

**Minutes of the Hunter New England Local Health District Board**

**Thirty Fifth Meeting**

**20<sup>th</sup> August 2014**

**Venue: Kurri Kurri District Hospital**

**Present**

Associate Professor Lyn Fragar, Mr Fergus Fitzsimons, Mrs Janelle Speed, Professor Trevor Waring, Mr Peter Johnston, Dr Helen Belcher, Dr Felicity Barr, Mr Bradley Webb, Dr Bruce Bastia and Ms Lyn Raines

**Apologies**

Dr Ian Kamerman and Mr Ken White

**In Attendance**

Mr Michael DiRienzo, Ms Karen Kelly, Ms Susan Heyman, Mr Todd McEwan, Professor Trish Davidson, Mr Mark Jeffrey, Dr Tim Stanley and Ms Desiree Chymiak

Order of business:

8.1; 1-5.8; 7.1, 5.8-6.4, 8.2-9.4

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## **TOUR OF THE FACILITY**

Board members had been provided with a Briefing Paper on Kurri Kurri District Hospital and were given a tour of the Hospital led by Ms Trish Wilson and Ms Robyn Aylward.

## **BUSINESS OF THE MEETING**

### **1. Welcome and Apologies, Acknowledgement of Country**

The Chair, Associate Professor Lyn Fragar, opened the meeting at 9.30am.

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

### **2. Declarations of Conflict of Interest**

Mr Brad Webb declared his relationship with Dr Paul Craven with interest in the NICU discussion. There were no other conflicts of interest declared by members.

It was AGREED that the Secretariat should include the updated Conflict of Interest Register in the business papers of the next meeting.

ACTION BY: Ms Desiree Chymiak

### **3. Minutes of the Previous Meeting**

The minutes of the meeting held on the 16<sup>th</sup> July 2014 had been circulated.

The minutes were ADOPTED by the Board. The minutes will be published on the HNE internet site.

ACTION BY: Ms Desiree Chymiak

## **4. Business Arising from Previous Meetings**

### **4.1 Action Sheet – report on actions taken**

Progress on action items were NOTED by the Board.

### **4.2 Industrial Relations Framework in HNE Health**

A paper had been circulated in the business papers.

The paper was discussed and NOTED by the Board.

### **4.3 Ophthalmology Clinics John Hunter Hospital**

A paper had been circulated in the business papers.

The paper was discussed and NOTED by the Board.

The Board REQUESTED an update in February 2015

ACTION BY: Mr Todd McEwan

## **Meeting with the Cessnock Kurri Kurri Health Committee**

The Board were joined by members of the Cessnock Kurri Kurri Health Committee over morning tea. The following were raised, discussed and noted.

- The Committee is going well.
- Committee has one indigenous representative

- Keeping the hospital up to date and modern is a concern of the committee
- The population of the area is growing
- There are always concerns around the potential closure of Kurri and Cessnock hospitals
- Positioning of the new hospital is a concern to the community - location of the new hospital may mean that people will go to JHH.

There was discussion regarding the processes for planning of the new Maitland Hospital.

- Car parking is a concern of the community
- Community praise the staff and the hospital
- Handicapped car parking spaces at JHH – not enough spaces
- The committee are informed by management so that they can inform the community
- Close/open relationship with the management team

## **5 Standing Items**

### **5.1 Board Chair Report (verbal)**

The Board Chair reported the following;

- The Board had the Board evaluation session yesterday and a report will be provided at the next meeting. The Board Chair and Chief Executive will be developing a work plan for the Board.
- The Chair is working on a Board Charter and Protocol that will document the Board's procedures.

### **5.2 Chief Executive's Report**

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

The report addressed the following:

- Update on the Joint Medical Program
- Update on the Primary Health Network
- Introduction of the Director of Clinical Research and Translation
- Update on the Capacity Assessment Project
- Update on Hunter Alliance and Integrated Care
- Update on the Racism – It Stops with Me campaign

The report was discussed and NOTED by the Board.

### **5.3 Finance and Performance Report**

The Finance and Performance Report had been circulated to the members in the business papers.

The Finance and Performance report was discussed and NOTED by the Board.

### **5.4 Finance and Performance Committee**

The minutes of the meeting had been circulated in the business papers.

The minutes were discussed and NOTED by the Board.

### **5.5 Health Care Quality Committee**

There were no papers to available to this meeting.

The meeting had been held in the previous week and the minutes from that meeting will be provided at the September meeting.

### **5.6 Audit and Risk Management Committee**

The minutes of the meeting had been circulated in the business papers.

The minutes were discussed and NOTED by the Board.

### **5.7 Medical and Dental Appointments Advisory Committee**

There were no papers for this meeting.

### **5.8 Clinical Council**

The minutes of the previous meeting had been circulated as a late paper.

The minutes were discussed and NOTED by the Board.

### **5.9 Medical Staff Executive Council Report**

There were no papers for this meeting.

Dr Tim Stanley reported that work is currently being done to develop one Medical Staff Executive Council. A Chair of this Council will be elected in September.

### **5.10 Strategic Leadership Committee**

The minutes of the previous meeting had been circulated as a late paper.

The minutes were discussed and NOTED by the Board.

### **5.11 Social Determinants of Health Committee**

There were no papers for this meeting.

