

Minutes of the Hunter New England Local Health District Board

Ninety Second Meeting

19 and 20 November 2019

**Venue: Bingara Multipurpose Service
and Inverell Hospital**

Present

Associate Professor Lyn Fragar (Chair), Dr Helen Belcher, Dr Patrick Farrell, Mr Peter Johnston, Ms Lyn Raines, Mrs Janelle Speed and Mr Ben Wilkins

Apologies

Dr Felicity Barr, Dr Martin Cohen, Mr Fergus Fitzsimons, Dr Ian Kamerman, Dr Stephen Pryde and Dr Stephen Oakley (Medical Staff Executive Council)

In Attendance

Mr Michael DiRienzo and Mrs Kylie McNamara

Order of Business: 1.1- 9.3

TUESDAY 19 NOVEMBER 2019 COMMENCING AT 2:00PM

TOUR OF BINGARA MULTIPURPOSE SERVICE

The Board was provided with a tour of Bingara MPS led by Ms Sue Mack, Health Service Manager.

MEETING WITH STAFF AND CLINICIANS

Board members were joined by staff and clinicians from several areas of Bingara MPS (Aged Care, Administration, Hotel Services, Maintenance, Child and Family Services, Physiotherapy and Cardiac Rehabilitation).

The Board CONGRATULATED the Physiotherapist, Ms Susie Billsborough, on winning the Allied Health Member of the Year award.

The following matters were DISCUSSED and NOTED:

General

- Staff THANKED the Board and Chief Executive for supporting the funding that was given to the area for equipment, which has resulted in a decrease in the falls rate and severity of falls (ie. bed alarms, crash mats, hi-lo beds, staff education).
- The Medical Practitioner reported that working in the Bingara community allows for very good continuity of care - a very encouraging work environment.
- Holistic patient care is very impressive.
- The Bingara MPS has benefited from the work of some long-standing employees 40+ years.

Drought

- The impact of drought is being felt in the community and by health services.
- Cardiac patients may be younger due to the impact of drought and stress incurred.
- There may be limited access to psychological services and counsellors at times.
- Private psychologists are available to the community.

Recruitment

- Occupational Therapist (OT) services are shared with Moree. There is also a couple of private OTs for DVA and NDIS patients.
- The service is currently advertising 0.2 FTE Social Worker role to be filled.

Patient Safety and Quality of Care

- Follow up phone calls are working well. The calls are done at a high rate, they are getting good feedback with positive comments in relation to excellence of care.
- Feedback from patients is that medication education for patients is very thorough prior to patients being discharged from the service.
- Antibiotic usage is very strict, and there have been education sessions provided to employees.
- Electronic discharges are up to nearly 100%.
- With acute and residential patients having family by their bedside, they get input at handover time.
- The staff huddle twice per day, this is a very useful tool and provides value for the patient care, as well as benefitting the nursing staff.

The Chair and Board THANKED staff for attending the meeting, and for their commitment and hard work - day in and day out. The Board requested THANKS also be extended to those staff that were not able to attend the meeting today.

BUSINESS OF THE MEETING

PRELIMINARY

1.1 Welcome, Apologies and Acknowledgment of Country

The Chair, Professor Lyn Fragar opened the Board business meeting at 3:10pm. The Board Chair ACKNOWLEDGED the traditional owners of the country on which the meeting was held and paid respect to elders, past and present. The Board Chair also acknowledged the tragedy of the Aboriginal massacre on this land during early white settlement.

1.2 Conflicts of Interest

Mr Fergus Fitzsimons declared that he is currently employed by an organisation that is a recipient of Primary Health Network funding for drought relief.

1.3 Adoption of Minutes

The minutes of the meeting held on 16 October 2019 had been circulated. With an amendment made to item 1.2 of the minutes, the minutes were then 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.

1.5 Board Chair Report

The Board Chair provided a verbal report that included:

- The Board members' conference has been held, with a number of HNELHD Board members in attendance.

1.6 Chief Executive's Report

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

- October Senior Executive Forum meeting
- John Hunter Health and Innovation Precinct
- Muswellbrook Hospital stage 2 redevelopment
- New Maitland Hospital development
- Armidale Hydrotherapy pool
- Moree clinical review
- Tenterfield patient incident
- Wee Waa visit
- Drought relief
- The Royal Commission into violence, abuse, neglect and exploitation of people with disability
- Little Company of Mary Board
- Premiers awards
- HETI Senior Executive program
- Oral health
- Senior management recruitment

The Board DISCUSSED and NOTED the information in the Chief Executive Report, and CONFIRMED the actions being made by the Chief Executive.

