

West Moreton Hospital and Health Board BOARD MEETING MINUTES

IN CAMERA SESSION

The Board held an in-camera session, commencing at 10.25am and concluding at 11.10am. The in-camera session included a discussion of the feedback provided by Ernst & Young following its observation of the April Board meeting.

OPEN SESSION

1.0 MEETING OPENING

The meeting opened at 11.10am.

1.1 Attendance

The apology of Paul Casas was recorded. There were no other apologies.

1.2 Adoption of Agenda

The agenda was adopted with no alterations. The Board noted the new format of the agenda.

1.3 Declaration of Interests

No interests were declared that were in addition to those declared at previous meetings.

1.4 Confirmation of Minutes of Board Meeting 26 April 2013 and Meeting Summary

The minutes of the meeting held on 26 April 2013 were confirmed as a true and accurate record of proceedings.

The Board Meeting Summary prepared with respect to that meeting was also approved.

1.5 Actions Arising

The Board noted the action register and the items that had been actioned and included in the agenda papers.

2.0 SAFETY AND QAULTY

2.1 Not used for this meeting

2.2 Occupational Health and Safety Report

The Board discussed the Occupational Health and Safety Report, which it noted was the full quarterly report. The Board discussed the significant incidents noted in the Report, particularly the number of assaults, and considered the strategies in place for risk assessing patients with respect to the potential for assaulting staff or others. The Board then discussed the workplace incidents referenced in the Report.

ACTION: CE to advise the difference between a mental stress claim and a workplace pressure claim, as reported in the Report.

ACTION: Occupational Health and Safety Report provided to the June Board meeting to include benchmarking of the rural Health Services against the Tier 1 KPIs.

ACTION: Occupational Health and Safety Report provided to the July Board meeting to include benchmarking of WMHHS (excluding The Park and Offender Health Services) against the Tier 1 KPIs.

The Board then discussed the Sick Leave Report, followed by the Safety Assurance Key Performance Indicators Report for Quarter 2.

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2.3 Patient Safety and Quality Report

The Board discussed the Patient Safety and Quality Report, which it noted is the abridged monthly report.

The Board noted the work that is being done to address the outstanding recommendations from clinical incident analysis.

The Board then discussed the information provided with respect to Behavioural Clinical Incidents, Medication Clinical Incidents, Falls Clinical Incidents and Pressure Injury Clinical Incidents. The Board discussed the setting of targets for all of these areas. The Board expressed concern that all areas show an increase and requested more analysis.

ACTION: Patient Safety Officer to attend the June Board meeting to discuss the data that is collected, what can be reported on, and the reporting the Board would like to receive in future.

ACTION: The Board to be provided with the results of an audit on the 17 pressure ulcers reported in the Patient Safety & Quality Report.

ACTION: Patient Safety and Quality Report to include data with respect to hospital acquired infections.

2.4 Patient Safety and Quality Committee Report

The Chair of the Patient Safety and Quality Committee provided an overview of the recommendations arising out of the Safety and Quality Committee meeting on 10 May 2013. The Chair of the Committee also sought the Board's input into the issue of appointing a Consumer Representative to the Safety and Quality Committee. This issue will be considered further by the Patient Safety and Quality Committee.

DECISION: The Board approved that a Quality of Care Report for WMHHS be released simultaneously with the Annual Report.

DECISION: The Board approved the recommendation that the Executive Leadership Team implement the evaluation of the Care Experience Program for all patients and families, and establish an expectation that two audits per year will be conducted across the business units.

DECISION: The Board approved the recommendation that the organisation-wide self assessment on patient and family-centred care be used as a tool to annually assess WMHHS.

ACTION: Dr Robert McGregor to circulate quality patient journey proposed guidelines to the other Board members.

The meeting temporarily adjourned at 12.35pm, resuming at 1.05pm.

3.0 STRATEGIC MATTERS (AGENDA ITEM 4.0)

3.1 2013-2017 Strategic Plan (Agenda Item 4.1)

Chris Thorburn, Acting Executive Director Corporate Governance and Strategy, joined the meeting.

The Board discussed the *Strategic Plan Path to Excellence: 2013-17* and the consultation that had taken place in the revision of the Strategic Plan.

The Board also discussed the publication of a summarised two page version of the Strategic Plan.

DECISION: The Board approved the *Strategic Plan Path to Excellence: 2013-17*.

DECISION: The Board approved the publication of the two page version of the Strategic Plan, subject to the following amendments: (a) a map being inserted to describe WMHHS's location, rather than text; (b)

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inserting a sentence about decision making being based on the better health, better care, better value mission; and (c) renaming "Welcome from WMHHS Chair" to "Message from WMHHS Chair".

ACTION: Quarterly Update to be provided to the Board on the achievement of the strategic objectives in the Strategic Plan, with the first quarterly report to provide the baseline data.

3.2 Future Service Capacity (Springfield/Mater) Update (Agenda Item 4.2)

The Board discussed the progress of the South-West Growth Corridor Planning Study Report from Thinc, noting that Option G is currently the preferred option (i.e. a new facility East of Ipswich provides additional capacity to support the West Moreton and Logan Catchments. Staged redevelopments of Ipswich and Logan Hospitals occur over the medium to longer term).

ACTION: Plan for increasing self-sufficiency to be brought back to the Board at its August meeting.

ACTION: Communication strategy with respect to the Ipswich Hospital Expansion, particularly the net increase in beds, to be brought back to the Board at its June meeting.

ACTION: WMHHS to consult with Mater regarding the option eventually approved prior to the briefing of the Minister.

ACTION: Board to be provided with an analysis of the types of services likely to be provided out of a new facility at Springfield, and what that means for Ipswich Hospital.

ACTION: Thinc Health to be instructed to model self sufficiency Index of WMHHS taking into account the private sector.

4.0 FINANCE, AUDIT AND RISK (AGENDA ITEM 3.0)

4.1 Financial Performance Report (Agenda Item 3.1)

The Board discussed the Financial Performance Report, with a particular focus on:

- a) the end of year position, which continues to show a surplus, even with the additional spending to reduce elective wait times and carry out essential maintenance; and
- b) the improvement in own source revenue.

Discussion of the Financial Performance Report was temporarily suspended to allow for the Workcover Premiums Presentation.

4.2 WorkCover Premiums Presentation (Agenda Item 3.3)

Matthew Bannan and Yvette Drysdale from WorkCover Queensland joined the meeting to deliver a presentation regarding how WMHHS's WorkCover premium is calculated, WorkCover benefits, types of claims, return to work vs. stay at work, and things WMHHS can do to improve its WorkCover claims history and therefore premium.

ACTION: CE to develop WorkCover Strategy to be brought back to the Board in September.

ACTION: Finance Committee to consider issue of WorkCover premiums and how to reduce these in more detail.

ACTION: EDFC to include strategies to reduce WorkCover premiums in next round of Finance training.

4.3 Financial Performance Report (Agenda Item 3.1) – continued

The Board resumed its discussion of the Financial Performance Report, with a particular focus on WMHHS's management of the forecast surplus.

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EDFC also advised that 78.7% of WMHHS's budget is expended on labour. For Mental Health Services, this is 88.8%. For West Moreton without Mental Health Services, the figure is 75.7%.

ACTION: Overview page of Financial Performance Report to include WMHHS's financial risks.

4.4 Finance Committee Report (Agenda Item 3.2)

Professor Julie Cotter, Acting Chair of the Finance Committee for its meeting on 16 May 2013, provided an overview of the recommendations arising out of that meeting.

DECISION: The Board approved the recommendation that negotiations commence between WMHHS and the Ipswich Hospital Foundation (IHF) to enter into a lease of the new car park for three years from 1 January 2014 to 31 December 2016 with an option for IHF to extend that lease for an additional five years, provided that:

- (a) if IHF exercises its option under its lease of the existing car park, IHF must exercise its option under the lease of the new car park; and
- (b) if IHF does not exercise its option under its lease of the existing car park, IHF may not exercise its option under the lease of the new car park.

DECISION: The Board approved the Finance Committee Charter, subject to deleting the word "District" where it appears in paragraph 1 and replacing it with "West Moreton Hospital and Health Service".

4.5 Audit and Risk Committee Report

Tim Eltham, Chair of the Audit and Risk Committee, provided an overview of the recommendations arising out of the Audit and Risk Committee meeting on 10 May 2013.

DECISION: The Board approved the 2012-13 Internal Audit Strategic Plan, subject to an amendment to the Vision statement in paragraph 2.2 to read, *"An efficient and effective internal audit service that adds value to the West Moreton Hospital and Health Service objectives of providing dependable health care and high standards of governance and accountability."*

DECISION: The Board approved the changes to the 2012/13 internal audit work program including the contracting of ABF Readiness Diagnostic and the Rostering and Payroll Phase 1 audits to Ernst & Young under current co-sourcing arrangements.

DECISION: The Board approved the recommendation that during 2013/14 the Audit and Risk Committee meet in the months of July, August, October, December, March and May and that it meet on the same day of the month as the Finance Committee.

Mr Eltham also advised that a special Audit and Risk Committee meeting will be held on 21 June 2013 to enable Ernst & Young to present WMHHS's strategic risks following its consultation with the Executive. All Board Members and Executive are invited to attend the meeting.

ACTION: Special Audit and Risk Committee meeting to be held on 21 June 2013 at 10.00am, with the Finance Committee meeting scheduled for that day to be rescheduled accordingly.

The meeting temporarily adjourned at 3.15pm, resuming at 3.25pm.

5.0 STRATEGIC MATTERS (AGENDA ITEM 4.0) - CONTINUED

5.1 Barrett Adolescent Centre

Sharon Kelly, Executive Director Mental Health and Specialised Services, joined the meeting. The Board discussed the recommendation from the Planning Group that proposes the closure of the Barrett Adolescent Centre (BAC) and the issues that this presents. The Board recognised that the Barrett facility is no longer suitable but is concerned that there is currently no alternative for consumers.

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The Board noted the recommendations of the Barrett Adolescent Strategy Planning Group, and the need to move as rapidly as possible to an alternative model based on those recommendations.

ACTION: Minister to be updated regarding proposed closure, plan for development of alternatives and community engagement strategy.

ACTION: Minister's approval to be sought to not accept any further patients into BAC.

ACTION: WMHHS to engage with Children's Health Services and the Mental Health Alcohol and Other Drugs Branch re-planning for future model of care.

ACTION: WMHHS to pursue discharge of appropriate current patients with appropriate 'wrap around' services.

DECISION: The Board approved the development of a communication and implementation plan, inclusive of finance strategy, to support the proposed closure of BAC.

Sharon Kelly left the meeting.

5.0 GENERAL MATTERS

5.1 Chief Executive Report

CE provided the Board with an update on the Ernst & Young Readiness Re-assessment, advising that the draft report had been received with a re-rating of a low 4.

ACTION: Draft readiness re-assessment to be uploaded to BoardEffect.

CE also provided the Board with an update on the implementation of the new organisational structure.

ACTION: Dr Mark Matiuissi, Acting Executive Director Clinical Governance, Education and Research to meet the Board at the June Board meeting.

CE advised that Naomi Ford, Communications Advisor, is currently working on the key messages received from Prominence following the Strategic Planning Forum to improve their utility for WMHHS.

5.2 HHS Performance Report

The Board discussed the HHS Performance Report, with a particular focus on achievement of NEST targets.

ACTION: For Cat 2 and Cat 3 NEST Targets, HHS Performance Report to detail why the targets are not being achieved.

6.0 CORPORATE GOVERNANCE

6.1 Flying Minute – FMA Process and Ipswich Hospital Car Park (Interim Arrangements)

The Board noted the outcome of the flying minute.

6.2 2013-14 Service Delivery Statement

The Board noted that a flying minute seeking the Board's approval of the 2013-14 Service Delivery Statement (SDS) had been circulated on 20 May 2013, and the Board's approval had been forthcoming subject to some clarifications made by the Executive Director Finance and Corporate. However the Board noted that since that approval there had been some changes made to the Service Delivery Statement. The revised Service Delivery Statement was tabled at the meeting. The Board considered the changes that had been made to the Service Delivery Statement.

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DECISION: The Board rescinded its approval of the 2013-14 Service Delivery Statement attached to the flying minute circulated on 20 May 2013.

DECISION: The Board approved the 2013-14 Service Delivery Statement tabled at the meeting.

6.3 Reportable Gifts and Benefits (Agenda Item 6.2)

CCS reminded the Board members of their obligation to report gifts and benefits and referred the Board members to the policy included in the Board papers for more information.

7.0 MATTERS FOR NOTING

Correspondence

7.1 – 7.6 The Board noted the correspondence included in the Board papers.

Materials Uploaded to BoardEffect since 19 April 2013

7.7 – 7.21 The Board noted the materials uploaded to BoardEffect since 19 April 2013.

Other

7.22 Chair delegate to Chairs Meeting on 2 July 2013

The Chair is unable to attend this meeting. Julie Cotter to attend on the Chair's behalf.

7.23 Update from 9th Annual Australasian Redesigning Health Care Summit

Melinda Parcell provided a verbal report on her attendance at this summit.

7.24 Clinical Senate

Melinda Parcell provided a verbal report on her attendance at the Clinical Senate meeting.

7.25 Board Calendar and Work Plan (including July 2013 to June 2014) (Agenda Item 7.24)

The Board noted the Board Calendar and Work Plan, including that it now includes Board meetings for the first half of 2014.

ACTION: Board Calendar and Work Plan to be updated to include the new dates for the Audit and Risk Committee.

8.0 OTHER BUSINESS

8.1 Stakeholder Invitees to Next Board Meeting at Ipswich Hospital

The Board discussed proposed invitees to the next Board meeting. Dr Robert McGregor proposed that Steph Shannon be invited.

ACTION: Steph Shannon to be invited to June Stakeholder Session. CCS to discuss additional attendees with Tim Eltham and CE.

8.2 Safety and Quality Visit Next Board Meeting

The Board agreed that Paediatrics would be the focus of the Safety and Quality Visit at the June Board Meeting.

**West Moreton Hospital and Health Board
BOARD MEETING MINUTES****9 MEETING FINALISATION****9.1 Review Actions****9.2 Meeting Evaluation**

A meeting evaluation was conducted. The Board noted the great venue and the good input received from stakeholders. The Board also agreed to continue with the revised format of the Agenda. The Board also noted the need to devote more time to the Financial Performance Report.

ACTION: June Board Meeting agenda to include more time for discussion of Financial Performance Report.


9.3 Next Meeting

The next meeting is scheduled for 28 June 2013 at Ipswich Hospital, Level 8 Conference Room.

9.4 Meeting Close

The meeting closed at 5.45pm.

Minutes authorised by Chair as an accurate record of proceedings


Dr Mary Corbett

Chair, West Moreton Hospital and Health Board

28/6/13
Date

Board Meeting Summary

West Moreton Hospital and Health Board

Board Meeting: Friday 24 May 2013

Location: Ipswich Hospice, Chermiside Road, Eastern Heights



Dr Mary Corbett
Chair

Tim Eltham
Deputy Chair

Paul Casos

Dr Robert McGregor

Melinda Parcell

Professor Julie Cotter

Alan Fry OBE QPM

Attendees: Dr Mary Corbett (Chair), Tim Eltham (Deputy Chair), Dr Robert McGregor, Melinda Parcell, Professor Julie Cotter, Alan Fry OBE QPM.

Invitees: Lesley Dwyer Chief Executive, Ian Wright Executive Director Finance and Corporate, Matthew Bannan, Customer Service Manager WorkCover Queensland, Chris Thorburn, Acting Executive Director Corporate Governance and Strategy, Sharon Kelly, Executive Director Mental Health and Specialised Services, Jacqui Keller Corporate Counsel and Secretary.

Stakeholder invitees: Ros Holloway, Director of Hospice Services Ipswich Hospice Care Inc., Rosie Laidlaw, Advance Care Planning Nurse Consultant WMHHS, Melanie McBain, Nurse Unit Manager Palliative Care and Oncology Ipswich Hospital.

This month the Board held their meeting at the Ipswich Hospice and began the day with an informative tour of the facilities.

Stakeholders discussed WMHHS's palliative care service and the services that Ipswich Hospice Care provides to patients and carers. Stakeholders also discussed advance care planning and the encouragement of palliation in residential aged care facilities rather than in a hospital setting.

