
Mental Health Services have continued to work closely with Aboriginal and Torres Strait Islanders – consulting with families, services and relating to discharge plans. Activities include; Yarn up sessions, where aboriginal services within the community can liaise and take the burden off Aboriginal patients; cultural services at Morisset that were previously non-existent, with a view to careers for those should they choose it post recovery NAIDOC – door decorating competition; a rehabilitation tool named the Recovery Star - research is being done to see if this star can be made useful for Aboriginal and Torres Strait islander patients – the UK company where it originated are very excited by this.
- **Seclusion and Restraint**
PICU have reduced seclusion and restraint roughly by 65% – 70%. A lot of work has gone into changing the culture in PICU, and how staff interact with patients. Some adverse events have been very challenging throughout the process, but staff have managed this well. The Director of Nursing has instituted a safe ward program which contributed to a reduction in seclusion and restraint. The staff injury rate has decreased as well. Peer workers were also involved on the committee and weekly meetings, and families are involved.
- **Trauma Informed Care**
New service reforms that are occurring are based on the philosophy of Trauma Informed Care which they are running through the service. Philosophy about what happened to people, trying to get behind some things around people's experience, rather than seeing someone as a set of diagnosis.
- **Safety**
Safety is big issue in mental health there can be cross over between safety and positive risk. We want the best for our consumers, but the service does have to accept a certain amount of risk when trying to achieve this.
The CNC at Lake did an external piece on taking positive risk which was given awards last year. Older people have had mechanical restraint removed from all units. This has been done with no adverse outcomes, and less injuries.
Older people – focus on falls prevention. A program with the CEC.
- **Education**
The Service currently has 45 trainees, there was a good interest that wanted to rotate. Almost 100 every year rotate through mental health, and some then come back.
Education for our staff. HNELHD has always been known as a premier site for training psychiatrists in Australia and New Zealand. We take new graduate nurses through a 2 year rotation. We are very much dependant on allied health staff to fill our mental health clinician roles.
- **Utilising technology in mental health**
Telehealth cameras are now included on carts in ED. Mental health assessments can be given to patients in the ED (1,600 assessments in the past month, with all patients seen under 2 hours).

- Isolated staff
Meet 4 hours per month, via phone or facetime. This way staff still feel connected and can talk through issues. Support systems are being created well within the Aboriginal support team.

The Chair THANKED staff for joining the Board for lunch and Marcia Fogarty was requested to CONGRATULATE staff on their hard work and achievements.

ACTION: Marcia Fogarty

RESOURCES – MANAGING OUR SERVICES WELL

5.1 Finance and Performance Report

The Finance Management reports for the month ending 30th September 2018 had been circulated in the business papers. The Board DISCUSSED and NOTED the Finance and Performance Report.

Deep Dive – Barbara Clark chose to look at the budget/revenue matching expense, highlighting the issue of coding presentations in the Emergency Department. The Board DISCUSSED and NOTED the issues raised.

5.2 Finance and Performance Committee Minutes

The report and minutes of the meeting held on the 18th September 2018 had been distributed in the business papers. The minutes were 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 was 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

There was no New Information relating to MANAGING OUR SERVICES WELL for this meeting.

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

6.2.1 Facility Naming – Port Stephens HealthOne Project

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

It was AGREED that the Board SUPPORT the name of the facility being “Tomaree Health Services”.

6.3 For Information

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

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 25 September 2018 was distributed with the business papers. The paper was NOTED by the Board.

MDAAC requested an extra ordinary meeting, this was NOTED by the Board.

7.2 New Business

7.2.1 Credentialing Locum Medical Officers

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

7.3 For Information

7.3.1 Update - VMO Dr Gayed, Manning Hospital

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

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

9.3 Board Workplan and Schedule 2019

The 2019 workplan had been distributed in the business papers. The workplan was DISCUSSED and NOTED by the Board.

9.4 Next Meeting

The next meeting will be held on the 20th and 21st November in Glen Innes and Armidale.