

Minutes of the Hunter New England Local Health District Board

Ninth Meeting

30th April 2012

Venue: Belmont Hospital

Present

Associate Professor Lyn Fragar, Dr Felicity Barr, Professor Trevor Waring, Mrs Janelle Speed, Mr Ken White, Dr Helen Belcher, Dr Bruce Bastian, Ms Helen Staines and Professor Nik Bogduk

Apologies

Dr Ian Kamerman, Mr Fergus Fitzsimons and Mr Paul Henry.

In Attendance

Mr Michael DiRienzo, Mr Todd McEwan, Mr Scott McLachlan and Ms Desiree Chymiak

Order of business: 1- 5.7; 8.1-8.3; 5.8-7.1; 9-10.1.

Board members were provided with a tour of Belmont Hospital led by General Manager Ms Debbie Bradley and Manager of Nursing Services Ms Lauren Denney.

MEETING WITH BELMONT HEALTH COMMITTEE

The Board was joined for Morning Tea by members of the Belmont Local Health Advisory Committee. Matters discussed included:

- Membership of the committee – currently 3 community members
- Ways to increase membership numbers. It was noted that it would be useful to have people from primary and community health which would allow the committee to be aware of community perception and needs
- Each meeting has a guest speaker invited to meetings.
- The revised Terms of Reference for Local Health Committees will be welcomed
- Need a robust agenda and program of work
- The Committee is looking at creating a community directory

BUSINESS OF THE MEETING

1. Welcome and Apologies, Acknowledgement of Country

The Chair, Associate Professor Lyn Fragar opened the meeting at 11.00am and welcomed those present.

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

The Board ACCEPTED the apologies of Dr Ian Kamerman, Mr Fergus Fitzsimons and Mr Paul Henry.

2. Declarations of Conflict of Interest

The Board noted the declaration of Dr Felicity Barr indicating her membership on the Audit and Risk Management Committee of the Mid-North Coast District Health Service.(Agenda Item 6.3).

3. Minutes of the Previous Meeting

Adoption of the minutes held on the 28th March 2012.

The minutes from the meeting held on the 28th March 2012 had been circulated. The minutes were ADOPTED by the Board as a true and accurate record.

The minutes will be published on the Board section of the Hunter New England Health District website.

ACTION BY: Secretariat

4. Business Arising from Previous Meetings

4.1 Action Sheet – report on actions taken

The Board NOTED progress with actions agreed to be taken at previous meetings.

4.2 Letter from Mike Rillstone, Health Support Services

A copy of a letter received from Mike Rillstone was circulated to the Board with the business papers. The Board NOTED the information provided.

It was further noted that there has been an increase in costs for certain items of equipment as a result of the group purchasing processes.

It was AGREED that Mr Todd McEwan will identify where such is occurring, and raise the matter with Health Support Services with a view to determining whether such items may be purchased directly where a better price is available to the District.

ACTION BY: Todd McEwan

4.3 Delegations Manual

The Board had received a copy of the draft Delegations Manual with the business papers. The Board identified areas that appear to be inconsistent with the Board's role, for example, approval of leave of the Chief Executive.

The Board APPROVED the adoption of the Delegations Manual, and REQUESTED the Chief Executive to review the document in relation to the role of the Board.

ACTION BY: Chief Executive

4.4 Development of a Lower Mid-North Coast Clinical Services Plan

The Board had been provided with a brief on the planning process for the development of a Lower Mid North Coast Clinical Services Plan which is due to commence in June 2012.

The agreed scope of the plan includes acute inpatient services at Manning, Gloucester, and Bulahdelah Hospitals, subacute inpatient services at Wingham Hospital and public beds in Foster Private Hospital, as well as community based services provided across the Lower Mid North Coast Cluster.

The Board requested that a representative from the Board be included on the Clinical Services Plan Committee and that a flow chart around policy should be developed.

ACTION BY: Chief Executive

It was NOTED that clinicians, specifically medical practitioners, from junior medical staff to senior doctors are often ill-informed of the planning processes. It was AGREED that medical management needs to be strengthened and that we need a systematic approach to this. It was AGREED that Mr Michael DiRienzo, Professor Nik Bogduk and Dr Bruce Bastian would work on this approach.

ACTION BY: Chief Executive, Professor Nik Bogduk and Dr Bruce Bastian

4.5 Terms of Reference for the Mental Health Sub Committee

The draft Terms of Reference for the Mental Health Subcommittee had been circulated with the business papers.

The Board AGREED that:

- There is need to incorporate review of care and models of care at Morisset into the terms of reference.
- There is need to ensure the sub-committee is in the governance model rather than management
- The Chief Executive should nominate health service members to be a part of the sub-committee which should include representatives from children's services and emergency services.