The Board Chair, Professor Lyn Fragar adjourned the meeting at 5:00pm.

WEDNESDAY 20 NOVEMBER 2019 COMMENCING AT 8:30AM

TOUR OF INVERELL HOSPITAL

The Board was provided with a tour of the Inverell Hospital led by Ms Katherine Randall, Health Service Manager, Inverell Hospital.

MORNING TEA WITH INVERELL LOCAL HEALTH COMMITTEE

The Board was joined by members of the Inverell Health Committee over morning tea.

The following matters were DISCUSSED and NOTED:

- It was commented that wayfinding to the facility in town to have blood taken for pathology is not clearly sign posted, although noted that this is not a HNELHD facility.
- There is promotion of the service in the community, through schools and other service providers.
- There is currently Cancer Awareness training being held for the Aboriginal communities nearby.
- The Aboriginal Health Unit staff are working together on a project to improve the Emergency Department experience in regards to “Did not Wait” (ie. There is a lack of understanding about the triage process etc).
- There has been a focus on health literacy over the past few years.
- Increased demand on mental health facilities as a result of drought and fires on the community. Businesses are closing locally, leading to less employment, which can contribute to depression.
- Most Health Committee members are also members on the Hospital Quality Committee.
- The Health Committee is involved in the redevelopment of the Inverell Hospital, they have been included in a lot of the meetings/processes over the time (ie. colour schemes, wayfinding).
- There is an Arts Committee for the hospital redevelopment. Information about the hospital has been taken into the Aboriginal communities nearby for feedback. Two members of the Health Committee are on the Arts Committee, and contribute to organising lighting, artwork etc. Inclusive Aboriginal signage in the new hospital, as well as Aboriginal artwork for the mortuary.
- There has been some negativity in the community about the hospital in previous years, the community are now encouraged to view the hospital as an open place to visit and view artworks, with school children invited to visit.
- The Committee has a voice in key activities and development in Inverell.
- The community has expressed a need for transport for family or friends of those that need to travel to other facilities for treatment. Transport to and from appointments for the Aboriginal communities nearby can be problematic at times. There is a transport service locally for elderly people which is utilised. It was suggested that the Inverell Health Committee work to create a health transport directory, inclusive local charities, that can assist families with transport and accommodation options if patients are required to travel. (PHN, local communities, NGOs, Cancer Council and other charities that can provide details for this directory.)
- There is a perception in the community, especially the aged members within the community, that the hospital is being downgraded. A lot of education is required for the community to understand it is not in fact being downgraded.
- “My going home” checklist is available to patients being discharged.

The Chair THANKED the Health Committee members for the work they are doing, in the interest of linking the community and the health service. The contribution by the Committee is very much appreciated.

COMMUNITY – THE PEOPLE WE SERVE

2.1 Community and Consumers Partnership Committee Minutes

A brief and minutes from the meeting held on 15 October 2019 had been circulated in the business papers. The brief and minutes were NOTED by the Board.

2.2 Good Health Committee

A brief and minutes from the meeting held on 15 October 2019 had been distributed in the Board papers. The brief and minutes were NOTED by the Board.

2.3 Aboriginal Health Committee Meeting

A brief and minutes from the meeting held on 15 October 2019 had been distributed in the Board papers. The brief and minutes were NOTED by the Board.

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.

SERVICE – THE SERVICE WE PROVIDE

3.1 District Clinical Council Minutes

A brief and minutes from the meeting held on 9 October 2019 had been distributed in the Board papers. The brief and minutes were DISCUSSED and NOTED by 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 SERVICE – THE SERVICE WE PROVIDE.

3.4 For Information

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

SAFETY AND QUALITY – EXCELLENCE – EVERY PATIENT, EVERY TIME

4.1 Health Care Quality Committee Minutes

A brief and minutes from the meeting held on 23 October 2019 had been distributed in the Board papers. The brief and minutes were NOTED by the Board.

4.2 New Business

There was no new business relating to SAFETY AND QUALITY – EXCELLENCE – EVERY PATIENT, EVERY TIME

4.3 For Information

4.3.1 HNELHD Security Review

A brief was distributed in the business papers. The Board DISCUSSED and NOTED the brief and attachment provided.

RESOURCES – MANAGING OUR SERVICES WELL

5.1 Finance and Performance Report

The Finance Management reports for the month ending 18 November 2019 had been circulated in the business papers. The Board DISCUSSED and NOTED the Finance and Performance Report.

