



Health
Hunter New England
Local Health District

Minutes of the Hunter New England Local Health District Board

Twelfth Meeting

25th July 2012

Venue: Gunnedah District Health Service

Present

Associate Professor Lyn Fragar, Dr Felicity Barr, Professor Trevor Waring, Mrs Janelle Speed, Mr Ken White, Mr Paul Henry, Dr Bruce Bastian, Mr Fergus Fitzsimons, Dr Ian Kamerman.

Apologies

Dr Helen Belcher, Mrs Helen Staines, Professor Nik Bogduk,

In Attendance

Mr Michael Dirienzo, Mr Scott McLachlan, Ms Susan Heyman, Mrs Mary Gurd

Order of business: 1-10

TOUR OF THE FACILITY

Board members were provided with a tour of the Gunnedah District Health Service led by Mrs Carole Young, Gunnedah District Health Service Manager. The tour included an inspection of the newly-built Medical Centre which houses a number of private medical and allied health practitioners
The Chair THANKED Mrs Young and staff for the hospitality provided.

MEETING WITH THE GUNNEDAH HEALTH COMMITTEE

The meeting was joined by members of the Gunnedah Health Committee - Mrs Lesley Croft, President United Hospitals Auxiliary and Regional Representative for all New England branches of the Auxiliary; Mrs Jan Snow, Vice President of Gunnedah Auxiliary; Mr Adam Marshall, Mayor of Gunnedah Shire Council; Mrs Colleen Fuller, Chair, Gunnedah Health Committee and Deputy Mayor; Mrs Carole Young, Gunnedah District Health Service Manager, along with Ms Susan Heyman, Acting Peel Cluster General Manager

The Chair conveyed the APPRECIATION of the Board for the work and fundraising activities undertaken by Mrs Croft and members of the auxiliaries.

The Chair outlined directions for the Local Health Committees to consider and encouraged the Committee to assume a leadership role and take greater responsibility and accountability for the health of their communities. LHC members will be guided by the Terms of Reference which are now available.

The Annual Report template has been finalised and Health Committees should produce an annual report of activities undertaken by the LHD for circulation to the Board and the local community and convey community issues to the service manager.

The Chair invited discussion relating to local matters. Matters discussed included:

- New staff members in Gunnedah District Health Service are offered short-term on-site accommodation.
- New resources are being introduced to assist with recruitment.
- Gunnedah Health Committee has focused on fundraising and has been very supportive of the Hospital.
- Health Committees are asked to publicise projects that require attention in terms community participation and financial assistance.
- An influx of 7% of immigrant people settling in Gunnedah – relating to the mining industry.
- There is no medical representation on the Committee however doctors do attend special meetings called by the Health Service Manager.
- The Health Service Manager communicates effectively with groups conveying positive feedback about Hospital/Health Service activities to the community.
- The Health Committee will have a role to play in taking community concerns and deficiencies to the Health Service Manager for escalation through appropriate channels to the Chief Executive.
- Lack of bulk billing is a problem for some community members.
- The new medical centre is not fully occupied by doctors, with some local doctors preferring to remain in their established practices.
- Fluctuations in population are reflected in statistics of Emergency Department presentations.
- Some difficulty is experienced in encouraging Aboriginal people to come to the Hospital. Positive engagement occurring.
- One Aboriginal person is willing to sit on the Shire Board.

The Mayor Adam Marshal provided an overview of the mining activities and the resultant potential population and housing growth in the area.

The Chair THANKED the Local Health Committee members for their valuable contribution to the discussion.

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 Gomeroi country on which the meeting was held and elders past and present.

The Board ACCEPTED apologies from Dr Helen Belcher, Mrs Helen Staines and Professor Nik Bogduk.

Chair expressed special THANKS to the Chief Executive and his Executive Assistant for producing the Board papers and the work undertaken in the Secretariat office over a particularly challenging period in recent weeks.

2. Declarations of Conflict of Interest

The Board NOTED that there were no declarations of conflict of interest with respect to the agenda items.

3. Minutes of the Previous Meeting

The minutes of the meeting held on 27 June 2012 had been circulated.

The minutes were ADOPTED by the Board as a true and accurate record.

NOTED on page 17 – *palliative deaths at home exceeding state rates* – this is a positive statement but may not be perceived as such by the public. The wording will be amended to say:

- “Palliative deaths at home- exceeding state performance.”

The minutes, with amendment, 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.

The draft Communication Plan will be circulated independently of Board papers for comment and ratification at the next meeting.

It was NOTED that a letter has been sent with a Strategic Asset Plan and recommendation to the Ministry of Health, including concept of developing a Minor Capital Plan. A response will be noted in Board Correspondence when received.

4.2 Hunter New England Local Health District Operational Plan 2012/13

The Board NOTED that the District has finalised the Operational Plan within the set timeframe. District Managers' Forum members, Executive Leadership Team (ELT) and other teams have perused the document. Individual services are now aligning their operational plans to the District Plan.