The Board meeting commenced with a focus on safety and quality matters, including a discussion of the Occupational Health and Safety Report, the Patient Safety and Quality Report and the Patient Safety and Quality Committee Report. The Board approved the release of a Quality of Care Report simultaneously with WMHHS's first Annual Report, as well as the implementation of the evaluation of the Care Experience Program for all patients and families. The Board also approved the use of organisation-wide self-assessment of patient and family-centred care as a tool for annually assessing WMHHS.

The Board was pleased to approve the 2013-2017 Strategic Plan which sets out WMHHS's program of work to deliver on its vision of becoming *Your Partner in Healthcare Excellence*.

The Board then discussed the progress of the South West Growth Corridor Planning Study Report.

The Board's attention then turned to finance, audit and risk matters, with discussion of the Financial Performance Report, a presentation from WorkCover Queensland on the drivers for WMHHS's workers compensation insurance premiums, and a number of decisions adopting recommendations of the Finance and the Audit and Risk Committees. These decisions addressed negotiations with the Ipswich Hospital Foundation with respect to the lease of the new car park, approval of the Finance Committee Charter, approval of the 2012-2013 Internal Audit Strategic Plan, and changes to the 2012/13 internal audit work program.

The Board discussed the findings from the Expert Clinical Reference Panel for the Barrett Adolescent Centre and the actions required to progress towards an improved, contemporary model of care.

This was followed by a discussion of the Chief Executive Report and the HHS Performance Report.

The Board approved the 2013-14 Service Delivery Statement for WMHHS which forms part of the Queensland State Budget papers.

The next Board meeting will be held on 28 June 2013 at Ipswich Hospital.

This summary of key issues discussed and decisions made is approved for publishing by the West Moreton Hospital and Health Board and does not form or represent any part of the minutes of the meeting.



**Queensland
Government**



**West Moreton Hospital
and Health Service**

Board Meeting

Addendum No. 1

Jun 28, 2013 at 09:00 AM - 05:15 PM

Conference Room

Level 8 Tower Block

Ipswich Hospital

BOARD COMMITTEE AGENDA PAPER

Committee: West Moreton Hospital and Health Board			
Meeting Date:	28 June 2013	Agenda Item Number:	7.3
Agenda Subject:	Barrett Adolescent Strategy – Update		
Action required:	<input type="checkbox"/> For Approval	<input type="checkbox"/> For Discussion	<input checked="" type="checkbox"/> For Noting
Author: Sharon Kelly	Position: Executive Director, Mental Health & Specialised Services	Date: 24 June 2013	
<input type="checkbox"/> Recommendation/s are consistent with Strategic Plan <input type="checkbox"/> Funding impacts are included within approved budget <input type="checkbox"/> Risks are identified and mitigation/management strategies included <input type="checkbox"/> Implications for patient and/or staff care and well-being have been identified			

Proposal

That the West Moreton Hospital and Health Board:

Note actions attend within month of June to align with Board decision in principle to close Barrett Adolescent Service.

Note the verbal briefing between the Minister for Health, and the West Moreton Hospital and Health Board Chair and Chief Executive is diarised for Monday 15 July.

Background

1. Refer to Board paper of 24 May agenda item 4.3

Key Issues or Risks

2. WMHHS to engage with Children's Health services and the Mental Health Alcohol and Other Drugs Branch re planning for future model of care for adolescent services.
 - a. A meeting was held Tuesday June 11th between Lesley Dwyer, Chief Executive WMHHS, Dr Peter Steer, Chief Executive Children's Health Services, Leanne Geppert, Acting Director of Strategy MH&SS and Sharon Kelly ED MH&SS WMHHS to agree the following:
 - i. In principle agreement reached that Children's HHS will partner with The Mental Health Branch to progress a statewide service model.
 - ii. Agreement that the timeliness of the development and implementation of a statewide service model is a priority for WMHHS as the decision to cease providing services at the Barrett Adolescent Service is contingent on a viable service model option being available.
 - b. A meeting was held Monday June 17th with the Director General (Dr O'Connell), DDG Health Services and Clinical Innovation (Dr Cleary), Lesley Dwyer, Sharon Kelly and Leanne Geppert.
 - i. In principle support of the plan for closure of Barrett Adolescent Service with an understanding the new model of service is identified and developed.
 - ii. Agreement of HSCI support for the shared model planning process.
3. WMHHS to pursue discharge of appropriate current patients from Barrett Adolescent Centre with appropriate 'wrap around' services.
 - a. As identified at The Board, until a decision is confirmed in regards to the plans for Barrett Adolescent Centre clinical services will continue to be provided and consumers discharged as appropriate. Any targeted discharge planning for current consumers that is related to closure of the service will raise concerns within the consumers, staff and families and potential wider community prior to a clear decision and communication strategy being in place and available.
4. Minister to be updated regarding proposed closure of Barrett Adolescent Centre, plan for development of alternatives and community engagement strategy as well as decision not to accept any further patients into BAC

BOARD COMMITTEE AGENDA PAPER

- a. Meeting planned for Monday July 15th between Minister, Board Chair West Moreton HHS and Chief Executive West Moreton HHS.
- b. Communication plan and strategy in draft development at current time.
- c. Decision to not accept patients into BAC can only be advised to staff once decision to close the service and move to alternate model is known.

Consultation

5. All correspondence from stakeholders (email, ministerials etc) and media enquiries have and are being responded to in a timely manner with consistent key messages being utilised.

Financial and Other Implications

6. Remains in alignment with previous papers on the topic.

Strategic and Operational Alignment

7. The closure of Barrett Adolescent Service and removal of adolescent services from The Park forensic site aligns with both the strategic direction of the HHS and the Queensland Plan for Mental Health 2007-17.

Recommendation

That the West Moreton Hospital and Health Board:

Note actions attend within month of June to align with Board decision in principle to close Barrett Adolescent Service.

Note the verbal briefing between the Minister for Health, and the West Moreton Hospital and Health Board Chair and Chief Executive is diarised for Monday 15 July.

West Moreton Hospital and Health Board BOARD MEETING MINUTES

Date: Friday 28 June 2013

Time: 9.00am to 6.15pm

Location: Ipswich Hospital

Members

Dr Mary Corbett, Chair
 Timothy Eltham, Deputy Chair
 Dr Robert McGregor, Board Member
 Paul Casos, Board Member
 Melinda Parcell, Board Member
 Alan Fry OBE QPM, Board Member
 Professor Julie Cotter, Board Member

Ex Officio Standing Invitees

Lesley Dwyer, Health Service Chief Executive (CE)
 Ian Wright, Executive Director Finance and Corporate (EDFC)
 Jacqui Keller, Corporate Counsel and Secretary (CCS)

Invitees to Morning Tea for Stakeholders and Staff

Steph Shannon, Retired Paediatric Nurse (OAM)
 John Gavranich, Director of Paediatrics, WMHHS
 Janet Knowles, Representative – Ipswich Midwifery Group Practice
 Janette Dale, A/Lead Chaplain, WMHHS
 Trevor Fourmile, Senior Health Worker, WMHHS
 Naomi Ford, Manager, Communications, WMHHS
 Bev Coward, Volunteer, Ipswich Hospital
 Colleen Julian, Volunteer, Ipswich Hospital

Other Invitees

Dr Tony O'Connell, Director-General, Department of Health (for Item 2.1 only)
 Mark Matussi, Acting Executive Director Clinical Governance, Education and Research (for Item 2.3 only) (EDCGER)
 Chris Thorburn, Acting Executive Director Corporate Governance and Strategy (for Item 4.1 only) (EDCGS)
 Dr Darren Neillie, Clinical Chair, Lead Clinician Group (for Item 4.2 only) (CCLCG)

SAFETY WALK AROUND

The Board toured the Children's Sunshine Ward at Ipswich Hospital, receiving an overview of the service, the model of care, its safety and quality performance, and its achievements, challenges and issues. The Board noted that patient feedback was collected on an ad hoc basis and recommended, in line with our Strategic Plan to become "patient centred", the implementation of a more proactive strategy. The Board also noted that the Children's Ward does not have KPIs although work is being performed to address this.

MORNING TEA WITH STAFF AND STAKEHOLDERS

The Stakeholder session was held in an informal manner over morning tea.

OPEN SESSION

1.0 MEETING OPENING

The meeting opened at 10.35am. The meeting commenced with the Safety and Quality Presentation from Dr Tony O'Connell (see 2.1 below). This was followed by formal noting of the following matters and then the remainder of the meeting.

1.1 Attendance

All Board members were in attendance.

1.2 Adoption of Agenda

The agenda was adopted with no alterations.

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1.3 Declaration of Interests

Melinda Parcell, Board Member, advised the Board of her new position as of 1 July 2013 as Director of Operations/Nursing Director, Coordinated Care Stream, WMHHS. The WMHHS Coordinated Care Stream includes Maternity Services, Paediatric Services, Surgery (7A, 7D), Peri-Operative Services, Theatres, Central Sterilising Department, Anaesthetics, Gatton Health Service and Laidley Health Service.

Dr Robert McGregor, Board Member, advised the Board of his role as Chair of the Medical Advisory Committee at St Andrews Ipswich Private Hospital.

Aside from the above and those interests declared at previous meetings, no further interests were declared.

1.4 Confirmation of Minutes of Board Meeting 24 May 2013 and Meeting Summary

The minutes of the meeting held on 24 May 2013 were confirmed as a true and accurate record of proceedings. The Board Meeting Summary prepared with respect to that meeting was also approved.

1.5 Actions Arising

The Board noted the action register and the items that had been actioned and included in the agenda papers.

2.0 SAFETY AND QAULTY

2.1 Safety and Quality Presentation from Dr Tony O'Connell

Dr Tony O'Connell joined the meeting and delivered his presentation titled "The role of the Board in driving quality and safety".

Discussion focussed on:

- (a) the National Safety and Quality Health Service Standards, particularly the value of patient surveys and interviews (including video interviews)
- (b) the Queensland Bedside Audit 2012
- (c) the Clinical Services Capability Framework
- (d) Safety and Quality Monitoring Indicators, particularly the complaints acknowledged indicator and the importance of seeking out both complaints and compliments
- (e) the Quarterly Service Agreement Reports
- (f) Clinical Incident Management
- (g) reducing unjustified variation in care and how this can be measured (e.g. analysis of length of stay time in operating theatre)
- (h) the requirement for efficient systems for standard work
- (i) influencing patient focussed and pathway driven approach to care through mechanisms such as criteria-led discharge and use of Hospital in the Home.

Dr Tony O'Connell left the meeting. The Board attended to the matters under 1.0 Meeting Opening and then continued with the remainder of the meeting.

2.2 Occupational Health and Safety Report

The Board discussed the Occupational Health and Safety Report, which it noted was the abridged monthly report. The Board discussed the information provided with respect to occupational violence.

ACTION ITEM: Board to be provided with summary of information that can be presented regarding incidences of physical and verbal abuse, and also an overview of the training that is being done/can be done regarding dealing with verbal abuse. [Timeframe: July 2013]

The Board's attention was drawn to paragraph 10 of the agenda paper which provided information regarding benchmarking of the Rural Health Services against the Tier 1 KPIs.

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The Board's attention was also drawn to paragraph 11 of the agenda paper which provided information regarding the external audit of WMHHS's implementation of the Queensland Health Occupational Health and Safety Management System in accordance with the standards in AS/NZS4801:2001.

2.3 Patient Safety and Quality Report

EDCGER joined the meeting. The Board discussed the Patient Safety and Quality Report which it noted is the abridged monthly report. The Board discussed the reporting of pressure injuries and their concern with the increasing trendline. EDCGER advised there are investigations being undertaken into stage 1 pressure injuries.

ACTION ITEM: Report on investigation into stage 1 pressure injuries to be provided to Safety and Quality Committee. [Timeframe: September 2013]

ACTION ITEM: Board to be briefed on RCA process. [Timeframe: August 2013]

EDCGER also noted the work that will be undertaken to improve safety and quality reporting.

The Board specifically noted the information provided in the Patient Safety and Quality Report with respect to hand hygiene, community suicides and flu vaccinations.

ACTION ITEM: Historical review and benchmarking of community mental health suicide rates in West Moreton to be provided to the Safety and Quality Committee. [Timeframe: September 2013]

EDCGER advised the Board of the work being undertaken to establish a clinical governance unit, including the need to formulate a business plan based on the National Safety and Quality Health Service Standards and the need for improvements to the incident monitoring and complaint monitoring systems.

EDCGER left the meeting.

The meeting temporarily adjourned at 12.40pm, resuming at 1.05pm.

3.0 FINANCE, AUDIT AND RISK

3.1 Special Audit and Risk Committee Report

Tim Eltham, Chair of the Audit and Risk Committee, provided an overview of the special Audit and risk Committee meeting held on 21 June 2013 to consider and, if appropriate, recommend the approval of the WMHHS Strategic Risks and the Risk Management Policy and Framework.

DECISION: Subject to the amendments noted below, the Board approved the recommendation of the Audit and Risk Committee to approve the WMHHS Strategic Risks, with particular attention to the following 11 priority risks:

- (a) Financial viability
- (b) Fraud
- (c) Management of critical assets
- (d) Commercial capabilities
- (e) Handover of assets, workforce or services
- (f) Business continuity and emergency preparedness
- (g) Compliance
- (h) Health service planning
- (i) Clinical governance
- (j) Health and safety
- (k) Workforce capability and culture.

The amendments are:

- (a) For the risk "Handover of assets, workforce or services", the consequence rating is "Major", resulting in a change in the current risk rating to "Very High".
- (b) For the risk "Business continuity and emergency preparedness", the likelihood rating is "Possible".

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The Board also noted that the Audit and Risk Committee will consider and, if appropriate, recommend the approval of the Risk Management Policy and Framework at its meeting on 19 July 2013.

3.2 Finance Committee Report

Paul Casos, Chair of the Finance Committee, provided an overview of the Finance Committee meeting held on 21 June 2013.

DECISION: The Board approved the recommendation of the Finance Committee to endorse the execution by the Chair of the Instrument of Delegation included in the agenda paper to extend the delegations beyond 30 June 2013,

3.3 Financial Performance Report

The Board discussed the Financial Performance Report for WMHHS as at 31 May 2013. Discussion focussed on calculation of the surplus and the number of FTEs. EDFC advised the Board that at a State-wide level there had been an over accrual for pay for May. This over accrual for WMHHS amounted to approximately \$2.1M. June estimates were based on the inflated May actuals compounding the over estimation of expenditure. EDFC advised the Board that End of Year adjustments by the Department could have a significant effect on WMHHS end of year financial position.

ACTION ITEM: Board to be provided with an overview of WMHHS plans for reinvestment of the community dividend. [Timeframe: July 2013].

ACTION ITEM: Board to be provided with WMHHS's communication strategy for reinvestment of the community dividend. [Timeframe: August 2013].

3.4 Queensland State Budget – What Does it Mean for WMHHS?

The Board noted the contents of the agenda paper.

3.5 Service Agreement Deeds of Amendment (Windows 3 and 4)

The Board noted the contents of the agenda paper.

DECISION: The Board approved WMHHS entering into Service Agreement Deed of Amendment (Window 3).

DECISION: The Board approved WMHHS entering into Service Agreement Deed of Amendment (Window 4).

4.0 STRATEGIC MATTERS

For Discussion

4.1 Lead Clinician Group Update (Agenda Item 4.2)

CCLCG joined the meeting and outlined the outcomes to date of the WMHHS Lead Clinician Group. The key matters raised by CCLCG were:

- (a) the importance of values in the Strategic Plan
- (b) the need for an individualised and co-ordinated approach to patients
- (c) the need for a strategy for education and research
- (d) acknowledgment of the number of agencies that should contribute to the model of caring for community and the need to strengthen these partnerships
- (e) need for cultural change – both in staff and the community
- (f) the importance of effective leadership and the need for investment in this
- (g) the importance of clinician engagement so that they have a voice, are listened to and receive feedback.

When asked how the above could be achieved, CCLCG raised:

- (h) the need for a governance framework that is visible, transparent and effective
- (i) that clinicians need to be able to contribute to changed models of care
- (j) that clinicians should be invited to provide input into the research strategy.

West Moreton Hospital and Health Board BOARD MEETING MINUTES

CCLCG also provided an overview of outcomes from the Clinical Senate, and highlighted the importance of open communication between the Lead Clinician Group, the Board and the Executive.

CCLCG will provide a further update on the activities of the Lead Clinician Group at the September Board meeting.

CCLCG left the meeting.