5.2 Finance and Performance Committee Minutes

A brief and minutes from the meeting held on 15 October 2019 had been distributed in the Board papers. The brief and 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 had been distributed in the business papers. The report was NOTED by the Board.

5.5 New Business

5.5.1 Deep Dive – Dr Stephen Pryde

A brief had been distributed in the business papers. The brief will be re-distributed for discussion in the December Board meeting business papers.

5.6 For Information

5.6.1 BHI 30 Day Mortality Reports

A brief had been distributed in the business papers. The brief was NOTED by the Board.

POSITIONING FOR THE FUTURE

6.1 Innovation and Research Report

A brief had been distributed in the business papers. The brief was NOTED by the Board.

6.2 Sustainability

There were no papers for this meeting.

6.3 New Business

There was no new business relating to POSITIONING FOR THE FUTURE.

6.4 For Information

There was no further information relating to POSITIONING FOR THE FUTURE.

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 20 October 2019 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 Current Industrial Issues

A brief had been distributed in the business papers. The Board NOTED the brief provided.

Provide brief to the Board in relation to the process involved for managing industrial relations issues and the role of the Ministry.

ACTION BY: Mr Kim Nguyen

BOARD DEVELOPMENT

8.1 Board Performance Report

There were no papers for this meeting.

8.2 Board Members Development Report

There were two education sessions provided for Board members

8.2.1 Education Session: Board Committees – Lyn Fragar and Michael DiRienzo

Board members participated in an education session reviewing the role of Board Committees, and Committee structures relating to the strategic priorities of HNE Health.

8.2.2 Financial Management for HNE Health – Michael DiRienzo

An education session relating to strategies for resource and financial management was provided by the Chief Executive.

Both presentations will be circulated to Board members. For discussion with the Board.

ACTION BY: Lyn Fragar and Michael DiRienzo

8.3 New Business

8.3.1 Innovative Ideas and Initiatives

Correspondence from the Health Minister requesting “Innovative Ideas and Initiatives” had been distributed in the business papers. The Board NOTED the correspondence provided and requested the Chief Executive report back to Board in the February 2020 Board meeting with “Innovative Ideas and Initiatives”.

ACTION: Mr Michael DiRienzo

8.4 For Information

There was no further 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

A brief and feedback report from the October meeting had been distributed in the business papers. The brief and report was DISCUSSED and NOTED by the Board.

9.4 Next Meeting

The next meeting will be held on 11 December 2019 at District Headquarters Building.

The Board Chair, Professor Lyn Fragar closed the meeting at 3:25pm.

MEETING WITH INVERELL HOSPITAL CLINICIANS

Board members were joined by clinicians from Inverell Hospital. Clinicians included: Clinical Support Officer, Medical Records Officer, Midwifery, Medical Records, Administration, Ward Clerk, Medical Practitioner, Renal, Emergency Department, Medical Ward

The below matters were DISCUSSED and NOTED:

- Staff cope well with change, learning and supporting each other, very positive.
- New hospital is a positive enhancement for the community.
- The staff at Inverell Hospital confirmed they have a lot more administration support now than they had 10 years ago, which makes a big difference to the hospital running smoothly.
- Some administration staff are also Assistants in Nursing, so the cross over is a big advantage for the service.
- From a medical perspective it is a united team and everyone works together very well.
- The Inverell Hospital received a thank you from Emmaville due to facilitating eight (8) of their residents when Emmaville was evacuated due to the bush fires. It was a very smooth integration into the facility. The Board THANKED the staff for doing this very well.
- Community Health staff have been successfully communicating with the hospital staff, resulting in positive referrals between services, and processes are working well on a weekly basis.
- Education between hospitals in the District has been an advantage for staff to learn from these facilities and their experiences.
- Telehealth and SCOPIA is used regularly within maternity services.
- Joint morbidity and mortality meetings are held, and shared information/discussions has then encouraged staff to explore different processes for doing things. They also encourage staff to take opportunities to listen and learn, as all staff are welcome at these meetings.

Key challenges:

- Recruitment of new staff into regional areas can prove challenging.
- There is an aging workforce in Inverell (GPs and nursing staff) with an emerging shortage of General Practitioners in Inverell.
- The community would like specialist services provided locally.
- The medical records department is currently working with services to improve record keeping processes.

The Board THANKED staff for making the time to meet with the Board, and also THANKED the staff on behalf of the Board and CE for the work they do every day. The Chair requested that the appreciation of the Board and Chief Executive be passed on to staff and colleagues of Inverell Hospital who are not present.