

Minutes of the Hunter New England Local Health District Board

Thirty Sixth Meeting

16th and 17th September 2014

Venue: Quirindi Health Service

Present

Associate Professor Lyn Fragar, Professor Trevor Waring, Mr Peter Johnston, Dr Felicity Barr, Mr Bradley Webb, Dr Bruce Bastian, Ms Lyn Raines, Dr Ian Kamerman and Mr Ken White.
Mr Fergus Fitzsimons was present for items 5.3 onwards.

Apologies

Mrs Janelle Speed and Dr Helen Belcher

In Attendance

Mr Michael DiRienzo, Ms Susan Heyman, Ms Rachael Dimech (Ministry of Health) and Ms Desiree Chymiak

Order of business:

1-6.1, 6.3, 6.2,6.4-9.2

TOUR OF THE FACILITY

Board members had been provided with a briefing paper on the Quirindi Health Service and were given a tour of the Hospital led by Mr Damion Brown.

BUSINESS OF THE MEETING

1. Welcome and Apologies, Acknowledgement of Country

The Chair, Associate Professor Lyn Fragar, opened the meeting at 4.00 pm.

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

There are no conflicts of interest declared by Board members for this meeting.

3. Minutes of the Previous Meeting

The minutes of the meeting held on the 20th August 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 Conflict of Interest Register

The Conflict of Interest Register for the Board had been circulated in the business papers for endorsement.

The Board NOTED the Conflict of Interest Register.

4.3 Appeal of Suspension of a Doctor

A paper had been circulated in the business papers.

The information was NOTED by the Board.

4.4 Manning Hospital Maternity Service Update

A paper had been circulated in the business papers.

The report was NOTED by the Board.

5 Standing Items

5.1 Board Chair Report (verbal)

The Board Chair reported that she had attended the Council of Board Chair's meeting on the previous Friday. The Chair had presented to the Council of Board Chairs an update on the Hunter New England Health District, based around the population served, health facilities, the District Strategic Framework, and the Excellence approach to transformation of the district service culture and the accountability framework.

The Chair will distribute the presentation to Board members for their information.

ACTION BY: Professor Lyn Fragar

The Chair advised of the Secretary for Health's interest in visiting the District and further discussing the accountability framework. The Chief Executive will extend an invitation to the Secretary to attend perhaps the December meeting at Headquarters.

ACTION BY: Mr Michael DiRienzo

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 Hunter Alliance and Integrated Care
- Update on the Primary Health Network
- Update on Patient Flow
- Armidale Hospital Service Statement
- New Maitland Hospital Service Statement
- Update on Wallsend After Hours Medical Service

The report was discussed and NOTED by the Board.

MEETING WITH THE LOCAL COMMITTEE

The Board were joined by the Chair and members of the Quirindi Health Committee over afternoon tea.

The following items were raised, discussed and noted:

- The committee is comprised of a good motivated group of people, there is one Aboriginal representative on the committee.
- There are healthy discussions at the committee meetings, with excellent communication throughout the committee.
- GP's often attend the meetings.
- The Chair brings a lot of community information to the committee.
- A key concern of the community is continuity of GP services – issues with keeping doctors in the area.
- The population is ageing and there is a large Aboriginal population.
- Good relationship between Quirindi and Werris Creek services.
- There are three pharmacists in the area.
- Access to services is an issue for the community - What services are available and how do people access them. The committee has produced some pamphlets around services in the community, available from the pharmacy.
- The digital signage at the reception waiting area was an initiative of the local committee.
- Would like to see a webpage for Quirindi Health Service.
- A regular report is printed in the local paper around the local committee and their existence. This lets the community know that the committee exists and has been a very useful tool.
- The community is aware that the local committee are working with the health service.
- The local committee are looking at doing a survey in the community.
- Need coordination around health promotion for the community.
- Have set up a meet and greet with schools to develop projects for the school.
- Working with the nursing home and discuss what is working well and what isn't.
- The committee is very valuable to the Health Service Manager as members provide information around what is happening in the community.
- Quirindi Health Service does not have a counsellor. This has been noted.

5.3 Finance and Performance Report

The Finance and Performance Report together with the 2014/15 budget for the District had been circulated to the members in the business papers.

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

It was NOTED that discussions are occurring regarding the Finance and Performance Committee membership.

The 2014/15 budget was discussed. The Board ENDORSED adoption of the budget.

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

The minutes of the meeting had been circulated in the business papers together with the committee charter and work plan.

A discussion occurred regarding the quality of RCA's. The Board AGREED that to have the RCA process presented to them.