For Decision

- 4.2 Future Service Capability (Springfield/Mater) Proposal (Agenda Item 4.1)
EDCGS joined the meeting. The Board discussed the agenda paper and the South-West Growth Corridor Health Service Plan. EDCGS highlighted to the Board that WMHHS is in the process of engaging Thinc Health to build on the existing body of work completed for the South-West Corridor Health Service Plan and complete the WMHHS Health Service Plan 2013-27.

DECISION: The Board endorsed Option G as described in the Thinc Health South-West Corridor Health Service Plan as the most viable option to meet health service demand in the South-West Corridor.

ACTION ITEM: WMHHS Health Service Plan 2013-27 to be brought back to the Board. [Timeframe: November 2013]

EDCGS left the meeting.

5.0 GENERAL MATTERS

- 5.1 Chief Executive Report
The Board noted the Chief Executive Report. The CE provided an update on legionella testing within WMHHS and updated the Board with respect to WMHHS actions in response to the hendra virus outbreak at Lowood.

EDFC left the meeting.

CE tabled a paper titled "Executive Appointment Process and Remuneration". The Board discussed the contents of the paper.

DECISION: The Board approved the CE's recommendations in regard to appointment, contract arrangements and remuneration for Executive positions within WMHHS as set out in the tabled paper. In relation to the position of Executive Director Clinical Governance, Education and Research, the Board approved some flexibility in the proposed timeframe for advertisement of this position.

The Board noted the process required to seek approval from the Director General of classifications and remuneration for Hospital and Health Service Executives.

Following item 5.3 below, the CE revisited the Chief Executive Report and also updated the Board with respect to a matter that had been referred to the Crime and Misconduct Commission involving an employee at The Park – Centre for Mental Health.

- 5.2 HHS Performance Report
The Board discussed the HHS Performance Report. The Board noted the improvement in NEAT and the progress towards achieving NEST. CE advised the Board that the Department had confirmed that WMHHS's ability to retain its surplus for 2012/13 will not be affected by WMHHS's failure to achieve NEST due to the Department's recognition of the progress being made to achieve same.

CE provided an update to the Board with respect to the work being undertaken by Renoir Consulting Group to review the surgical patient journey 'end to end'.

West Moreton Hospital and Health Board BOARD MEETING MINUTES

ACTION ITEM: Board to be presented with KPIs that will demonstrate that WMHHS is making progress with respect to NEST. [Timeframe: July 2013]

5.3 Factors Affecting Patient Perception of Excellence

The Board discussed the reflection provided by Dr Bob McGregor regarding factors affecting patient perception of excellence. The Board discuss the importance of gathering feedback from consumers and developing WMHHS's values.

ACTION ITEM: Executive to talk to Lead Clinician Group about WMHHS values and come back to the Board with a plan on how these will be developed. [Timeframe: August 2013]

6.0 CORPORATE GOVERNANCE

6.1 Board Charter

The Board discussed the proposed amendments to the Board Charter.

DECISION: The Board approved the amended Board Charter, with an additional amendment to section 6(c) of the Charter to reflect the correct names of the Board Committees.

6.2 Executive Committee Report

Mary Corbett, Chair of the Executive Committee, provided an overview of the Executive Committee Meeting held on 7 June 2013.

DECISION: The Board approved the Board Meeting Summary Distribution List (and approved the ongoing addition of relevant names) for use in distributing the Board Meeting Summary.

6.3 Flying Minute – 2013/14 and 2015/16 Service Agreement

The Board noted the outcome of the Flying Minute circulated with respect to approval of WMHHS entering into the 2013/14 and 2015/16 Service Agreement.

7.0 MATTERS FOR NOTING

7.1 Budget Build Update

The Board noted the contents of the agenda paper.

7.2 Annual Report Update

The Board noted the contents of the agenda paper.

7.3 Barrett Adolescent Centre Update

The Board noted the contents of the agenda paper.

7.4 Board Calendar and Work Plan

The Board noted the revised Board Calendar and Work Plan. The Chairs of the Audit and Risk and Finance Committees will discuss alternative meeting dates for those Committees to allow enough time for resulting recommendations to be submitted for consideration at the following Board meeting.

7.5 - 7.7 Correspondence

The Board noted the correspondence provided with the agenda papers.

7.8-7.17 Materials Uploaded to BoardEffect since 16 May 2013

The Board noted the materials uploaded to BoardEffect since 16 May 2013.

8.0 OTHER BUSINESS

8.1 Review of Stakeholder Feedback

The Board discussed the feedback received from stakeholders during the morning tea. Items noted were:

- (a) Inclusion of local indigenous people on Community Reference Groups

West Moreton Hospital and Health Board BOARD MEETING MINUTES

- (b) Information relating to the Car Park would be useful for the Volunteer station at the front entrance
- (c) Cessation of the courtesy bus
- (d) Positioning of chairs outside doors leading to outpatients area for patients who arrive early.
- (e) Access for ED, a patient story

8.2 Next Meeting – 26 July 2013

The Board discussed the location for the next Board meeting on 26 July 2013. The Board meeting will be held at Gatton.

8.3 Stakeholder Invitees to Next Board Meeting

The Board discussed stakeholder invitees to the next Board meeting on 26 July 2013. Invitees will include representatives from The University of Queensland (Gatton campus), Gatton Chamber of Business and Gatton police or fire service.

8.3 Safety Walk Around Next Board Meeting

The Safety Walk Around at the Next Board Meeting will focus on the work completed at Gatton Health Service with respect to the productive series.

8.5 Other

The Chair provided information to the Board with respect to the following:

- (a) Chairs' teleconference with the Minister on 27 June 2013
- (b) Prescribed employer workshop
- (c) Maternity services workshop
- (d) Newspaper article regarding people with disabilities who are long stay patients
- (e) Proposed Board governance workshop.

9.0 MEETING FINALISATION

9.1 Review Actions

The Board reviewed the actions arising out of the meeting.

9.2 Meeting Evaluation

The Board evaluated the meeting, noting in particular the requirement for all agenda papers to be submitted 7 days before the meeting and also the additional time devoted to discussion of the Financial Performance Report.

ACTION: Patient story to be added to each Board meeting agenda.

9.3 Meeting Close

The meeting closed at 6.15pm.

Minutes authorised by Chair as an accurate record of proceedings

Dr Mary Corbett
Chair, West Moreton Hospital and Health Board

26/07/2013

Date



**West Moreton Hospital
and Health Service**

Board Meeting

Jul 26, 2013 at 09:00 - 17:00

Conference Room

Gatton Hospital

BOARD MEETING AGENDA PAPER

Committee: Board Meeting			
Meeting Date:	26 July 2013	Agenda Item Number:	7.2
Agenda Subject:	Barrett Adolescent Centre Update		
Action required:	<input type="checkbox"/> For Approval	<input type="checkbox"/> For Discussion	<input checked="" type="checkbox"/> For Noting
Author: Sharon Kelly	Position: Executive Director, Mental Health & Specialised Services	Date: 18 July 2013	
<input type="checkbox"/> Recommendation/s are consistent with Strategic Plan <input type="checkbox"/> Funding impacts are included within approved budget <input type="checkbox"/> Risks are identified and mitigation/management strategies included <input type="checkbox"/> Implications for patient and/or staff care and well-being have been identified			

Proposal

That the West Moreton Hospital and Health Board:

Note actions within the month of July that support the in-principle decision of the Board to close the Barrett Adolescent Centre (BAC).

Note the closure date of BAC has been advised to the Minister for Health as 31 December 2013.

Background

1. Refer to Board paper of 24 June 2013.

Key Issues or Risks

2. Minister to be updated regarding proposed closure of BAC, plan for development of alternatives and community engagement strategy as well as decision not to accept any further patients into BAC
 - a. Meeting held with Minister Monday 15 July 2013.
 - b. Minister supportive of briefing and closure on the proposed date of 31 December 2013.
 - c. Minister requested the following actions occur prior to announcement of closure:
 - i. Communication plan and frequently asked questions be confirmed with his communications office.
 - WMHHS Communications Naomi Ford to action by Tuesday 23 July.
 - ii. Communication with QMH Commissioner to occur.
 - Verbal briefing with Commissioner occurred early July; formal brief regarding decision provided to Commissioner Thursday 18 July.
 - iii. Leader of Opposition be advised of decision.
 - Progression occurring through WMHHS Communications.
 - iv. Department of Education – Director General be briefed prior to announcement.
 - Department aware through verbal discussions and are supportive; formal briefing currently in progress.
3. Development of alternate service options
 - a. A formal announcement was made by the Department of Health this week for the progression of a YPARC service through NGO tender process; to be established by January 2014. YPARC will provide one option of alternative care for adolescents in the target group.
 - b. The YPARC model (well developed in Victoria - Youth Prevention and Recovery Care) is a youth focussed short term step up/step down residential rehabilitation program, run by NGO with in reach clinical services. The focus age group for Queensland should align with the current admission criteria to the BAC
4. Timing of announcement
 - a. A detailed plan regarding the timing of the announcement is required to ensure staff and consumers are advised prior to a broader public announcement. This planning is underway.
 - b. Due to the recent announcement of the YPARC tender by the Department of Health, a new wave of growing concern is occurring across the sector regarding the future of BAC.
 - c. There is a risk that questioning at Estimates may result in further speculation prior to any formal announcement – holding statements have been prepared to mitigate this risk.

BOARD MEETING AGENDA PAPER**Consultation**

5. All correspondence from stakeholders (email, ministerials etc) and media enquiries have and are being responded to in a timely manner with consistent key messages being utilised.
6. All other agreed consultation has been progressed and support has been provided for actions taken to date.

Financial and other implications

7. Remains in alignment with previous papers on this topic.

Strategic and operational alignment

8. The closure of BAC and cessation of adolescent services from The Park forensic site aligns with both the strategic direction of the HHS and the Queensland Plan for Mental Health 2007-17.

Recommendation

That the West Moreton Hospital and Health Board:

Note actions within the month of July that support the in-principle decision of the Board to close the Barrett Adolescent Centre (BAC).

Note the closure date of BAC has been advised to the Minister for Health as 31 December 2013.

West Moreton Hospital and Health Board BOARD MEETING MINUTES

Date:	Friday 26 July 2013	Time:	9.00am to 6.05pm	Location:	Gatton Hospital
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Members

Dr Mary Corbett, Chair

Timothy Eltham, Deputy Chair (Apology)

LOCAL GOV'T. CONF. HOBART

Dr Robert McGregor, Board Member

Paul Casos, Board Member

Melinda Parcell, Board Member

Alan Fry OBE QPM, Board Member

Professor Julie Cotter, Board Member

Ex Officio Standing Invitees

Lesley Dwyer, Health Service Chief Executive (CE)

Ian Wright, Executive Director Finance and Corporate (EDFC)

Jacqui Keller, Corporate Counsel and Secretary (CCS)

Attendees at Stakeholder Session

Sergeant Don Graham, Gatton Police

Other Attendees

Mark Mattiussi, Acting Executive Director Clinical Governance, Education and Research (EDCGER) - for Item 2.3 only; by videoconference

Linda Hardy, Executive Director Clinical Services (EDCS) – for Item 5.1 only

SAFETY WALK AROUND

The Board toured the Gatton Hospital with a specific focus on the Productive Ward boards, hearing of the efforts of the staff in implementing the Productive Ward initiative and the outcomes achieved. The Board noted the challenges and issues faced by the Gatton Health Service. The Board noted that patient feedback is gathered on an ad hoc basis and that a more formal, consistent process needs to be implemented. The Board also noted the effort being applied to ensure all patients have a skin examination prior to admission to identify any potential for injuries, wounds or ulcers.

MORNING TEA WITH STAFF AND STAKEHOLDERS

The safety walk around was followed by morning tea with staff and stakeholders.

STAKEHOLDER SESSION

Sergeant Don Graham of Gatton Police attended the stakeholder session on behalf of Senior Sergeant Tom Missingham of Gatton Police. The apology of Professor Alan Rix from The University of Queensland was noted. Paul Emmerson, President Lockyer Better Business did not attend. Sergeant Graham spoke of the wonderful service his family has received at Gatton Hospital. He also spoke of the good co-operation that occurs between the Gatton Police and the staff at the Gatton Health Service. He raised the difficulties the Gatton Police sometimes face in trying to get timely access to medical records from the Hospital in order to assist in the prosecution of offences. He also commented on his experiences when taking consumers requiring mental health treatment to Ipswich Hospital. He has found Ipswich Hospital less welcoming and responsive than Toowoomba Hospital. He is often advised security personnel are not available at Ipswich Hospital and as a result is requested to stay with the consumer until security personnel become available (despite Gatton Police calling ahead to alert the Ipswich Hospital to their pending arrival). This leaves a deficit of police personnel at Gatton. CE noted that WMHHS had commenced a redesign of the flow for mental health patients in the Emergency Department. When queried regarding the existence of local inter-sectoral forums to discuss issues, Sergeant Graham noted that there were no standing local forums and that they preferred to address issues on an ad-hoc basis.

ACTION: CE to promote timely access to medical records to the Gatton DON

ACTION: CE to investigate the ED/security issue and provide feedback to Sergeant Graham of Gatton Police.

West Moreton Hospital and Health Board BOARD MEETING MINUTES

OPEN SESSION

1.0 MEETING OPENING

The meeting opened at 11.10am.

1.1 Attendance

The apology of Timothy Eltham was noted. All other Board members were in attendance.

1.2 Adoption of Agenda

The Board discussed the addition of an agenda item to discuss the paper that had been submitted as a Flying Minute regarding approval to enter into a contract with Renoir Consulting for the Supply Chain and Inventory Management Project (the Renoir Paper). The Board agreed that this paper would be discussed as a Strategic Matter at Agenda Item 4.0 and that the other matters listed as Strategic Matters would be discussed if there was enough time or otherwise deferred to the next meeting or noted.

The balance of the agenda was adopted with no alterations.

1.3 Declaration of Interests

Melinda Parcell, Board Member, again advised the Board of her new position as of 1 July 2013 as Director of Operations/Nursing Director, Coordinated Care Stream, WMHHS. The WMHHS Coordinated Care Stream includes Maternity Services, Paediatric Services, Surgery (7A, 7D), Peri-Operative Services, Theatres, Central Sterilising Department, Anaesthetics, Gatton Health Service and Laidley Health Service. It was noted that Ms Parcell would therefore have a conflict of interest when discussing the Renoir Paper and that the Board would take the required actions with respect to this conflict when the Renoir Paper was to be discussed.

Dr Mary Corbett, Chair, informed the Board that her membership on the Board of the Southbank Institute of Technology ceased on 30 June 2013, and that she has been appointed to the Boards of Wound Management Innovation CRC (Cooperative Research Centre) and Wound Management Pty Ltd. Dr Corbett also advised that she is now a member of the Chief Health Officer's Report Advisory Group.

Aside from the above and those interests declared at previous meetings, no further interests were declared.

1.4 Confirmation of Minutes of Board Meeting 28 June 2013 and Meeting Summary

The minutes of the meeting held on 28 June 2013 were confirmed as a true and accurate record of proceedings. The Board Meeting Summary prepared with respect to that meeting was also approved.

The Board discussed whether the media should be added to the Board Meeting Summary Distribution List, but agreed that the month's delay would most likely render the information "out of date".

The Board also discussed inviting the media to meet the Board to build a better relationship, and encouraging greater interaction between the media and the Board.

ACTION: Press release with relevant outcomes from the Board meeting to be released shortly after the Board meeting. [Timeline: August 2013 and ongoing]

1.5 Actions Arising

The Board noted the action register and the items that had been actioned and included in the agenda papers.

In respect of Action #168 (Overview page of Financial Performance Report to include WMHHS's financial risks), the Board noted that EDFBS and Julie Cotter, Board Member, would discuss this matter further.

ACTION: EDFBS and Julie Cotter to discuss improving the representation of financial risks on the Overview page of the Financial Performance Report. [Timeline: August 2013]

West Moreton Hospital and Health Board BOARD MEETING MINUTES

In respect of Action #164 (Thinc Health to be instructed to model self sufficiency index of WMHHS), the Board noted that the percentage of health need met by WMHHS is currently 55%, and that there is a goal to achieve 80% over the next 12 months. The Board noted that the WMHHS Health Service Plan 2013-27 being prepared by Thinc will address this action item. Action #188 (WMHHS Health Service Plan 2013-27 to be brought back to Board) was therefore amended to add that the Health Service Plan will include information around self-sufficiency.