It was AGREED that some amendments would be made to the Terms of Reference and circulated to the Board, and the Subcommittee should commence its work.

ACTION BY: Professor Trevor Waring

The Chief Executive will nominate representatives for the sub-committee.

ACTION BY: Chief Executive

4.6 Lead Clinicians First Report to the Ministry

The Board had been provided with a report that had been submitted to the Ministry of Health on the establishment of a lead clinician group within Hunter New England Local Health District.

The Board SUPPORTED the approach and NOTED the report.

5. STANDING ITEMS

5.1 Board Chair Report

The Chair provided verbal reports on the following:

- Participated in the Performance Meeting with the Ministry of Health on the 4th April 2012
- Attended the visit to John Hunter Hospital by Minister Skinner on the 18th April 2012

5.2 Chief Executive's Report

The Chief Executive report had been circulated to members in the business papers. The Board NOTED the report that summarised key current issues for the District. These included:

- NSW Kids and Families – a new statutory health corporation known as NSW Kids and Families will be established to give effect to the intent of the recommendations of the Garling Enquiry to commence on the 1st July 2012.
- National Emergency Access Performance – Hunter New England is currently above 69% primarily due to the very good performance of its rural district hospitals.
- Health Check NSW Ambulance Service – As part of the new governance arrangements the Minister for Health has asked that an assessment of the organisational structure, management arrangements and models of care of the NSW Ambulance Service be undertaken.
- Private Provider Partnership Market Sounding – The steering committee has completed its first round of market sounding
- Pathology NSW – implementation of the state-wide service is progressing
- Ministerial Visits during the month were reported.

5.3 Finance and Performance Report

A brief had been provided to the Board by Mr Mark Jeffrey which summarised the financial performance to March 2012 and activity performance to February 2012. The report was discussed and NOTED by the Board.

5.4 Finance and Performance Committee

No minutes for this meeting.

5.5 Health Care Quality Committee

No minutes for this meeting.

5.6 Audit and Risk Management Committee

No minutes for this meeting.

5.7 Medical and Dental Appointments Advisory Committee

Professor Trevor Waring reported that the Quinquennium appointment process is almost complete. The report was NOTED by the Board.

5.8 Clinical Council

The draft minutes from the 12th March had been circulated to the Board with the business papers for information. The report was NOTED by the Board.

5.9 Medical Staff Executive Council Report

Professor Nik Bogduk requested the Board to note the following:

- ICU resources and number of patients waiting for an appointment in outpatients has grown.
- Surgical services remain under resourced.
- Armidale Hospital is still unable to fill vacancies.
- The State Medical Staff Executive Council tomorrow will be looking at the centralisation of Pathology.
- There are concerns around Activity Based Funding and what will and will not be funded.
- The future of outpatients in the District is a concern particularly around funding and space. The Chief Executive advised that outpatients will be funded through Activity Based Funding at a later date.

Professor Bogduk's report was NOTED by the Board.

5.10 Members Reports

Dr Barr reported on her attendance at the Minister's visit to Manning Hospital.

Members had no further issues for discussion at this meeting.

LUNCH WITH THE BELMONT HOSPITAL CLINICIANS

A number of clinicians joined the Board and Executive for lunch. Issues that were raised during discussions included:

- Physiotherapy – use of new measurement tools on the ward has been successful . Well-funded with 7 day a week coverage.
- Social work – good sense of cohesion between staff.
- Pharmacy – Patient focussed service, currently trialling a medical team based pharmacy service which aims to get the best service for patients with limited resources.
- Pharmacy – currently have 3 staff.
- Emergency Department – focussing on excellence and communication. Implemented sepsis pathway. Rounding is occurring in the emergency department.
- Difficult to recruit skilled nursing staff particularly in cardiology.
- Midwifery – focus is to increase community knowledge that it is safe to birth away from the main hospital. The Belmont Birthing Suite focusses on low risk healthy women to birth at the centre.
- Placement coordinator – help families go through the aged care placement program. Working very well for patient and families.
- Excellent teamwork amongst the nursing staff at Belmont. Professional team. Pride in working together as a team.
- Theatre – could expand day surgery with resourcing and organising.
- Endoscopy unit – if the unit was freestanding this would allow more theatre time.
- Medical – Belmont has exceptional teamwork and is very community focussed. *Excellence* program is beneficial and making a lot of progress with the *excellence* program.
- Looking at getting accreditation through the college of physicians to develop a training program for physicians. Hope to develop into a full training hospital.
- There is a focus on servicing the local community at Belmont Hospital.
- Have a good transfer system to JHH for very sick patients.
- *Excellence* promoted hospital wide. Wards have lists of acceptable behaviour and unacceptable behaviour. Level of teamwork has increased due to the excellence program – “Feels like opinions of staff are valued”.
- Aboriginal health – Issues with backfilling positions when clinicians go to Armidale to do the clinics.