A quarterly review of the Plan by the Executive Leadership Team will be undertaken to reflect what actions have been completed and milestones achieved.

Performance measures are being reviewed to ensure that they are aligned with the Operational Plan. Hand hygiene is listed on page 32 *Reduce Incidence of Healthcare Infections*.

The Board NOTED that the District considers hand hygiene should remain a high priority. IT WAS AGREED that hand hygiene be restored as a priority in the Service Agreement.

ACTION BY: Mr Michael Dirienzo

It was RECOMMENDED that clarification is required around the statement *Work with Medicare Locals to improve access to primary health care and after hours care* to indicate a more collaborative approach.

ACTION BY: Mr Michael Dirienzo

The Board NOTED finalisation of the HNELHD Operational Plan, which is to be placed on the intranet site.

ACTION BY: Mr Michael Dirienzo

4.3 MRI Manning Rural Referral Hospital

Board NOTED information in regard to consultations that have been undertaken. The Board ADVISED that the clinical implications be considered in continued discussions, as well as cost effectiveness and ensuring quality and collegiality in regard to clinical working relationships.

5. Standing Items

5.1 Board Chair Report (verbal)

The Board Chair reported:

- Attendance at the Senior Managers Forum.
- Participation in the Council of Board Chairs meeting with the Minister of Health and Director General. The meeting included presentations on activity-based funding (a Communication kit will be received by Chief Executives and Chairs for use in their organisations); Changes in the Health education and Training Institute (HETI); Building Leadership and Management Capability in NSW Health planned program of HETI (pilots to be run in three hospitals for three months with master classes and training teams of managers using the Excellence Program); Strategic Approach to Pain Management; Aeromedical Review (Rotary); and the planned Board Capacity Building Program.
- There was discussion during the Council of Chairs meeting regarding Service Agreements and KPIs, specifically relating to Population Health measures.

The Board NOTED that Mr John Wiggers is the HNELHD representative on the newly-established Preventive Health Taskforce and that he will be invited to provide a presentation at a future Board meeting.

ACTION BY: Secretariat

- The Chair had received correspondence relating to proposed *Revision to Delegations* – draft delegation policy document. This will be distributed to members and Chief Executive and feedback sought for the Chair to respond.

ACTION BY: Chair, Board members and Chief Executive

5.2 Chief Executive's Report

The Chief Executive's 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:

- Progression on discussions re lease assignment of Narrabri Community Health building.
- The opening of Narrabri Hospital postponed until mid-September due to Federal Minister wishing to attend the Official Opening.
- Decision regarding General Manager position at Tamworth Hospital.

- Dr Naomi Lee, who holds law and medical degrees, has been appointed as Hunter New England Health Legal Officer.

Discussions at a meeting of the Chief Executive with Minister Jillian Skinner and her chief of staff were outlined to the board.

A Brief will be provided to the Board next month with regard to review of service model at Bulahdelah.

ACTION: Mr Michael Dirienzo

Board CONGRATULATED the Chief Executive, senior management and the whole organisation on the results of the 2011/2012 Performance Overview.

It was RESOLVED that a note from the Board expressing appreciation for the hard work be placed in Health Matters, particularly considering what a difficult year it has been.

ACTION: Chief Executive

5.3 Finance and Performance Report

A brief had been provided to the Board by Mr Mark Jeffrey which summarised the financial performance to June 2012 and activity performance to May 2012.

The report was discussed and NOTED by the Board.

The Board CONGRATULATED the Finance team on its work throughout the year, the good results and presentation of the financial statements with informative detail and explanation.

5.4 Finance and Performance Committee

The draft minutes from 21 June 2012 had been circulated to the Board with the business papers for information. The minutes were NOTED by the Board.

5.5 Health Care Quality Committee

Meetings held quarterly - next meeting due in September.

5.6 Audit and Risk Management Committee

Outstanding minutes are to be distributed.

Dr Barr reported that the ARMC had met on 23 July to endorse the financial statements for submission to the external auditor."

5.7 Medical and Dental Appointments Advisory Committee

The Board NOTED that the Treasury Managed Fund had granted an extension of time for finalisation of contracts, which are now completed. Ongoing work is continuing with regard to cycling of credentialing and privileging and creating a record of credentialing outcomes.

Quinquennial reappointments may not be required in future but ongoing performance reviews will be undertaken.

5.8 Clinical Council

A verbal report was provided by Dr Bruce Bastian. The Board NOTED that a review was undertaken of the function of the Clinical Council and its direction over the next 12 months. Issues of communication discussed relating to Hospital Councils and dispersal of information to that group were considered. Medical Staff Councils and Executive Medical Director will meet with the Chief Executive on a regular basis.

The Chair Advised that the Board is prepared to receive minutes in draft form on the understanding that some minutes received may require changes.

5.9 Medical Staff Executive Council Report

No report available.