2.0 SAFETY AND QUALITY

2.1 Safety and Quality Committee Report

Melinda Parcell, Chair of the Safety and Quality Committee, provided an overview of the Safety and Quality Committee meeting held on 12 July 2013.

Ms Parcell raised the proposal discussed at the Safety and Quality Committee meeting that the Board give the Safety and Quality Committee the function of overseeing the workplace health and safety practices in WMHHS. The Board discussed the value the Safety and Quality Committee could add in providing an avenue for specific issues to be considered in detail and reported back to the Board, but noted the ultimate responsibility the Board has for workplace health and safety matters.

DECISION: The Board approved giving the Safety and Quality Committee the function of overseeing specific aspects of workplace health and safety practices in WMHHS as delegated to it by the Board from time to time.

ACTION: Safety and Quality Committee Charter to be amended to reflect the amendment of the Safety and Quality Committee's functions to include overseeing specific aspects of workplace health and safety practices in WMHHS as delegated to it by the Board from time to time. [Timeline: September 2013]

The Board then discussed the need to clearly enunciate the Board's expectations with respect to patient-focussed care.

ACTION: Workshop to be held to define the Board's values and expectations with respect to patient-focussed care (possibly with the Lead Clinician Group). [Timeline: October 2013]

ACTION: Opportunities to be taken to communicate the message that patient-focussed care is very important to the Board and that the Board and the Executive will be focussing on this. [Timeline: August 2013 and ongoing]

ACTION: Safety Walk Around to include the following information - "What is your division/department's view of the ideal patient experience?" and "What are the complaints your division/department has received from consumers?" (with details) [Timeline: August 2013 and ongoing]

Ms Parcell raised the proposal discussed at the Safety and Quality Committee meeting for remuneration of the consumer representative on the Safety and Quality Committee.

DECISION: The Board approved the payment of a sitting fee to each of the consumer representatives on the Safety and Quality Committee and the Executive Patient Safety and Quality Committee of \$250 (all inclusive) per meeting.

Ms Parcell provided an overview of the special meeting of the Safety and Quality Committee held on 19 July 2013 to discuss the draft Quality of Care Report. The Board then provided feedback on the draft Quality of Care Report.

2.2 Occupational Health and Safety Report

The Board discussed the Occupational Health and Safety Report, which it noted was the full quarterly report. The Board noted the information provided with respect to achievement of the Tier 1 OHAS KPIs by WMHHS (excluding The Park and Offender Health). The Board also noted the significant reduction (28.8%) in Tier 1 KPI M39: Hours Lost WorkCover versus Occupied FTE. The Board discussed the

West Moreton Hospital and Health Board BOARD MEETING MINUTES

information provided with respect to the strategies employed to address verbal violence directed towards staff, noting the staff-focussed nature of these strategies (as opposed to patient-focussed).

ACTION: Relevant staff to be congratulated for the significant reduction (28.8%) in Tier 1 KPI M39: Hours Lost Work Cover versus Occupied FTE. [Timeline: August 2013]

2.3 Patient Safety and Quality Report

EDCGER joined the meeting by videoconference. The Board discussed the Patient Safety and Quality Report which it noted was the full quarterly report.

EDCGER highlighted:

- (a) the decrease in overdue outstanding recommendations from clinical incident analysis
- (b) that the pressure injuries review is progressing
- (c) that the hand hygiene initiative is progressing
- (d) that there was one SAC1 incident during June which is being handled through the normal clinical incident management process.

The Board discussed:

- (a) falls incidents
- (b) pressure injury review – EDCGER advised that the review has to date revealed that there may be issue of multiple reporting of pressure injuries which is being investigated
- (c) low nurse take-up of vaccination rates
- (d) change in infection prevention targets to per occupied bed days
- (e) compliments and complaints data

ACTION: EDCGER to investigate and advise on discrepancy identified in graph with respect to falls per OBD. [Timeline: August 2013]

ACTION: Board to be advised whether consumer feedback is sought before a solution to a consumer complaint is implemented and, if not, advised of the process for ensuring that this feedback is sought in the future. [Timeline: August 2013]

EDCGER left the meeting.

The meeting temporarily adjourned for lunch.

3.0 FINANCE, AUDIT AND RISK

3.1 Audit and Risk Committee Report

Julie Cotter, Member of the Audit and Risk Committee, provided an overview of the Audit and Risk Committee meeting held on 19 July 2013 in the absence of Timothy Eltham, Chair of the Audit and Risk Committee.

DECISION: The Board approved the recommendation of the Audit and Risk Committee that the Board approve the West Moreton Hospital and Health Service Risk Management Policy (including risk assessment matrix) and Framework.

Ms Cotter provided an overview of the feedback the Audit and Risk Committee had given on the draft Annual Report. It was agreed that the next draft of the Annual Report would be uploaded to BoardEffect to allow the Board members an opportunity to provide feedback on the Annual Report, and that when the Annual Report is brought back to the Board for final approval a marked up copy of the Annual Report would be provided showing the changes that had been made since the version that was uploaded.

The Board specifically acknowledged the work of Lynette Gill in compiling the annual financial statements.

3.2 Finance Committee Report

West Moreton Hospital and Health Board BOARD MEETING MINUTES

Paul Casos, Chair of the Finance Committee, provided an overview of the Finance Committee meeting held on 19 July 2013.

DECISION: The Board approved the recommendation of the Finance Committee that the Board approve the authorisation of the Executive Director Finance and Business Services, or any person acting in that position from time to time, to operate West Moreton Hospital and Health Service's bank accounts.

3.3 Financial Performance Report

The Board discussed the Financial Performance Report for WMHHS as at 30 June 2013. Discussion focussed on revenue, the surplus, FTE numbers, activity and own source revenue.

ACTION: EDFBS to advise what has been written off as a bad debt during the 2012-13 financial year. [Timeline: August 2013]

ACTION: Board to be advised of planned actions for recovery of fees from mental health patients [Timeframe: September 2013]

ACTION: EDFBS to compare conversion rates (public to private) with Logan Hospital. [Timeline: September 2013]

4.0 STRATEGIC MATTERS

For Decision

4.1 Renoir Consultancy – Supply Chain and Inventory Management Project (new Agenda Item)

The Board noted that Melinda Parcell, Board Member, had a conflict of interest with respect to this issue. Ms Parcell left the meeting so that the Board could consider whether Ms Parcell should be present when the Board considers the issue or take part in a decision of the Board about the issue. It was decided that Ms Parcell could be present when the Board considers the issue, but not take part in a decision of the Board about the issue. Ms Parcell rejoined the meeting while the Board considered the issue.

The Board discussed the consultancy project and the focus on supply chain rather than on patient flow and operating theatres. It was noted that this first stage project will not directly assist in the achievement of NEST. The Board considered whether the engagement of Renoir Consulting to undertake the supply chain and inventory management project as set out in the agenda paper would satisfy the criteria for Type 4 procurement under the Queensland Health Procurement Procedures. The Board considered that on the information to hand, the Board could not be satisfied that the criteria for Type 4 procurement had been met, specifically market research to confirm that Renoir are indeed unique in offering this service.

ACTION: CE to conduct market research to confirm (or otherwise) that Renoir are unique in their ability to undertake the supply chain and inventory management project as a Type 4 procurement. Concurrently the CE is to commence an RFO process for all three parts of the work scoped by Renoir (quoted individually and as a package) in case Type 4 procurement under the Queensland Health Procurement Procedures cannot be satisfied. [Timeline: August 2013]

ACTION: Renoir Scoping Report to be uploaded to BoardEffect. [Timeline: August 2013]

ACTION: CCS to advise the Board re delegations reserved to the Director-General. [Timeline: August 2013]

For Discussion

4.2 Remaining Agenda Items (new Agenda Item)

The Board agreed to postpone consideration of the following Agenda Items to the August Board Meeting:

- 4.1 Workforce Engagement Metrics
- 4.2 Communication Strategy for Ipswich Hospital Expansion
- 4.3 Reinvestment of Community Dividend Overview
- 4.4 Activity Funding

West Moreton Hospital and Health Board BOARD MEETING MINUTES

4.5 Board Planning

5.0 GENERAL MATTERS

For Decision

Nil

For Discussion

5.1 HHS Performance Report (Agenda Item 5.2)

EDCS joined the meeting and gave an overview of the work that is being done to achieve NEST. EDCS advised that the key risks to achievement of NEST are currently:

- (a) Ipswich Hospital Expansion slows down theatres
- (b) Division not ready for work that needs to be done
- (c) Behavioural change required.

The Board considered whether there may be value in outsourcing some surgeries to provide a buffer for the achievement of NEST.

ACTION: HHS Performance Report to include a proposal regarding outsourcing surgeries to provide a buffer for the achievement of NEST. [Timeline: August 2013]

EDCS left the meeting.

5.2 Chief Executive Report (Agenda Item 5.1)

The Board noted the Chief Executive Report. CE drew the Board's attention to the following items:

- (a) Workforce risk and compliance incidents
- (b) Queensland Institute of Clinical Redesign
- (c) Health Alliance Update
- (d) Legionella Update
- (e) Estimates Hearings 2013/14

CE and Chair also provided an update on their meeting with the Minister to discuss the South West Growth Corridor Planning Study and the proposed closure of Barrett Adolescent Centre.

The Board noted that all references to the closure of the Barrett Adolescent Centre in the agenda paper for Agenda Item 7.2 (Barrett Adolescent Centre Update) must be read as referring to the proposed closure of Barrett Adolescent Centre in light of the fact that no firm decision to close the facility has been made until alternative options for providing improved models of care have been identified.

6.0 CORPORATE GOVERNANCE

6.1 Declarations of Interests

CCS reminded the Board of their obligations with respect to declaring their interests. All Board members were asked to review and resubmit Statement of Interests Declarations to reflect their current interests.

7.0 MATTERS FOR NOTING

7.1 Budget Build Update

The Board noted the contents of the agenda paper.

7.2 Barrett Adolescent Centre Update

The Board noted the contents of the agenda paper, noting the point made with respect to this paper at Agenda Item 5.2.

West Moreton Hospital and Health Board BOARD MEETING MINUTES

- 7.3 Ernst and Young Readiness Re-Assessment
The Board noted the contents of the agenda paper.
- 7.4 Board Calendar and Work Plan
The Board noted the Board Calendar and Work Plan and requested that dates for January to June 2014 be secured in all members' diaries.
- 7.5 Correspondence
The Board noted the correspondence provided with the agenda papers.
- 7.6 Materials Uploaded to BoardEffect since 21 June 2013
The Board noted the materials uploaded to BoardEffect since 21 June 2013.

8.0 OTHER BUSINESS

- 8.1 Chairs' Meeting
Julie Cotter, Board Member, who attended the Chairs' Meeting on the Chair's behalf, provided an overview of the meeting including the discussion held on innovation funding and contestability.
- 8.2 Update on Meeting with Minister
It was noted that this update had been provided at 5.2 (Chief Executive Report).
- 8.3 Review of Stakeholder Feedback
The Board discussed the stakeholder feedback, commenting that it was very useful to receive this feedback.
- 8.4 Next Meeting – 23 August 2013 (Ipswich Hospital)
The Board noted that the next Board meeting will be held on 23 August 2013 at Ipswich Hospital
- 8.5 Stakeholder Invitees to Next Board Meeting
The Board discussed stakeholder invitees to the next Board meeting on 23 August 2013. Invitees will include the WMHHS Heads of Surgery.
- 8.2 Safety Walk Around Next Board Meeting
The Safety Walk Around at the next Board meeting will focus on the new surgical wards at Ipswich Hospital.

CE and EDFBS left the meeting.

IN-CAMERA SESSION

The Board held an in-camera session.

9.0 MEETING FINALISATION

- 9.1 Review Actions
The Board reviewed the actions arising out of the meeting.
- 9.2 Meeting Evaluation
The Board conducted a meeting evaluation.
- 9.3 Meeting Close
The meeting closed at 6.05pm.

**West Moreton Hospital and Health Board
BOARD MEETING MINUTES****Minutes authorised by Chair as an accurate record of proceedings**

		23 10/2013
Dr Mary Corbett Chair, West Moreton Hospital and Health Board		Date



**West Moreton Hospital
and Health Service**

Board Meeting

Aug 23, 2013 at 09:00 - 17:00

Conference Room

Level 8, Tower Block

Ipswich Hospital

BOARD MEETING AGENDA PAPER

Committee: Board			
Meeting Date:	23 August 2013	Agenda Item Number:	5.1
Agenda Subject:	Chief Executive Report		
Action required:	<input type="checkbox"/> For Approval	<input type="checkbox"/> For Discussion	<input checked="" type="checkbox"/> For Noting
Author: Lesley Dwyer	Position: Chief Executive	Date: 14 August 2013	
<input checked="" type="checkbox"/> Recommendation/s are consistent with Strategic Plan <input checked="" type="checkbox"/> Funding impacts are included within approved budget <input checked="" type="checkbox"/> Risks are identified and mitigation/management strategies included <input checked="" type="checkbox"/> Implications for patient and/or staff care and well-being have been identified			

Current Significant Issues**1. Surplus from Financial Year 2013-14**

- The options for the use of the surplus from financial year 2013-14 have now been confirmed. The HHS may retain any year end surpluses and these amounts go on to the balance sheet as retained earnings. HHS has the ability to use these funds for capital expenditure or non-recurrent operating purposes. If the funds are to be used for operating purposes the end result will be that the HHS will run a non-recurrent deficit in year with the resultant deficit going against retained earnings on the balance sheet from prior years.
- The HHS has identified areas for retained earnings investment that equate to more than the surplus, however the HHS is confident that strategically we have built the 2013/2014 budget to ensure that we are able to continually invest in improving our elective surgery performance. DoH have tentatively been advised of our intention to utilise retained earnings as follows:
 - Backlog maintenance - \$5.0M
 - Increasing cardiology capability - \$0.6M
 - Paediatric capability - \$0.25M
 - Emergency Department – increase in physical capacity - \$0.5M
 - Investment in Elective surgery - \$2.5M

2. Budget Preparation

- The current 2013/2014 budget build load is \$417.696M in line with the proposed 2013/2014 contract offer of \$417.696M. This build contains 'Budget Holdings' of \$5.5M allocated for funding growth. Considerable consultation has occurred with the Divisions and changes to the budget build have been controlled through a series of requested and Chief Executive approved adjustments being included in the third load of the 2013/2014 budget.
- Divisions have been required to find savings equivalent to the short funding of depreciation expense by the System Manager (\$1.761M).

3. External audit

- The external audit is largely complete and verbal audit clearance is anticipated to be received on 16 August 2016. The final matters outstanding are:
 - Key Management Personnel disclosures in the financial statements – awaiting new report from DoH
 - Whole of Government reporting (with external auditors for review)
 - Front section of the Annual Report to be sent to external auditors when available in final draft
 - Draft letter of representation (from Board to External Auditors)
 - CFO Assurance Statement (from CFO to CE & Board)
 - Final financial statements ready for signing

BOARD MEETING AGENDA PAPER**8. Statutory Authority Transition Progress**

- Readiness Assessment Re-evaluation Update:
 - Ernst and Young are finalising the report following feedback from the CE and this will be presented to the Board at the July meeting.
 - At the Performance Meeting with the Deputy DGs of the Department, the report rating was shared and the draft report made available (noting the report has not been endorsed by Board)
- Transfer of Land and Buildings:
 - The Chief Executive Forum had been asked to consider nominating 3 lead HHSs to "test" the proposed framework to assess readiness for transfer of Land and Buildings.
 - The lead HHSs will be required to provide resourcing for the project as well as Subject Matter Experts.
 - West Moreton has not nominated but will "shadow" Townsville HHS to ensure that we understand the necessary actions that will prepare the HHS for transfer. It is anticipated that we will need to commence our own readiness for transfer of assets in September.

9. Executive Update

- The recruitment process has commenced for Executive positions. Interviews for the Executive Director, Clinical Services, Executive Director, Finance and Business Services and Executive Director, Mental Health and Specialised Services are to be held in August 2013. Further to these, interviews for the Executive Director, Corporate Governance and Strategy and Executive Director, Workforce will follow in September 2013.
- I will provide a more detailed verbal update in regard to both Executive appointments and implementation of the Organisational Structure at the meeting.