ACTION BY: Dr Anne Duggan

5.6 Audit and Risk Management Committee

There were no papers for this meeting.

Mr Peter Johnston gave a verbal report of the meeting held during the previous week. The minutes from this meeting will be provided at the October meeting.

The information provided was NOTED by the Board.

It was NOTED that a new independent member Mr Peter Mayers has joined the committee.

5.7 Medical and Dental Appointments Advisory Committee

Professor Trevor Waring tabled a quarterly report for the Medical and Dental Appointments Advisory Committee.

The report was NOTED by the Board.

5.8 Clinical Council

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

The minutes were discussed and NOTED by the Board.

5.9 Medical Staff Executive Council Report

Dr Murray Hyde-Page had provided a report to the Board.

It was AGREED that Mr Michael DiRienzo, Professor Lyn Fragar and Dr Bruce Bastian to put together a statement around the expectations of the Board around the Medical Staff Executive Council. Need to emphasise that the Excellence principles need to be adopted.

ACTION BY: Chief Executive, Chairman, and Dr Bastian

5.10 Strategic Leadership Committee

There were no papers for this meeting.

5.11 Social Determinants of Health Committee

The minutes of the meeting had been circulated in the business papers together with the committee charter and work plan.

The papers were NOTED by the Board.

5.12 Work Health and Safety Report

The Work Health and Safety Report for July had been circulated in the business papers.

The report was NOTED by the Board.

The Board received the report and made comment on the format of the report. A revised format will be discussed with Work Health and Safety.

ACTION BY: Mr Michael DiRienzo

5.13 Community and Consumers Partnership Committee

There were no papers for this meeting.

5.14 Members Report

- Dr Bruce Bastian reported matters relating to a NSW Pathology Board Meeting.
- Dr Ian Kamerman reported meeting with the Minister during the previous week regarding GP integration.

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 items were raised and discussed.

What works well

- The facility at the HealthOne is excellent and well equipped.
- Support staff are very supportive in particular allied health staff.
- Collaborative nature at Quirindi Health Service.
- Liaison between hospital and HealthOne works well.
- Integration works well, allows staff to follow the patient through.
- Provision of good quality patient care.
- Positive nature of staff.
- Good relationships are maintained between doctors and GP's.
- Nursing staff are fantastic.
- Confidence in all staff.
- Good teamwork with good outcomes for patients.
- Having the doctors in the building is useful and can be an advocate for patients.
- Teamwork and continuity of care is valuable and makes for a better outcome.
- Reception from medical staff at Tamworth for local GPs works really well. Always positive and helpful.
- Tamworth staff are always willing to provide help and advice.
- Medical Outreach Service for Aboriginal people is working well.

Community Nursing

- New staff are providing great support.

Allied Health

- Very positive and helpful staff. Staff are very approachable.
- Teleconferencing with John Hunter Hospital staff is helpful.
- Good relationship with visiting professionals.

Maintenance

- Money has recently gone into infrastructure so the building has had a facelift.

What has been celebrated

- The team.
- The cleaners do a fabulous job.

What could work better

- Faster internet, particularly with CHIME.
- Reading x-rays is quite slow.
- Would prefer to have computer based templates (eg referral forms) rather than paper based.
- Need standardised referral forms.
- Gaps in social work services. No visiting social workers.
- Transport of patients to Tamworth Hospitals is difficult due to only one ambulance team in the area.
- Difficult to keep mental health patients safe as Quirindi does not have trained mental health staff.

The Chief Executive will advise the IT services section about the slow internet problem.

ACTION BY: Chief Executive

6 New Business

6.1 People Matter Public Sector Survey

A paper had been circulated in the business papers.

The paper was NOTED by the Board.

6.2 Board Performance Review Report

A paper reporting on outcomes from the Board review meeting had been circulated in the business papers. It was AGREED that the action plan should be added to the Board action plan.

ACTION BY: Ms Desiree Chymiak

The **Board Education Program** was discussed, and the schedule as detailed in the Board calendar was AGREED.

The proposed **Board Charter** was ADOPTED by the Board.

6.3 Holding Works Strategy (interim works)

A paper had been circulated in the business papers.

The paper was NOTED by the Board. The Board continue to support this action.

6.4 Board Calendar

A paper had been circulated with the business papers.

The Board discussed the calendar and the meeting venues for 2015. The proposed calendar, with amendments was ADOPTED 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 August meeting was provided with the business papers. The report was NOTED.

9 For Information

9.1 Six Monthly Performance Review with the Ministry of Health

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

The paper was NOTED by the Board.

9.2 Mehi Cluster Survey

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 15th October 2014 at District Headquarters.