6. NEW BUSINESS

6.1 Hunter Rural Division of General Practice

A brief had been provided by Mr Scott McLachlan in the Board business papers on the Hunter Rural Division of General Practice decision to enter into voluntary administration. The Division ceased its operation on Monday, 2 April 2012. Jirsch Sutherland, Insolvency, Turnaround and Forensic Specialists, have been appointed to administer the organisation.

There are implications for funding by the District Health Service for two projects - Connecting Care and Population Health projects.

The District will work with GP NSW over ongoing collaboration with the Medicare Local to be responsible for that area.

The Board RESOLVED to adopt the recommendation that the Board be kept informed of developments and that the Board supports approaches being undertaken by GP NSW and by the Hunter Urban Medicare to achieve a workable Medicare Local Arrangements.

6.2 Birthrate Plus

A brief had been provided by Ms Karen Kelly.

Birthrate Plus implementation of Stage 2 (John Hunter Hospital, Belmont and Maitland Hospitals) is underway, however is proving challenging with workforce availability and the identification of suitable funding sources. The Local Health District is committed to the implementation of Birthrate Plus staffing levels, as evidenced by John Hunter Hospital who are already working with 5 additional positions. Recruitment efforts are occurring and alternative models of care are under discussion to assist in filling the workforce shortfalls.

The Board NOTED the information provided. It was AGREED that the Chief Executive should write to John Roach and the Director General to advise them of our situation.

ACTION BY: Chief Executive

6.3 Service Agreement with the Mid North Coast Local Health District

A Brief had been provided by Ms Karen Kelly.

Hunter New England Health has entered into a Service Agreement with Mid North Coast Local Health District to facilitate and support their strategic and clinical services planning.

It is anticipated that the Mid North Coast Local Health District Strategic Plan will be completed by early August.

The report was NOTED by the Board.

7. Correspondence

Board members had been circulated with correspondence from the Inverell Shire Council to The Chief Executive requesting the District to commit to extending the planning process to a Clinical Services Plan. The correspondence was discussed and NOTED by the Board.

8. HNE Health Policy

8.1 Smart Viewer Demonstration

The Board were joined by Ms Jenny Jennings who gave the Board a demonstration of Smart Viewer. The Board THANKED Ms Jennings for her presentation.

8.2 Finalisation of Strategic Plan

The Board had been provided with the final draft of the Strategic Plan for endorsement.

The Board REQUESTED that acronyms such as HNE be avoided and would like to see acronyms removed as far as possible. The Board further NOTED that Local Health Committee Chairs had been

advised that their suggestions for appropriate measures of success in development of effective community partnerships would be requested from the Chief executive and Chair.

ACTION: Chief Executive, Chair

Ms Karen Kelly advised that a process for reviewing the plan annually is being developed and will be provided to the Board once complete.

The Chief Executive thanked Ms Jenny Jennings and the Executive Leadership Team for all of their work and commitment to the Strategic Plan.

The Board Chair together with Members also thanked Ms Jenny Jennings and the Executive Leadership team for all of the work that has gone into completing the Strategic Plan.

The Strategic Plan was ENDORSED by the Board.

8.3 Asset Development Prioritisation

The Board were joined by Mr Stewart Leeman who made a presentation on Asset Development Prioritisation. A copy of the presentation had been provided to the Board in the business papers.

The process for setting priorities for the District were discussed, and difficulties associated with current process of funding allocation were NOTED.

It was AGREED that a letter be sent to the Ministry outlining the revised priority-setting processes being initiated in the Hunter New England District, and recommending changes to District short-term and long-term funding bases.

ACTION: Chief Executive, Chair

It was AGREED that Mr Mark Jeffrey would prepare a summary of SP&T balances and provide to the Board.

ACTION BY: Mr Mark Jeffrey

9. Next Meeting

The next Board meeting will be held on Wednesday 30th May 2012 at Calvary Mater Newcastle.

10. Meeting Evaluation

Members were requested to complete a meeting feedback on the SurveyMonkey link to be circulated by the Chair after the meeting.

ACTION BY: All members and meeting participants

IN CAMERA SESSION

The meeting went into an in-camera session with Board Members and Chief Executive in attendance.

Matters discussed included:

- Plans for NSW Board members' Forum on 22 June
- Board members' remuneration
- Processes for appointment of members as several Board members' terms elapse at the end of 2012

The Chief Executive left the meeting and the Board discussed Chief Executive remuneration.

The meeting in camera closed at 4.45pm