10. Events and Media

- A design concept for the intranet and internet sites will be provided to WMHHS on 16 August 2013. This will be reviewed and approved by Executive before being finalised ready for migration.
- The Communication & Community Engagement team prepared and issued 3 proactive/positive media statements in July, prepared 4 holding statements relating to emergent issues (Legionella, Queensland Audit Office report and Laidley GP clinic works). The team also prepared and issued 3 responses to media queries.
- Significant work was undertaken to prepare a communication and issues management strategy for the Barrett Adolescent Centre. The BAC announcement was made by the Minister on 5 August.
- The Communication & Community Engagement team prepared a successful official opening of the new East St building. The opening was well attended and well received.
- The Communication & Community Engagement team continues to finalise the 2012-13 Annual Report.
- The Communication and Community Engagement team continues to assist in the preparation of the Quality of Care report.

11. Queensland Institute of Clinical Redesign

- Mental health Services are engaged in the Queensland Institute of Clinical Redesign and will commence in the next month a redesign program focusing on Adults presenting to Ipswich Hospital Emergency Department with mental health issues ensuring they have access to the right mental health service at the right time delivered by the right person at the right location to improve the consumer experience and eventual outcomes.
- Objectives of the project include reducing the risk to consumers by ensuring better integration and communication, increasing available bed days by improved discharge planning and this will have a positive impact on the NEAT targets by improving response times.

12. Legionella Update

- West Moreton Hospital and Health Service conducted 'snapshot' water sampling for Legionella as requested by the Department of Health. A working group including Executive Management,

BOARD MEETING AGENDA PAPER

Committee:	Board		
Meeting Date:	23 August 2013	Agenda Item Number:	7.1
Agenda Subject:	Barratt Adolescent Strategy		
Action required:	<input type="checkbox"/> For Recommendation	<input type="checkbox"/> For Discussion	<input checked="" type="checkbox"/> For Noting
Author: Sharon Kelly	Position: ED, Mental Health and Specialised Services		Date: 14 August 2013
<input checked="" type="checkbox"/> Recommendation/s are consistent with Strategic Plan <input checked="" type="checkbox"/> Funding impacts are included within approved budget <input checked="" type="checkbox"/> Risks are identified and mitigation/management strategies included <input checked="" type="checkbox"/> Implications for patient and/or staff care and well-being have been identified			

Proposal

That the West Moreton Hospital and Health Board:

Note current actions in relation to the implementation of the Barrett Adolescent Strategy

Background

- Investigations into contemporary model of care for Adolescents requiring extended treatment and rehabilitation mental health care were commenced in November 2012 utilising a range of strategies
- The Board supported in principle the recommendations of the Expert Clinical Reference Group at its May 2013 meeting with some further high level communication and risk mitigation strategies prior to progressing to announcement and implementation.
- Progress presented to The Board July meeting and community announcement occurred by The Minister for Health, Mr Lawrence Springborg on Tuesday 6 August.

Key Issues or Risks

- Communication Strategy
 - in depth communication plan developed for announcement with endorsement by strategic partners and Minister office.
 - All steps in plan adhered to and undertaken within 3 days of announcement
 - Key notes :-
 - Staff were advised prior to announcement by ED MH&SS and Chief Executive WMHHS. Included in the meeting were the Department of Education Director and HR staff.
 - All current consumers and their carers were individually spoken to prior to announcement publically with positive responses.
 - Key themes were the positive response to the statewide governance changes to Children Health Queensland; the commitment to ensure current and future consumers will be supported into contemporary models.
 - Media has been underwhelming in negativity and all concerns raised by individuals are being attended to as a priority.
- Patient discharge strategy
 - all current consumers have an up to date discharge plan
 - a number of consumers were identified for discharge over the next four months
 - the treating team have already commenced discussions with each of the family carer's to identify what resources or care may be required by the consumer post December 2013.
 - Consumers on the wait list have been identified and correspondence provided outlining the process to occur.
 - Receiving HHS services are engaged in each of these consumers as well to identify what care or alternate services may be required post closure of the BAC facility.
 - Current negotiations are occurring with the Clinical Director regarding the appropriateness or requirement for short term admissions for some on the wait list.
- Risk management of service whilst EFTRU has opened and adolescents remain on campus
 - Extended Forensic Treatment and Rehabilitation Unit opened to first consumers 29 July 2013.

BOARD MEETING AGENDA PAPER

- b. First tranche of consumers was direct transfer from the Extended Treatment Rehabilitation unit, already located on the premises. (aim to test facility etc and staff learning prior to a more significant secure cohort being admitted)
 - c. Planning for each month a further increase in consumers transferred from the High Secure unit will occur depending on their acuity and consequent full capacity anticipated by January 2014.
 - d. Each consumer is risk assessed as to their ability to manage in the new environment.
 - e. As a risk mitigation strategy adolescent consumers are not allowed ground access without escort during this transition phase.
7. Transition of governance
- a. Initial meetings have been had with the Children's Health Queensland and MHAOD branch
 - b. A field trip to Victoria to consider alternate models in action is occurring over the 14 August to 16 August by senior clinicians CHQ and representatives of WMHHS.
 - c. Implementation plan and progression by CHQ for the first meeting of the implementation group under way.
 - d. The implementation group will report to an oversight group which is Chaired by Deputy Director General Dr Michael Cleary and will have representation from the appropriate HHSs who provide adolescent services.

Consultation

8. Significant consultation has occurred during the process with internal and external stakeholders.

Financial and Other Implications

9. Budgets attached to the BAC will be removed once the full transition has occurred in early 2014.
10. Ongoing political and reputational implications should any significant incident or adverse media occur during this transition phase.

Strategic and Operational Alignment

11. The closure of BAC and removal of adolescent services from The Park forensic site aligns with both the strategic direction of the HHS and the Queensland Plan for Mental Health 2007-17.

Recommendation

That the West Moreton Hospital and Health Board:

Note current actions in relation to the implementation of the Barrett Adolescent Strategy

Attachments

Nil

West Moreton Hospital and Health Board

BOARD MEETING MINUTES

Date:	Friday 26 August 2013	Time:	9.00am to 5.25pm	Location:	Ipswich Hospital
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Members
Dr Mary Corbett, Chair
Timothy Eltham, Deputy Chair
Dr Robert McGregor, Board Member
Paul Casos, Board Member
Melinda Parcell, Board Member
Alan Fry OBE QPM, Board Member
Professor Julie Cotter, Board Member
Ex-Officio Standing Invitees
Lesley Dwyer, Health Service Chief Executive (CE)
Ian Wright, Executive Director Finance and Business Services (EDFBS)
Jacqui Keller, Corporate Counsel and Secretary (CCS)
Attendees at Safety Walk Around and Stakeholder Session
Madonna Britton, Nurse Unit Manager Ward 4F Surgical, Ipswich Hospital
Judy Blinco, Nurse Unit Manager Ward 5F Orthopaedic, Ipswich Hospital
Dr Ahmad Ali, Director of Urology, Ipswich Hospital
Dr Jason McDarra, Director of Orthopaedics, Ipswich Hospital
Other Attendees
Mark Mattiussi, Acting Executive Director Clinical Governance, Education and Research (EDCGER) (Items 2.3 and 2.4 only)

SAFETY WALK AROUND AND STAKEHOLDER SESSION

The Board visited the Ipswich Hospital surgical and orthopaedic wards and were joined by the abovementioned attendees. The Board received an overview of the initiatives implemented by the wards to improve safety and quality performance, including improvements made with respect to patient education on discharge and gathering of patient feedback. The Board heard of the planning that takes place with respect to discharging patients back into the community, as well as the challenges experienced with respect to medical typing and the backlog of letters to GPs, etc as well as turnaround time in theatres. The Board also received an overview of the performance appraisal and development process applied to trainees and junior medical staff, noting that it would like to see this process extended to senior staff as well. The Board noted the comments made with respect to the importance of recruiting well rather than later relying on performance management to adjust behaviours. The Board also heard of the issues faced with respect to patients failing to attend their appointments or failing to be ready to receive treatment, and it was noted that clear communication of patient responsibilities (e.g. a "Patient Charter") may assist in this regard. Paul Casos, Board Member, did not attend the Safety Walk Around and Stakeholder Session due to illness.

OPEN SESSION

1.0 MEETING OPENING

The meeting opened at 10.20am

1.1 Attendance

All members were in attendance.

1.2 Adoption of Agenda

The Board agreed that Agenda Item 2.1 would be removed from the agenda as there was no Safety and Quality Committee Report (there being no recommendations arising out of the Safety and Quality Committee held on 16 August 2013 and, accordingly, no decision to be made at this meeting with respect to the Quality of Care Report). The balance of the agenda was adopted with no alterations.

1.3 Declaration of Interests

The Board noted that there were no additions or changes to declarations of interests.

West Moreton Hospital and Health Board BOARD MEETING MINUTES

1.4 Confirmation of Minutes of Board Meeting 26 July 2013 and Meeting Summary

The Board requested that the minutes of the meeting held on 26 July 2013 be amended to reflect that Paul Emmerson, President Lockyer Valley Better Business, did not *attend* the stakeholder session. With that amendment, the minutes of the meeting held on 26 July 2013 were confirmed as a true and accurate record of proceedings. The Board Meeting Summary prepared with respect to that meeting was also approved.

1.5 Actions Arising

The Board noted the action register and the items that had been actioned and included in the agenda papers.

In respect of Action #203 – Dr Robert McGregor noted that the Ipswich Hospital Foundation had raised the possibility of Ipswich Hospital Foundation and WMHHS issuing a joint communiqué in local papers.

ACTION: CE to discuss with Ipswich Hospital Foundation the possibility of WMHHS and Ipswich Hospital Foundation issuing a joint communiqué in local papers. [Timeline: December 2013]

2.0 SAFETY AND QUALITY

2.1 Safety and Quality Committee Report

Removed from agenda – see Agenda Item 1.2.

2.2 Occupational Health and Safety Report

The Board discussed the Occupational Health and Safety Report, which it noted was the abridged monthly report. The Board noted in particular the decrease in the number of reported incidents at The Park in June.

2.3 Patient Safety and Quality Report

EDCGER joined the meeting. The Board discussed the Patient Safety and Quality Report which it noted was the abridged monthly report. The Board considered the number of outstanding recommendations from clinical incident analysis.

ACTION: Safety and Quality Committee to consider detail of outstanding recommendations from clinical incident analysis and consider trend data. [Timeline: November 2013]

EDCGER advised of the progress made with respect to benchmarking of community suicide rates and the report on pressure injuries. EDCGER also provided clarification with respect to the discrepancy in falls data identified at the July Board meeting, noting that the discrepancy arose from a mistake in inputting the data into the underlying spreadsheet. EDCGER noted that reporting is currently done on Occupied Bed Days as opposed to Accrued Bed Days and advised that he will look into changing reporting to Accrued Bed Days for future reports. The Board considered the information provided on flu vaccinations as well as the hand hygiene statistics.

2.4 Overview of Root Cause Analysis Process

EDCGER provided an overview of the root cause analysis (RCA) process and elaborated on the following matters: selecting members of the RCA team; training provided to members and open disclosure participants; difference between RCAs, HEAPS and multidisciplinary reviews; open disclosure; and process for dissemination of learnings from RCAs.

EDCGER left the meeting.

2.5 Patient Story and Consumer Feedback Report

The Board discussed the complaints-handling process at WMHHS, in particular:

- (a) if an apology is warranted, who provides it; and
- (b) how apologies are communicated.

West Moreton Hospital and Health Board BOARD MEETING MINUTES

The Board agreed that the Executive Committee would consider complaints trends in more detail and report back to Board as appropriate.

The Board discussed the proposed solution to the complaints raised with respect to the Specialist Outpatient Department phone and queried what community consultation had been undertaken to develop that solution. The Board discussed other appropriate alternatives, including a centralised booking system for all appointments.

ACTION: CE to explore the community consultation that took place with respect to the proposed solution to the complaints raised with respect to the Specialist Outpatient Department phone in the context of introducing a more centralised booking system for all appointments. [Timeline: October 2013]

3.0 FINANCE, AUDIT AND RISK

3.1 Audit and Risk Committee Report

Tim Eltham, Chair of the Audit and Risk Committee, provided an overview of the Audit and Risk Committee meeting held on 16 August 2013.

Mr Eltham summarised the discussions held at the Audit and Risk Committee meeting with respect to the Annual Report 2012-13. It was agreed that, as the Annual Report presented to the Board meeting was not in final form, it could not be approved by the Board at the meeting. It was agreed that the Board's approval to the Annual Report 2012-13 (and ancillary documentation) would be sought by flying minute once a final version of the Annual Report was available (most likely over the weekend).

The Board then discussed the other recommendations arising out of the Audit and Risk Committee meeting and made the following decisions.

DECISION: The Board approved the Audit and Risk Committee Annual Work Plan for 2013-14.

DECISION: The Board approved the 2013-14 Internal Audit Plan.

DECISION: The Board approved the use of an internal audit co-sourced model for 2013-14 with a single service provider, being Ernst & Young.

3.2 Finance Committee Report

Paul Casos, Chair of the Finance Committee, provided an overview of the Finance Committee meeting held on 16 August 2013. The Board made the following decisions:

DECISION: The Board approved the delegations as set out in the instrument of delegation included in the agenda papers.

DECISION: The Board approved the revision of the operating hours for the Ipswich Hospital Courtesy Bus to align with outpatient clinic opening times of 08:00 to 16:30 Monday to Friday.

DECISION: The Board approved Type 4 procurement and non-recurrent financial delegations for a contract with Renoir Consulting firm for the Supply Chain and Inventory Management Project to be undertaken by Renoir for \$0.490M plus capped expenses of \$50K.

3.3 Financial Performance Report

The Board discussed the Financial Performance Report for WMHHS as at 31 July 2013.

3.4 WMHHS Governing Board Budget

The Board's attention was drawn to the WMHHS Governing Board Full Year Budget figures on page 12 of the Financial Performance Report.

DECISION: The Board approved the WMHHS Governing Board budget for 2013-14.

The meeting temporarily adjourned for lunch.

West Moreton Hospital and Health Board BOARD MEETING MINUTES

3.5 Reinvestment of Community Dividend Overview (Agenda Item 3.4)

The Board discussed the proposed reinvestment of the 2012-13 surplus of \$7.4M as follows:

- (a) Backlog maintenance - \$1.1M - EDFBS clarified that the amount of the surplus proposed to be reinvested in backlog maintenance is \$1.1M and that the other \$3.9M proposed to be spent on backlog maintenance would be obtained from other sources.
- (b) Increasing cardiology capability - \$0.6M
- (c) Paediatric capability - \$0.25M
- (d) Emergency department – increase in physical capacity - \$0.5M
- (e) Investment in elective surgery - \$2.5M
- (f) Maternity investment - \$1.8M

The Board considered recurrent costs arising out of increasing cardiology capability. The Board discussed using a portion of the surplus to establish a fund that could be used for staff initiatives designed to improve patient experience, minor equipment requirements and improving efficiencies. The Board noted its endorsement of the above proposed reinvestment in light of the unallocated amount (\$5.5M) retained in the 2013-14 budget and the likelihood of more funds being received during the year.

ACTION: CE to provide the Board with a proposal regarding the establishment of a patient experience/minor equipment/improving efficiencies fund using a portion of the 2012-13 surplus. [Timeline: October 2013].

DECISION: The Board approved the Financial Performance Report forecasting a deficit position based on the plans for reinvesting the surplus.

EDFBS left the meeting.

3.6 Communication Strategy for Reinvestment of Community Dividend (Agenda Item 3.5)

The Board noted the actions the Communications Team have taken to date to promote the reinvestment of the community dividend. The Board noted the importance of communicating the message regarding expenditure of the surplus in future press releases and communicating media stories to staff.

Dr Robert McGregor left the meeting.

3.7 Activity Funding (Agenda Item 3.6)

The Board noted the activity based funding report presented in the agenda papers.

4.0 STRATEGIC MATTERS

For Decision

Nil.

For Discussion

4.1 Workforce Engagement Metrics

The Board discussed the metrics proposed to be used by WMHHS to evaluate workforce engagement, agreeing that it would like to see some more behavioural indicators used such as:

- (a) number of grievances raised
- (b) number of mediations requested
- (c) number of EAP sessions
- (d) staff participation at forums.

The Board would like to see these developed and in the meantime receive data using the proposed metrics.

4.2 Communication Strategy for Ipswich Hospital Expansion.

The Board discussed the draft communication strategy for the Ipswich Hospital Expansion (IHE). The Board agreed that the communication strategy should include frequently asked questions addressing negative stories arising out of the IHE. The Board also agreed that the communication strategy should

West Moreton Hospital and Health Board BOARD MEETING MINUTES

now focus on discrete events (e.g. Emergency Department expansion, special care nursery, etc.) rather than the IHE has a whole and using patient stories wherever possible. The Board also discussed hosting an Open Day when the project has been completed.