### **5.12 Work Health and Safety Report**

There were no papers for this meeting.

### **5.13 Community and Consumers Partnership Committee**

The minutes of the previous meeting had been circulated as a late paper.

The minutes were discussed and NOTED by the Board.

### **5.14 Members Report**

Nothing to report at this meeting.

### **5.15 Patient Story**

The patient story had been circulated in the business papers and was DISCUSSED and NOTED by the Board.

### **Lunch with the Clinicians**

The Board met with clinicians over lunch. The following were raised and discussed.

#### **What is working well?**

##### **Nursing**

- Morale is good in Kurri Kurri which reflects on patient care delivery.
- Limited resources however exceptional care delivery
- Not the prettiest place to work but the staff and people we work with are great.
- Rehab unit work well together as a team. Very friendly environment.

##### **Allied Health**

- Diverse allied health services provided from the Kurri Kurri campus
- Supportive place to work, committed staff.
- High work load but staff work well with caseloads. Good balancing between staff and their tasks.
- Transitional care team is a fantastic service. Nice to work somewhere with a positive focus.
- Rewarding – all staff work together.

- Good clinical handover and seamless continuity of care across the wards/units.

#### Medical

- Work as a team, no single staff
- Very good place to work.
- Nursing staff are very well skilled and supportive.
- Currently have 5 doctors on the roster.

#### Administration

- Beautiful hospital with a strong community.

#### ***What has been celebrated?***

- Still exist as a service
- Community based area, community are supportive of the hospital
- Patient boards in the Rehabilitation Unit.

#### ***What are the challenges?***

- Rehab is an isolated service. Patients love this service however have problems with transport issues.
- Public transport – very limited to Kurri Kurri and from Kurri Kurri to Newcastle.
- Allied Health workloads. Patients with complex needs that require intervention at home is difficult. Staffing levels make this difficult.
- Risk managing to ensure families do not fall through the cracks.
- Ageing population of doctors in the area.

#### ***How is Excellence working in Kurri Kurri?***

- Adopting *Excellence* tools, rather than focus on the *Excellence* label
- Care-boards are useful. Good for improving the communication with the patients.
  - Receiving positive feedback from patients and families.
  - Care-boards are a good tool for families. Families can ask questions of the staff by writing them on the boards.
  - Activities in rehab are written on the boards which is useful for both staff and patients.
  - When resources are stretched day to day it can get lost (completing the boards)
- Patient survey results were positive.
- Patient hourly rounding is occurring.
- Getting the whole multidisciplinary team to get involved is occurring.
- Follow up phone calls is occurring. Nurses on surgical ward do pre and follow up phone calls. Have mostly received positive feedback.
- Rehab – have had the opportunity to follow up missed things through follow up phone calls. The whole of the rehab team participate in follow up phone calls, not just one person's job.

#### **Cluster Change**

- Was considered positive – providing open dialogue with Maitland Hospital.
- Very good with staff available.
- Presence of General Manager is great.
- Having availability and support between Kurri Kurri and Maitland is really good.
- Good friendship between the hospitals
- New doctors at Maitland – need education around how a rural facility works. Need an understanding of the capacity of this hospital as opposed to Maitland hospital. Incorporate into the orientation of new doctors).
- Community services between Maitland and Kurri Kurri hospitals is working well. Balancing waiting lists works well.

## **6 New Business**

### **6.1 Asset Strategic Priorities**

A paper had been circulated in the business papers.

The priorities were discussed and NOTED by the Board.

The Board ENDORSED the proposal.

### **6.2 Additional Beds at Maitland Hospital**

A paper had been circulated in the business papers.

The paper was discussed and NOTED by the Board.

The Board ENDORSED the proposal and the direction for provision of additional beds at Maitland Hospital.

### **6.3 Board Meeting Schedule for 2015**

A paper had been circulated in the business papers.

The Board Chair and Chief Executive will provide a proposed schedule of facilities visits.

ACTION BY: Chief Executive and Chair

### **6.4 Framework for Partnering with Patients and Community**

A paper had been circulated in the business papers.

The paper was discussed, and ENDORSED with minor amendments by the Board.

## **7 Presentations**

There were no presentations for this meeting.

## **8 Meeting Feedback**

### **8.1 Meeting Feedback**

A summary of members and attendees feedback from the July meeting was provided with the business papers.

It was NOTED that members would like further discussion regarding the Morisset Facilities. A further discussion document will be provided by the Director Martin Cohen at the next Headquarters meeting of the Board.

ACTION BY: Dr Martin Cohen

## **9 For Information**

### **9.1 Maitland Service Statements**

A paper had been circulated out of session for the Board's information.

The paper was NOTED by the Board.

### **9.2 Northern Beaches Health Service Redevelopment Presentation to Senior Executive Forum**

A presentation had been circulated in the business papers for the Board's information.

The presentation was NOTED by the Board.

**9.3 Public Private Partnerships – Presentation to Senior Executive Forum**

A presentation had been circulated in the business papers for the Board's information.

The presentation was NOTED by the Board.

**9.4 Information Services and Telecommunications Operational Plan 2014/2015**

A paper had been circulated in the business papers for the Board's information.

The paper was NOTED by the Board.

**10 Next meeting**

The next Board meeting will be held on Wednesday 17<sup>th</sup> September 2014 in Quirindi .