5.10 Members Report (verbal)

Dr Ian Kamerman reported appointment to three committees - tThe Ministry of Health General Practice Council; the Medical Training Review Panel; and the Small Hospital Funding Model Committee on independent pricing authority.

5.11 Mental Health Sub-committee

Mental Health sub-committee will meet again in August.

LUNCH WITH STAFF OF GUNNEDAH DISTRICT HEALTH SERVICE

A number of clinicians and ancillary staff joined the Board and Executive for lunch. Issues raised by staff with Board Members and Executive included:

Staff reported positive outcomes:

- School immunisation program is going well.
- Adjustments by Community Health staff with the changeover of CHIME.
- Follow-ups with discharged patients are proving valuable with good outcomes for patients.
- Outside security is very good.
- Good collegiality among staff.
- A number of Aboriginal identified positions have been implemented with 10.2% of staff identify as Aboriginal.
- Proud of Maternity Services – a great team, Theatre team are good and keen to learn, General/medical ward is operating under duress with eight beds less due to the redevelopment, but staff is doing a great job.
- NSW Respecting the Difference online training provided by NSW Health is a very positive program.

Other issues that were raised included:

- Succession planning is a problem - delay in recruitment processes with respect to Speech Pathology has caused problems. Support is needed to assist with paperwork, iPM and CHIME data entry.
- The CHIME database requires an inbuilt spellcheck.
- Pulmonary Rehabilitation staff members require additional hours. Re-admission rates area high.
- Physiotherapy patients from surrounding areas presenting due to lack of services in their home towns - eg Coonabarabran, Manilla, Bellata.
- Staffing resources generally, but particularly midwives.
- Number of presentations to Emergency Department (ED) due to lack of bulk billing facilities.
- Requested that an increase in the staffing profile for ED be considered.
- Cultural Respect training staff in relation to the feedback that was received
- Transport of mental health patients

The Chair THANKED the staff for being open in their discussions and COMMENDED the staff for the work they do, how they do it and how they work together.

Board discussions that followed focussed on the appropriateness of content and presentation of the Cultural Respect Program and the Cultural Redesign.

It was AGREED that the Chief Executive will report to the Board about decisions in relation to reviewing and reforming the Cultural Respect Training Program.

ACTION: Mr Michael Dirienzo

6. New Business

6.1 ENT Services

A brief had been distributed to Board members on negotiations with the Otolaryngology, Head and Neck surgeons at John Hunter Hospital.

The Board NOTED the report.

6.2 Tamworth Anaesthetic Service

A brief had been distributed to Board members on negotiations with the VMO Anaesthetists at Tamworth Hospital.

The Board NOTED the report.

6.3 Health Education and Training Institute

A brief had been circulated to Board members regarding the Health Education and Training Institute (HETI) operational model and transfer of Hunter New England Health education staff.

The Board NOTED the report and supported the view that it would be advantageous to have one rural chief executive on the committee to progress rural engagement activities.

6.4 Winter Strategies

A brief had been distributed to Board members regarding the impact on services associated with influenza, and the Communication Plan for the community.

The Board NOTED the report.

6.5 July District Managers' Forum

A brief had been distributed to Board members regarding the July District Managers' Forum, with a copy of the program.

The Board NOTED the report.

6.6 2012/13 Service Agreement

A brief had been distributed to Board members regarding the changes to the proposed 2012/2013 Service Agreement, and key issues being addressed in the District's response.

There was discussion around key issues. No major changes to Agreement were proposed.
The Agreement is to be signed off by end of September. Chief Executive will provide the Board with clarity around financial issues.

It was AGREED that the Chief Executive distribute final response to Board for ratification prior to forwarding to The Ministry.

ACTION: Mr Michael Dirienzo

The Board AUTHORISED the chair to sign the AGREED response on behalf of the Board, with the Chief Executive being a co-signatory.

6.7 Social Determinants Working Group report

A report from Dr Helen Belcher had been circulated to the Board. A closed forum is being proposed to examine Health Services' roles in relation to social determinants of health outcomes. The group is planning to hold the workshop in November.

The Board NOTED the report.

7. Correspondence

- Correspondence relating to the proposed delegations policy will be distributed to the Board.
- An email has been received by the Chair requesting information on attendance of Board members.

8. HNE Health Policy

Nil

9. Meeting feedback

The Board NOTED the meeting feedback following the June meeting at Manning Hospital.

It was AGREED that Board meetings will commence at 8am where appropriate to enable members to leave earlier.

It was AGREED that the Chief Executive will draft a protocol for staff at health services being visited by the Board.

Information for Board members will include a profile, map of facility, parking arrangements.

ACTION: Mr Michael Dirienzo

9.1 Board Evaluation

An afternoon session will be held on Tuesday, 21 August to discuss Board Evaluation, followed by dinner.

10. Next Meeting

Wednesday, 22 August at District Headquarters at 8.00am.