4.3 Board Planning

The Board considered the topics to be discussed at Board level in the future. The Board revisited the list of topics identified at its workshop on 12 April 2013 and added the following topics to the list:

- (a) values
- (b) own source revenue
- (c) prescribed employer (including payroll)
- (d) transfer of land and assets

The Board noted that the ICT strategy should be progressed as a matter of priority.

ACTION: Chief Information Officer to provide her preliminary views on the ICT strategy to the Board.
[Timeline: October 2013]

5.0 GENERAL MATTERS

For Decision

Nil

For Discussion

5.1 Chief Executive Report

CE presented the Chief Executive Report, drawing the Board's attention to the following items:

- (a) 7. Workplace Risk and Compliance Incidents, 6th bullet point
- (b) 8. Statutory Authority Transition Progress
- (c) 9. Executive Update
- (d) 12. Legionella Update
- (e) 13. Right of Private Practice Update
- (f) 14. South West Growth Corridor – Mater Health Services Consultation
- (g) 15. Female international students' health
- (h) 16. Gemba
- (i) 17. Smoke Free Environment Update.

5.2 HHS Performance Report

The Board discussed the HHS Performance Report, with a particular focus on the trajectories. The Board noted that Action Item #201 (HHS Performance Report to include a proposal regarding outsourcing surgeries to provide a buffer for the achievement of NEST) was not addressed in the report and therefore remains an outstanding action item.

Dr Robert McGregor rejoined the meeting.

6.0 CORPORATE GOVERNANCE

6.1 Executive Committee Report

Dr Mary Corbett, Chair of the Executive Committee, provided an overview of the Executive Committee meeting held on 16 August 2013. The Board approved the following recommendation.

DECISION: The Board approved West Moreton Hospital and Health Service and Ipswich City Council engaging in strategic master planning discussions.

6.2 Declarations of Interests

CCS provided an update with respect to the annual declaration of Board members' interests. It was noted that the revised Register of Members' Interests would be presented to the September Board meeting.

West Moreton Hospital and Health Board BOARD MEETING MINUTES

6.3 Deeds of Insurance and Access

CCS provided an update with respect to putting in place Deeds of Insurance and Access for all Board members:

7.0 MATTERS FOR NOTING

7.1 Barrett Adolescent Centre Update

The Board noted the contents of the agenda paper.

7.2 Risk Management Policy – Change of Format

The Board noted the changes that have been made to the format of the Risk Management Policy since it was approved at the Board's July meeting.

7.3 Board Calendar and Work Plan

The Board noted the Board Calendar and Work Plan.

7.3 Correspondence

The Board noted the correspondence provided with the agenda papers.

7.4 Materials Uploaded to BoardEffect since 19 July 2013

The Board noted the materials uploaded to BoardEffect since 19 July 2013.

8.0 OTHER BUSINESS

8.1 Review of Stakeholder Feedback

The Board discussed the feedback received during the Safety Walk Around and Stakeholder Session, in particular:

- (a) the importance of effective communication with patients
- (b) issues with turnaround in theatres
- (c) patient responsibilities.

8.2 Next Meeting – 27 September 2013 (Esk Health Service)

The Board noted that the next Board meeting will be held on 27 September 2013 at Esk Health Service.

8.3 Stakeholder Invitees to Next Board Meeting

The Board discussed stakeholder invitees to the next Board meeting on 27 September 2013.

8.4 Safety Walk Around Next Board Meeting

Esk Health Service will be the focus of the Safety Walk Around at the September Board meeting. For the October Board meeting, the Safety Walk Around will focus on Anaesthetics/ICU at Ipswich Hospital.

8.5 Press Release

The Board discussed press releases that could be released following this Board meeting. The Board agreed that a press release should be released with respect to patients failing to attend appointments, tying the message back to what the Board discovered during its Safety Walk Around.

CE left the meeting.

IN-CAMERA SESSION

The Board held an in-camera session in which it conducted the CE's performance review and set the CE's KPIs for the 2013-14 year.

9.0 MEETING FINALISATION

9.1 Review Actions

The Board reviewed the actions arising out of the meeting.

**West Moreton Hospital and Health Board
BOARD MEETING MINUTES**

- 9.2 Meeting Evaluation
The Board conducted a meeting evaluation.

ACTION: Safety and Quality Committee to consider ways to improve focus on patient issues. [Timeline: November 2013]

- 9.3 Relationship Building Meeting with Department of Health Senior Staff, Chairs and CEs
Dr Mary Corbett provided an overview of the meeting with Department of Health Senior Staff, Chairs and CEs, with a particular focus on the clinical governance messages.
- 9.4 Meeting Close
The meeting closed at 5.25pm.

Minutes authorised by Chair as an accurate record of proceedings


Dr Mary Corbett
Chair, West Moreton Hospital and Health Board

27/19/13
Date



**West Moreton Hospital
and Health Service**

Board Meeting

Addendum No.2

Sep 27, 2013 at 09:00 - 17:00

Esk Health Service

30 Highland Street, Esk

BOARD MEETING AGENDA PAPER

Committee:	Board		
Meeting Date:	27 September 2013	Agenda Item Number:	7.1
Agenda Subject:	Barrett Adolescent Centre Issues Update		
Action required:	<input type="checkbox"/> For Recommendation	<input type="checkbox"/> For Discussion	<input checked="" type="checkbox"/> For Noting
Author: Sharon Kelly	Position: ED Mental Health and Specialised Services		Date: 25 September 2013
<input checked="" type="checkbox"/> Recommendation/s are consistent with Strategic Plan <input checked="" type="checkbox"/> Funding impacts are included within approved budget <input checked="" type="checkbox"/> Risks are identified and mitigation/management strategies included <input checked="" type="checkbox"/> Implications for patient and/or staff care and well-being have been identified			

Proposal

That the West Moreton Hospital and Health Board:

Note current actions in relation to the Statewide Project: Adolescent Extended Treatment and Rehabilitation Implementation Strategy.

Background

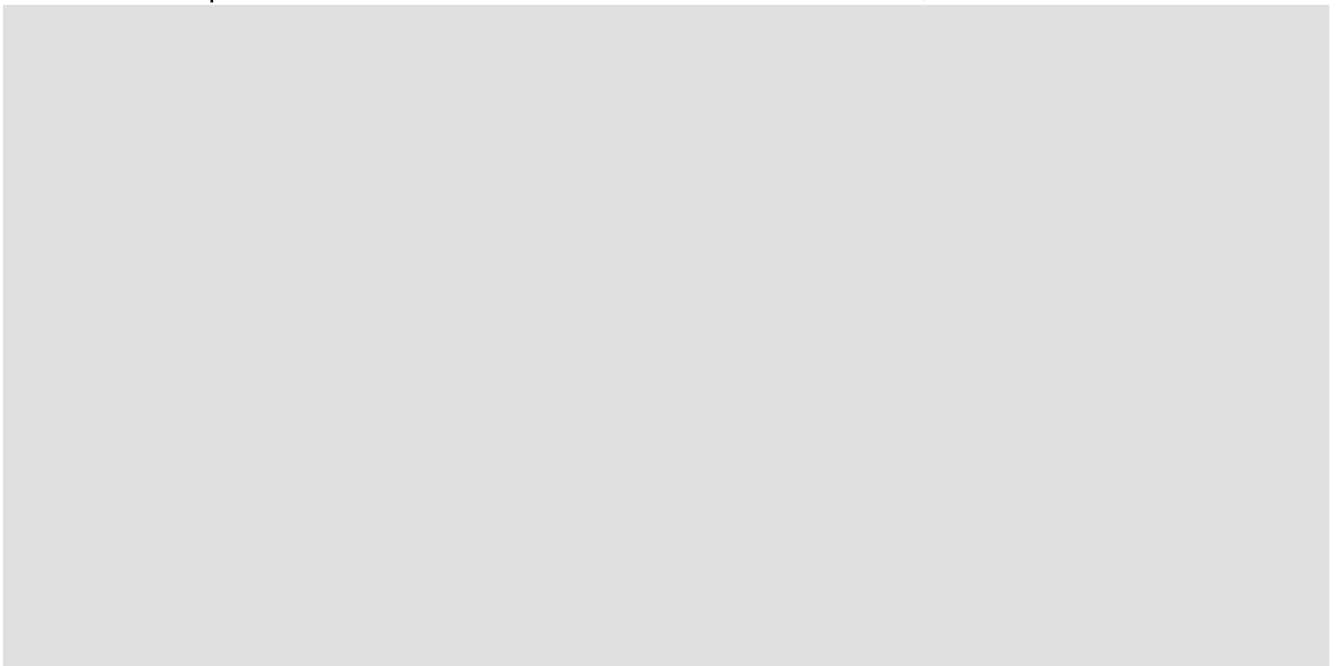
1. Statewide Project: Adolescent Extended Treatment and Rehabilitation Implementation Strategy
 - a. Community statement made by Minister for Health, Mr Lawrence Springborg on 6 August 2013 that new service options for adolescent extended treatment and rehabilitation will be available in early 2014 and Children's Health Queensland (CHQ) will hold governance of new service options.
 - b. Statewide project established and governed by CHQ to progress the implementation of new service options. West Moreton working as a partner in this process.
 - c. The foundation work for the statewide implementation project is the work completed through the Barrett Adolescent Strategy (November 2012 – April 2013), which culminated in the 7 recommendations of the Expert Clinical Reference Group being supported by the West Moreton Hospital and Health Board in May 2013, based on extensive consultation and no gap to service provision for the adolescent target group.
2. Ongoing Barrett Adolescent Centre (BAC) Service Delivery
 - a. BAC is a 15-bed inpatient service located at The Park that also offers day program services.
 - b. The Barrett Adolescent Strategy was a statewide project that commenced in response to the BAC facility not meeting building standards and due to The Park becoming an adult-only, secure forensic facility by 2014.
 - c. BAC will close early 2014, in line with the progress of the statewide project and the implementation of new service options.

Key Issues or Risks

3. Statewide Project
 - a. Statewide Steering Committee has convened three times since 26 August 2013 and is chaired by CHQ.
 - b. Two working groups have been established - Service Options and Finance/HR.
 - c. The work of the Service Options Working Group will be conducted via two half-day forums, the first of which is scheduled for 1 October 2013 and has statewide, multidisciplinary representation. Consumer and carer input will also be invited through written submissions.
 - d. The Finance/HR Working Group is anticipated to convene in the next two weeks.
 - e. Consumer needs are being addressed by West Moreton HHS through a Clinical Care Transition Panel that will evaluate each individual case separately and work with other key stakeholders regarding clinical care options.
 - f. A joint communication strategy between West Moreton HHS and CHQ is being developed, and will encompass a range of strategies such as a monthly Fact Sheet for all stakeholders including parents/carers.

BOARD MEETING AGENDA PAPER

4. Ongoing BAC Service Delivery
Consumer Complaint:



Current Response and Closure of BAC:

- g. Weekly operational oversight meetings are occurring with the Dr Anne Brennan (A/Clinical Director of BAC), Dr Elisabeth Hoehn (A/Clinical Director, CYMHS CHQ) and the Mental Health & Specialised Services executive team to identify ongoing issues and action timely responses.
- h. CHQ are supporting the current situation with an after hours psychiatric roster for the BAC.
- i. Personal communication continues with the parents/carers through both phone calls from the Clinical Director and email from the Executive Director, Mental Health & Specialised Services. The patient advocate has been identified as another contact for the parents/carer to provide an alternative neutral contact point.
- j. Department of Education Training and Employment remains connected through regular contact with the Assistant Regional Director, School Performance, Metropolitan Special and Specific Purpose Schools.
- k. Both Dr Anne Brennan (A/Clinical Director, BAC) and Dr Elisabeth Hoehn (A/Clinical Director, CYMHS CHQ) have indicated that the uncertainty surrounding the date of closure and future changes to service delivery (including a reduction to beds and no new admissions) is exacerbating current consumer anxiety and frustration, which in turn has the potential to destabilise their mental state further.
- l. There are currently 18 BAC patients (12 inpatients and 6 day patients). The A/Clinical Director and multidisciplinary team have reviewed all consumer cases, and in line with individual clinical needs, 4 of the inpatients will be ready for discharge within 2 weeks to day patient status.
- m. Based on the clinical concerns raised above and future change to service models and the intention to facilitate a smooth model transition in early 2014, no new consumers will be admitted as inpatients of the service but the service will provide a comprehensive outreach and clinical support model to the sector. Consequential to this the beds will close behind the discharged consumers.
- n. In consultation with Dr Bill Kingswell (Executive Director of the Mental Health Alcohol and Other Drugs Branch), this consequential closure of beds is not anticipated to place any additional burden on the adolescent acute bed stock in Queensland.
- o. Similarly, significant anxiety and concern has been reported by both BAC staff and parents/carers about the lack of formal notification from West Moreton HHS regarding the closure date of BAC. Given this information is already in the public domain, it is recommended that a formal notification be made as a matter of priority in order to manage the clinical risks becoming evident by this delay and the reputational risk for the HHS.
- p. To ensure comprehensive and transparent planning and to support implementation of the alternate service options in early 2014, an anticipated date of closure needs to be confirmed. It is proposed

BOARD MEETING AGENDA PAPER

that 26 January 2014 is identified, noting some flexibility will be retained around the date if individual supports are not in place for current BAC consumers.

- q. Staffing support for all staff within the BAC continues with regular professional contact and operational support. All staff have been kept informed of the strategy and information as has been appropriate. Once a date is confirmed for staff there are a range of HR processes that will be instigated, including the offering of voluntary redundancies if no alternate commensurate roles are available. It is acknowledge that some staff are already seeking alternate positions and as such we are appointing long term casual contract staff to maintain the service.

Consultation

5. Comprehensive consultation continues with Department of Health, CHQ, Department of Education Training and Employment, Queensland Mental Health Commissioner and other HHSs.
6. Strategies have also been implemented to communicate regularly and directly with BAC staff and parents/carers via Fact Sheets, meetings and personal phone calls.

Financial and Other Implications

7. Budgets attached to the BAC will be transitioned to CHQ in line with the progression of the statewide project, and is anticipated to be completed early 2014.
8. Ongoing political and reputational implications should any significant incident or adverse media occur during this transition phase.

Strategic and Operational Alignment

9. The closure of BAC and removal of adolescent services from The Park forensic site aligns with both the strategic direction of the HHS and the Queensland Plan for Mental Health 2007-17.

Recommendation

That the West Moreton Hospital and Health Board:

Note current actions in relation to the Statewide Project: Adolescent Extended Treatment and Rehabilitation Implementation Strategy.

Attachments

1. Briefing Note 9 September 2013.

West Moreton Hospital and Health Board

BOARD MEETING AGENDA PAPER ATTACHMENT

Committee: Board

Agenda Item Number: 7.1

Attachment: Briefing note 9 September 2013

Department RecFind No:	
Division/HHS:	
File Ref No:	

Briefing Note for Noting

Director-General

Requested by: Lesley Dwyer
CE, West Moreton HHS

Date requested: 9/9/2013

Action required by: 9/9/2013

SUBJECT:

Proposal

That the A/Director-General:

Urgency

Headline Issues

1.

Blueprint

2. How does this align with the Blueprint for Better Healthcare in Queensland?

- Health services focused on patients and people.

Key issues

3.

4.

5.

6.

Department RecFind No:	
Division/HHS:	
File Ref No:	

7. [REDACTED]
8. Discharge planning has commenced for all BAC consumers, and alternative service options are being considered with priority being given to individual need and access to services closest to each consumers' home.
9. BAC beds numbers will be reduced to eight as a matter of urgency and there will be no new admissions to BAC.
10. A communication strategy is being prepared in relation to this situation.

Background

11. The BAC model of care has been under review at a statewide level and comprehensive service planning and consultation has occurred to support the closure of BAC early 2014 once alternate service options are available.
12. There have been an ongoing number of clinical incidents within the Centre that have not responded to corrective action to date.

13. [REDACTED]

14. [REDACTED]

15. [REDACTED]

16. [REDACTED]

17. [REDACTED]

18. [REDACTED]

Consultation

19. Department of Health: The A/Director General Health, and the Director of Mental Health and Executive Director of the Mental Health Alcohol and Other Drugs Branch have been consulted and support actions outlined.

Attachments

20. Nil

Department RecFind No:	
Division/HHS:	
File Ref No:	

Recommendation

That the A/Director-General:

[REDACTED]

And

Provide this brief to the Minister for information.**APPROVED/NOT APPROVED****NOTED**

DR MICHAEL CLEARY
A/Director-General

/ /

To Minister's Office For Noting☐**A/Director-General's comments**

Author	Content verified by:
Sharon Kelly	(CEO/DDG/Div Head)
Executive Director	Lesley Dwyer
MHSS, WM HHS	Chief Executive
	WM HHS
9 September 2013	9 September 2013

Department RecFind No:	
Division/HHS:	
File Ref No:	

Briefing Note

The Honourable Lawrence Springborg MP
Minister for Health

Requested by: Lesley Dwyer
CE, West Moreton HHS

Date requested: 9/9/2013

Action required by: 9/9/2013

SUBJECT:

Recommendation

That the Minister:

APPROVED/NOT APPROVED

NOTED

NOTED

LAWRENCE SPRINGBORG
Minister for Health

Chief of Staff

/ /

/ /

Minister's comments

Briefing note rating

1

2

3

4

5

1 = (poorly written, little value, and unclear why brief was submitted). 5 = (concise, key points are explained well, makes sense)

Please Note: All ratings will be recorded and will be used to inform executive performance.

West Moreton Hospital and Health Board BOARD MEETING MINUTES

Date: Friday 27 September 2013 **Time:** 9.00am to 5.30pm

Location: Esk Health Service

Members		Key
Dr Mary Corbett, Chair		MC
Timothy Eltham, Deputy Chair		TE
Dr Robert McGregor, Board Member		RM
Paul Casas, Board Member		PC
Melinda Parcell, Board Member		MP
Alan Fry OBE QPM, Board Member		AF
Professor Julie Cotter, Board Member		JC
Ex Officio Standing Invitees		
Lesley Dwyer, Health Service Chief Executive		CE
Ian Wright, Executive Director Finance and Business Services		EDFBS
Jacqui Keller, Corporate Counsel and Secretary		CCS
Attendees at Stakeholder Session		
Sue Scheinpflug, West Moreton Oxley Medicare Local (WMOML)		SS
Peter Nord-Thompson, Esk Rural Reference Group		PN
Mayor Graeme Lehmann, Somerset Regional Council		GL
Other Attendees		
Dr Mark Mattiussi, Acting Executive Director Clinical Governance, Education and Research		EDCGER
Sharon Kelly, Executive Director Mental Health and Specialised Services (by videoconference)		EDMHSS
Chris Thorburn, Acting Executive Director Corporate Governance and Strategy (by videoconference)		EDCGS

SAFETY WALK AROUND

The Board toured Esk Hospital, receiving an overview of the service and its safety and quality performance. The Board heard about the issues faced by Esk Health Service in accessing trained radiologists, the use of Telehealth and the desire for a Telehealth mobile unit, the Transition Care arrangements, the change in the medical model and the challenges faced in recruiting to that model, Esk Health Service's performance against KPI's, and complaints-handling. The Board noted the need for a more formalised approach to gathering patient feedback, and the need to ensure that all complaints are reported.

STAKEHOLDER SESSION

The Board conducted an informal stakeholder session over morning tea. The following items were raised by the stakeholders:

- (a) pleased about extra GPs in Esk and additional mini-bus availability for certain transport
- (b) suggestion for the older part of the Esk Hospital to be used for residential aged care
- (c) community concern regarding the future of Esk Hospital
- (d) challenges with provision of care in the home, including pathology
- (e) challenges with non-emergency patient transport
- (f) challenges for WMOML/WMHHS in recruiting to GP Liaison Officer role.

OPEN SESSION

1.0 MEETING OPENING

The meeting opened at 11.10am

1.1 Attendance

All members were in attendance.

West Moreton Hospital and Health Board BOARD MEETING MINUTES

- 1.2 **Adoption of Agenda**
The Board agreed that Agenda Item 8.0 Other Business would include a discussion of the Hospital Foundations Options Paper and the offer from Tzu Chi Foundation to provide "Jing Si Aphorisms" books to WMHHS. The balance of the agenda was adopted with no alterations.
- 1.3 **Declaration of Interests**
JC advised the Board that she has been appointed as Chair of the Chamber of Commerce and Industry Queensland ecoBiz Steering Committee. No further interests were declared.
- 1.4 **Confirmation of Minutes of Board Meeting 23 August 2013 and Meeting Summary**
The minutes of the meeting held on 23 August 2013 were confirmed as a true and accurate record of proceedings. The Board Meeting Summary prepared with respect to that meeting was also approved.
- 1.5 **Actions Arising**
The Board noted the action register and the items that had been actioned and included in the agenda papers, in particular:
 - (a) Action #86 – (re Rural Health Services Strategy) – to be noted as "Postponed" instead of "Actioned"
 - (b) Action #110 – (re draft People Strategy) – to be brought back to the Board in December
 - (c) Action #203 – (re press release) – to be circulated to the Board for feedback prior to being issued
 - (d) Action #202 – (re Director-General reserved delegations) – CCS to look into delegations of DG re Type 4 Procurement and report back to Board.

2.0 SAFETY AND QUALITY

- 2.1 **Safety and Quality Committee Report**
Melinda Parcell, Chair of the Safety and Quality Committee, provided an overview of the Safety and Quality Committee meeting held on 13 September 2013, with a focus on the following:
 - (a) Improvements made to the clinical governance reporting framework template
 - (b) Results of the Pressure Injuries Review, noting that the Committee is comfortable that the issue is being appropriately managed
 - (c) Results of the VTE Review
 - (d) Report into community suicide rates and steps being taken in response

ACTION: Safety Walk Around for October Board meeting to occur at Integrated Mental Health Service at Ipswich Hospital.

The efforts of EDCGS and her team in compiling the Quality of Care Report were commended.

DECISION: The Board approved the publication of the 2012-13 Quality of Care Report.

DECISION: The Board approved that the Safety and Quality Committee Charter be amended in the manner proposed in the version included in the agenda papers.

- 2.2 **Occupational Health and Safety Report**
The Board discussed the Occupational Health and Safety Report, which it noted was the abridged monthly report. The Board discussed in particular the incidences and reporting of violence/assault between patients.

ACTION: CE to discuss with Chair how best to assure the Board that violence/assaults between patients are being identified and reported.

ACTION: Safety and Quality Committee to consider further what is included within the mechanism labelled "Other" in the quarterly incident reports included in the Occupational Health and Safety Report.

- 2.3 **Patient Safety and Quality Report**

West Moreton Hospital and Health Board BOARD MEETING MINUTES

EDCGER joined the meeting. The Board discussed the Patient Safety and Quality Report which it noted was the abridged monthly report. EDCGER brought the following matters outlined in the report to the Board's attention:

- (a) Pressure injuries
- (b) VLADs
- (c) Norovirus outbreak
- (d) Measles outbreak (including vaccination of staff)
- (e) Reported death after a fall within Ipswich Hospital
- (f) Medical Alerts.

EDCGER also provided an overview on VLADs.

3.0 STRATEGIC MATTERS

3.1 Research Strategy – Update

EDCGER provided an update on the development of a Research Strategy for WMHHS.

ACTION: Update on progress on the development of the Research Strategy to be provided to the Board in January 2014.

EDCGER left the meeting.

3.2 Lead Clinician Group Update

EDCGS joined the meeting by teleconference and provided an update on the activities of the Lead Clinician Group.

EDCGS left the meeting.

4.0 GENERAL MATTERS (AGENDA ITEM 5.0)

4.1 Smoke Free Environment Policy – Minor Amendments (Agenda Item 5.1)

CE provided an update on the implementation of the Smoke Free Environment Policy.

DECISION: The Board approved the revised Smoke Free Environment Policy included with the agenda papers.

4.2 Chief Executive Report

CE presented the Chief Executive Report, drawing the Board's attention to the following items:

- (a) Right of Private Practice Update
- (b) Gemba
- (c) Patient Placement Protocol
- (d) Personally Controlled Electronic Health Record (PCEHR update)
- (e) John Cade Fellowship in Mental Health Research

4.3 HHS Performance Report

The Board discussed the HHS Performance Report.

The meeting temporarily adjourned at 1.10pm, resuming at 1.55pm.

5.0 STRATEGIC MATTERS (AGENDA ITEM 3.0) - CONTINUED

5.1 Plan for Development of WMHHS's Values (Agenda Item 3.3)

CE outlined the plan for development of WMHHS's values. CE tabled the list of values created by the Lead Clinician Group, noting that they will provide a starting point. The Board discussed the importance of an effective campaign to develop the story and elicit values, including whether WMHHS has the capacity to run this campaign using current resources. The Board discussed that next steps should include further developing the values put forward by the Lead Clinician Group, as well as a Board workshop.

West Moreton Hospital and Health Board BOARD MEETING MINUTES

ACTION: CE to take on board feedback provided by the Board and come back to the Board with a plan for next steps re development of WMHHS's values.

5.2 WorkCover Strategy (Agenda Item 3.4)

The Board noted the strategies WMHHS intends to employ to reduce WorkCover premiums, subject to approval of appropriate resources.

6.0 FINANCE, AUDIT & RISK (AGENDA ITEM 4.0)

6.1 Finance Committee Report (Agenda Item 4.1)

Paul Casos, Chair of the Finance Committee, provided an overview of the Finance Committee meeting held on 24 September 2013.

DECISION: The Board ratified the approval for the Fire System Upgrade at The Park.

DECISION: The Board ratified the research funding grant for the Developmental Neurobiology of Vitamin D Deficiency program totalling \$341,000.00 (\$310,000 GST exclusive).

Regarding the proposed Type 4 procurement arrangement with Phillips Healthcare for patient monitoring equipment, EDFBS advised the Board of the number of fixed wall units and mobile units to be purchased pursuant to that arrangement. He also provided the Board with a reason for the urgency, being that the Ipswich Hospital Expansion Project team identified the issue a few weeks ago and have progressed the solution as quickly as possible.

RM left the meeting to take a phone call.

DECISION: The Board approved confinement of offers to Phillips Healthcare for the provision of patient monitoring equipment to the Emergency Department, by exercising Procurement Delegation Type 4 (authority to confine offer to a sole/limited source of supply), with a maximum expenditure of \$464,200 GST inclusive (\$422,000 GST exclusive).

Mr Casos advised the Board of the paper the Finance Committee received with respect to financial arrangements.

ACTION: Information to be provided to the Finance Committee with respect to capital charging and the implications for the Land and Buildings Transfer Project.

6.2 Financial Performance Report (Agenda Item 4.2)

The Board discussed the Financial Performance Report for WMHHS as at 31 August 2013, in particular:

- (a) YTD operating surplus
- (b) 2013-2014 phased revenue
- (c) Full year forecast
- (d) Scorecard – Labour Expenditure – August 2013 figure does not take into account YTD redundancies or public health adjustment.

RM rejoined the meeting.

- (e) Financial Position by Division
- (f) Retained Surplus
- (g) MOHRI FTE
- (h) Activity (including comparisons to Logan Hospital)
- (i) Board and Corporate Governance Financial Performance
- (j) Service Agreement Window 1 Amendments

The meeting temporarily adjourned at 3.10pm, resuming at 3.25pm.

West Moreton Hospital and Health Board BOARD MEETING MINUTES

7.0 CORPORATE GOVERNANCE (AGENDA ITEM 6.0)

- 7.1 Prevention and Management of Official Misconduct and Public Interest Disclosures Policy (Agenda Item 6.1)

DECISION: The Board approved the Prevention and Management of Official Misconduct and Public Interest Disclosures Policy with a review date of 27 September 2015.

DECISION: The Board approved the Procedure for Reporting of Official Misconduct of Chief Executive or Board Members, subject to the following amendments: (a) Section 5.1, 3rd bullet point – delete "ensure" and replace with "direct"; (b) the addition of a requirement for the action taken by the Board/CE to be communicated back to the CMC unless otherwise directed by the CMC.

8.0 MATTERS FOR NOTING (AGENDA ITEM 7.0)

- 8.1 WMHHS Operational Plan (Agenda Item 7.2)
The Board discussed the WMHHS Operational Plan 2013-14, noting that this plan would ordinarily be approved at the same time as the budget.

DECISION: The Board approved the WMHHS Operational Plan 2013-14.

- 8.2 Barrett Adolescent Centre Issues Update (Agenda Item 7.1)

EDMHSS joined the meeting by videoconference. EDMHSS provided the Board with an overview of the current actions in relation to the Statewide Project: Adolescent Extended Treatment and Rehabilitation Implementation Strategy and an overview of ongoing Barrett Adolescent Centre (BAC) service delivery. The Board discussed the proposal to announce a closure date for BAC, noting that the Board could not advise a firm date for closure in the absence of an alternative model. The Board supported the position that all parties are working towards early in 2014 for transfer to a more appropriate model, but that the closure of BAC is contingent on an appropriate model of care being developed and a clear plan being in place for the transition of current patients.

- 8.3 Prescribed Employer Update (Agenda Item 7.3)
The Board noted the actions being taken by WMHHS to become a prescribed employer.

- 8.4 Board Calendar and Work Plan (Agenda Item 7.4)
The Board considered the suggested dates for Committee meetings in the first half of 2014. No objections were raised. The Finance Committee meeting scheduled for 18 October 2013 will be moved to 10.30am to 12.30pm on the same day to accommodate attendance by those members at the WMHHS Research Day.

- 8.5 Correspondence (Agenda Item 7.5)
The Board noted the correspondence provided with the agenda papers.

- 8.6 Materials Uploaded to BoardEffect since 16 August 2013 (Agenda Item 7.6)
The Board noted the materials uploaded to BoardEffect since 16 August 2013.

- 8.7 Hospital Foundations Review: Options Paper (New Agenda Item)
The Board discussed the Options Paper received from the Minister for Health with respect to the Hospital Foundations Review. PC provided the Board with a summary of the teleconference held with the Minister and Board Chairs to provide initial feedback on the Options Paper and tabled his record of the teleconference.

ACTION: CE to seek legal advice on options outlined in Hospital Foundations Review Options Paper and provide proposed submission to Board for Board's feedback.

- 8.7 Book "Jing Si Aphorisms" (New Agenda Item)
The Board discussed the Tzu Chi Foundation's offer to supply "Jing Si Aphorisms" books to WMHHS and agreed the CE would explore the most suitable way forward.

**West Moreton Hospital and Health Board
BOARD MEETING MINUTES****8.8 Invitations (New Agenda Item)**

The Board discussed invitations that had been received to a number of upcoming functions.

9.0 OTHER BUSINESS**9.1 Review of Stakeholder Feedback (Agenda Item 8.1)**

The Board noted that this agenda item had been addressed at the beginning of the meeting.

9.2 Next Board Meeting (Agenda Item 8.2)

The Board noted that the next Board meeting will be held on 25 October 2013 at Ipswich Hospital.

9.3 Stakeholder Invitees to Next Board Meeting (Agenda Item 8.3)

The Board discussed stakeholder invitees to the next Board meeting on 25 October 2013.

9.4 Safety Walk Around Next Board Meeting (Agenda Item 8.4)

Integrated Mental Health Service at Ipswich Hospital will be the focus of the Safety Walk Around at the October Board meeting.

IN-CAMERA SESSION

The Board decided not to hold an in-camera session.

10.0 MEETING FINALISATION (AGENDA ITEM 9.0)**10.1 Review Actions (Agenda Item 9.1)**

The Board reviewed the actions arising out of the meeting.

10.2 Meeting Evaluation (Agenda Item 9.2)

The Board conducted a meeting evaluation. A number of members noted their concern about the effectiveness of the stakeholder sessions.

10.3 Meeting Close (Agenda Item 9.3)

The meeting closed at 5.30pm.

Minutes authorised by Chair as an accurate record of proceedings

Dr Mary Corbett
Chair, West Moreton Hospital and Health Board

25 11/01/13

Date

Board Meeting Summary

West Moreton Hospital and Health Board

Board Meeting: Friday 27 September 2013

Location: Esk Health Service



Dr Mary Corbett
Chair

Tim Eltham
Deputy Chair

Paul Casos

Dr Robert McGregor

Melinda Parcell

Professor Julie Cotter

Alan Fry OBE QPM

Attendees: Dr Mary Corbett (Chair), Tim Eltham (Deputy Chair), Paul Casos, Dr Robert McGregor, Melinda Parcell, Professor Julie Cotter, Alan Fry OBE QPM.

Invitees: Lesley Dwyer Chief Executive, Ian Wright Executive Director Finance and Business Services, Jacqui Keller Corporate Counsel and Secretary, Dr Mark Mattiussi Acting Executive Director Clinical Governance, Education and Research, Sharon Kelly Executive Director Mental Health and Specialised Services, Chris Thorburn Acting Executive Director Corporate Governance and Strategy.

Attendees at Stakeholder Session: Sue Scheinpflug West Moreton Oxley Medicare Local, Peter Nord-Thompson Esk Rural Reference Group, Mayor Graeme Lehmann Somerset Regional Council.

The day commenced with a Safety Walk Around of Esk Health Service during which the Board received an overview of Esk Health Service and its safety and quality performance. The Board were then joined by the stakeholders for morning tea, allowing the Board to receive feedback first-hand from community leaders. Matters canvassed included the extra General Practitioners in Esk, possible uses for the older parts of Esk Hospital, the community's desire for more care to be provided in the home, and challenges faced in accessing non-emergency patient transport.

The formal meeting opened with the Board discussing the activities of the Safety and Quality Committee, including consideration of the outcomes of the recent pressure injuries review and venous thromboembolism review. The Board approved the publication of the 2012-13 Quality of Care Report and an amendment to the Safety and Quality Committee Charter. Next, the Board discussed the Occupational Health and Safety Report and the Patient Safety and Quality Report.

The Board received updates on the development of a Research Strategy for WMHHS and the activities of the Lead Clinician Group.

The Board approved minor amendments to the Smoke Free Environment Policy, before discussing the Chief Executive Report and the HHS Performance Report.

The Board discussed the plan for development of WMHHS's values. It then noted the strategies that WMHHS intends to employ to reduce WorkCover premiums.

The activities of the Finance Committee were discussed, with the Board ratifying earlier decisions made with respect to the upgrade of the fire system at The Park and a research funding grant. The Board also approved the procurement of patient monitoring equipment for the Ipswich Hospital Emergency Department. The Board discussed the Financial Performance Report.

The Board approved the Prevention and Management of Official Misconduct and Public Interest Disclosures Policy, as well as a Board procedure for the reporting of official misconduct involving the Chief Executive or a Board Member.

The Board approved the WMHHS Operational Plan 2013-14, before receiving an update on the current actions occurring with respect to the Statewide Adolescent Extended Treatment and Rehabilitation Implementation Strategy and the proposed closure of the Barrett Adolescent Centre.

The Board noted the actions being taken by WMHHS to become a prescribed employer, and discussed an Options Paper released by the Minister for Health with respect to Hospital Foundations.

The next Board meeting will be held on 25 October 2013 at Ipswich Hospital.

This summary of key issues discussed and decisions made is approved for publishing by the West Moreton Hospital and Health Board and does not form or represent any part of the minutes of the meeting.



**Queensland
Government**

Committee: Board			
Meeting Date:	25 October 2013	Agenda Item Number:	5.1
Agenda Subject:	Chief Executive Report		
Action required:	<input type="checkbox"/> For Approval	<input type="checkbox"/> For Discussion	<input checked="" type="checkbox"/> For Noting
Author: Lesley Dwyer	Position: Chief Executive	Date: 18 October 2013	
<input checked="" type="checkbox"/> Recommendation/s are consistent with Strategic Plan <input checked="" type="checkbox"/> Funding impacts are included within approved budget <input checked="" type="checkbox"/> Risks are identified and mitigation/management strategies included <input checked="" type="checkbox"/> Implications for patient and/or staff care and well-being have been identified			

Current Significant Issues**1. Current Financial Position 2013-14**

REDACTED

2. Activity Targets

REDACTED

3. Value for Money Reporting

REDACTED

4. Service Agreement Amendment Windows

REDACTED

Other Items**5. Matters for Approval**

REDACTED

6. Major Key Performance Indicators

REDACTED

7. Workforce Risk and Compliance Incidents

REDACTED

Workforce Board Report

Summary of Activity Report: *Complex Case Management*

Workplace Relations Unit

September 2013.

By Division (Month ending)

Division	April 2013		May 2013		June 2013		July 2013		August 2013		September 2013	
	Discipline Cases	Other Cases	Discipline Cases	Other Cases	Discipline Cases	Other Cases	Discipline Cases	Other Cases	Discipline Cases	Other Cases	Discipline Cases	Other Cases
Clinical Services	REDACTED											
Mental Health and Specialised Services												
Clinical Governance, Education and Research												
Corporate Governance and Strategy												
Workforce												
Finance and Business Services												
Total												

By Current Matters

Type of Matter	August 2013	CURRENT September 2013
	Number of Cases	Number of Cases
<i>Discipline</i> REDACTED		

<i>Other Matters</i> REDACTED		
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Disputes Lodged in the Queensland Industrial Relations Commission

Appearance Date	Applicant	Claim	Outcome
REDACTED			

8. Statutory Authority Transition Progress

REDACTED



9. Events and Media

General update

REDACTED



Facebook (Current as at 12pm 16 October 2013)

REDACTED



Twitter

REDACTED



Tweets retweeted	Reach
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REDACTED



10. Executive Appointment

REDACTED



11. Clinical Services Division Appointments:

REDACTED



12. Clinical Services Division – All Staff 90 Day Forum

REDACTED



REDACTED

13. Medical Contracts

REDACTED

14. Industrial Relations Legislation changes

REDACTED

15. Working for Queensland Survey Briefing

REDACTED

16. Measles update

REDACTED



17. Queensland Bedside Audit

REDACTED



18. Distribution of "Jing Si Aphorisms" books

REDACTED



19. Ipswich Hospital Expansion - Antenatal clinics

REDACTED



20. Oral Health Services Update

REDACTED



21. Christmas Closure

REDACTED



Better systems. Better healthcare.

Fact sheet

Overview of industrial relations changes

Background

Queensland's industrial relations framework is being modernised to support a high-performing state delivering quality services to all Queenslanders. The changes are contained in a bill introduced into Parliament on 17 October 2013: the *Industrial Relations (Fair Work Act Harmonisation No. 2) and Other Legislation Amendment Bill 2013*. These changes would apply to all Queensland and local government employees, whose workplaces are part of the state industrial system.

One of the key commitments of the Queensland government's *Blueprint for better healthcare in Queensland*, released in February 2013, is to deliver a modern, simplified and fair industrial relations system in Queensland that focuses on the employment relationship and promotes productivity, innovation and efficiency.

The current complex employment framework for Queensland Health employees consists of six awards, six certified agreements, 189 human resource policies, and various directives. Terms and conditions of core employment entitlements vary across these instruments, creating inconsistency, duplication and confusion. The arrangements are out-dated and do not reflect modern working arrangements.

Navigating the current employment framework is costly and time consuming for Queensland Health and its employees and this needs to change.

Improving our industrial relations system

Queensland Health has a responsibility to:

- ensure a long-term sustainable future for public healthcare
- ensure that public health services provide communities with value on their investment
- provide real job security for its employees
- unlock the creativity of our employees
- modernise our industrial relations system to keep it in-line with best practice and with other jurisdictions
- align remuneration with performance outcomes.

To ensure that we meet these responsibilities, Queensland Health supports an industrial relations system that moves away from the present restrictive and complex framework towards an employment system that is flexible, modern and easy to understand, allowing hospitals and health services to adapt employment arrangements to suit their local needs.

The key changes to the system include:

- The introduction of a safety net, the Queensland Employment Standards (QES), which are legislated minimum employment conditions that will:
 - together with modern awards, provide a comprehensive safety net of legislated core employment standards for public sector employees
 - enhance the existing *Industrial Relations Act 1999* minimum conditions
 - ensure consistency for core employment entitlements that should apply equally to public sector employees performing similar work
 - support flexibility and the streamlined resolution of disputes.
- The modernisation of public sector awards, including the six awards that apply to Queensland Health employees, which will:
 - together with the QES, provide a fair safety net of employment conditions
 - ensure that awards will no longer be restrictive, complex instruments that do not provide flexibility in the modern working environment
 - adopt a similar process to that observed by the Australian Government when it successfully modernised thousands of federal and state awards
 - give employers, unions and government representatives with a real opportunity to participate in the award modernisation process through the Queensland Industrial Relations Commission.
- Introduce a streamlined bargaining process, which will:
 - ensure that certified agreements are negotiated quickly and wage increases are delivered to employees faster
 - reduce disruptions to patient services associated with lengthy and protracted bargaining disputes, resulting in costly stalemates between employers and employees
 - focus on wages and conditions of employment
 - enable unions and employees to negotiate wages and conditions directly with the employer
 - allow for the negotiation of certified agreements that are easy to understand and provide flexibility for both employees and employers to reflect modern work practices
 - increase productivity so that public health services give our communities real value on their investment
 - support clinical innovation and local service delivery.
- Engage senior staff under modern and relevant employment arrangements, which will:
 - ensure that the terms and conditions of employees engaged as high income senior employees are regulated by contracts with simple and easy to understand terms and conditions, with a focus on achieving local productivity
 - be underpinned by the QES
 - provide senior employees with the ability to negotiate flexible employment arrangements to manage their service delivery
 - support our service delivery goals and innovation in clinical and other services.

More information

For further information in relation to key changes, please see the specific fact sheets and information, available on the following web pages.

- Queensland Health: <http://www.health.qld.gov.au>
 - Better systems. Better Healthcare
 - *Blueprint for better healthcare in Queensland*
 - Private practice.
- Public Service Commission: <http://www.psc.qld.gov.au/for-employees/employment/employment-terms-and-conditions.aspx>
- *Industrial Relations (Fair Work Act Harmonisation No. 2) and Other Legislation Amendment Bill 2013*: <https://www.legislation.qld.gov.au/Bills/54PDF/2013/IndRelFWNo2OLAB13.pdf>

West Moreton Hospital and Health Board

BOARD MEETING MINUTES

Date:	Friday 25 October 2013	Time:	9.00am to 5.00pm	Location:	Ipswich Hospital
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Members		Key
Dr Mary Corbett, Chair		MC
Timothy Eltham, Deputy Chair		TE
Dr Robert McGregor, Board Member		RM
Paul Casos, Board Member		PC
Melinda Parcell, Board Member		MP
Alan Fry OBE QPM, Board Member		AF
Professor Julie Cotter, Board Member		JC
Ex Officio Standing Invitees		
Lesley Dwyer, Health Service Chief Executive		CE
Ian Wright, Executive Director Finance and Business Services		EDFBS
Jacqui Keller, Corporate Counsel and Secretary		CCS
Other Attendees		
Dr Mark Mattiussi, A/Executive Director Clinical Governance, Education and Research (Item 2.2 only)		EDCGER
Chris Thorburn, A/Executive Director Corporate Governance and Strategy (Items 2.3, 3.1 and 7.1 only)		EDCGS
Nasa Walton, Chief Information Officer (Item 3.4 only)		CIO

SAFETY WALK AROUND

The Board visited the Department of Anaesthesia at Ipswich Hospital. Dr Barbara Fulton, Acting Director Anaesthesia, provided the Board with an overview of the services offered by the Department and the processes employed by the anaesthetists to address challenges in anaesthesia. Dr Fulton explained the efforts currently underway to process map and improve the patient journey from their GP to theatre. She also spoke of the challenges the Department faces with rescheduling scheduled cases to accommodate emergency cases, and the benefits that an emergency theatre would bring to this process. The Board heard of the staffing difficulties faced by the Department, including the lack of flexibility in rosters and the challenges faced in backfilling roles. Dr Fulton also addressed the importance of teamwork and co-operation between surgeons, anaesthetists and nursing staff in a theatre environment. The Board also heard of the additional strain on resources caused by the increased prevalence of obesity in the population serviced by West Moreton Hospital and Health Service. Causes of this additional strain include increased outpatient time to prepare for surgery, additional potential problems posed during surgery, increased likelihood of requiring intensive care post surgery, slower recovery times and increased risk of infection.

IN-CAMERA SESSION

The Board held a brief in-camera session before commencing the meeting.

OPEN SESSION

1.0 MEETING OPENING

The meeting opened at 10.30am.

1.1 Attendance

All members were in attendance.

1.2 Adoption of Agenda

The agenda was adopted with no alterations.

1.3 Declaration of Interests

No additional declarations of interests were made. PC and RM advised the Board that they may have a conflict of interest with respect to Agenda Item 3.2 Hospital Foundations Review as they are both

West Moreton Hospital and Health Board BOARD MEETING MINUTES

members of the Ipswich Hospital Foundation Board. It was agreed that the Board would consider this conflict and determine the appropriate course of action at the time the Agenda Item is considered.

- 1.4 Confirmation of Minutes of Board Meeting 27 September 2013 and Meeting Summary
The minutes of the meeting held on 27 September 2013 were confirmed as a true and accurate record of proceedings. The Board Meeting Summary prepared with respect to that meeting was also approved.

- 1.5 Actions Arising
The Board noted the action register and the items that had been actioned and included in the agenda papers.

In respect of Action #202 (Delegations reserved to the DG), CCS advised the Board that by virtue of the *Hospital and Health Boards Act 2011*, WMHHS has power to enter into contracts. This is not a delegation from the Director-General. This is confirmed on the Department's Procurement website. There are however some circumstances where Department or Treasurer approval is required to enter into certain arrangements.

In respect of Action #131 (Research Strategy), the timing of this item will be revisited once the progress update is provided in January 2014 (Action #217).

2.0 SAFETY AND QUALITY

- 2.1 Occupational Health and Safety Report
The Board discussed the Occupational Health and Safety Report, with a particular focus on occupational violence, ergonomics and incidents in Offender Health. The Board noted the improvement in Tier 1 KPI M39: Hours lost WorkCover versus Occupied FTE and asked the CE to congratulate the staff on this achievement. The Board noted the key areas for performance improvement, being statutory claims frequency and conversion of WorkCover claims to common law claims. The Board discussed the conformance measure (58%) for KPI 2.1 External AS4801 safety management system audit and noted the CE's advice that the areas of non-conformance and areas for improvement have been remediated.
- 2.2 Patient Safety and Quality Report
EDCGER joined the meeting. The Board discussed the Patient Safety and Quality Report, noting the information provided with respect to clinical incidents, pressure injury management and VLADs. EDCGER provided an update on WMHHS's management of the measles outbreak. EDCGER noted that the number of behavioural incidents is increasing and will be investigated. EDCGER also spoke of the work being undertaken at local and State level with respect to community suicides and ensuring that the models used are contemporary and that there is robustness around the reporting of these matters. EDCGER left the meeting.
- 2.3 Patient Story and Consumer Feedback Report
EDCGS joined the meeting. The Board discussed the Patient Story and Consumer Feedback Report. EDCGS spoke of the measures being implemented to improve complaints-handling processes, including improving personnel's access to PRIME, additional training and a review of the complaints process by internal audit.

3.0 STRATEGIC MATTERS

- 3.1 Stakeholder Engagement Strategy
EDCGS provided background to the stakeholder engagement calendar included in the agenda papers. The Board noted that this calendar should also link to local events and those being held by the Department, West Moreton Oxley Medicare Local and the Ipswich Hospital Foundation, more so than general or national events such as World's Greatest Shave. Discussion ensued around whether the timing of the Board's visit to Laidley in January 2014 is appropriate given the events of previous years at this time. The Board asked that it be provided with the calendar of events 2-3 months in advance so that they may tailor their meeting and engagement activities around those events. The Board discussed how they can ensure that their engagement activities have been successful, and recognised that feedback provided by the Community Reference Groups and collected in a stakeholder feedback register would be

West Moreton Hospital and Health Board BOARD MEETING MINUTES

beneficial. The Board discussed holding an Open Day in connection with the opening of the Ipswich Hospital Expansion. EDCGS left the meeting.

ACTION: Board to be provided with concept for an Open Day in connection with the completion of the Ipswich Hospital Expansion. [Timeframe: December 2013]

3.2 Hospital Foundations Review

PC and RM left the meeting so that the remaining members of the Board could consider whether PC and RM should be present for the discussion and decision with respect to this agenda item. It was decided that PC and RM could be present for the discussion, but not for the decision. PC and RM rejoined the meeting. The Board discussed the proposed response to the Department of Health's request for feedback on the paper, *Hospital Foundations Review: An Options Paper August 2013*. The Board considered the government and non-government options proposed, and the benefits and disadvantages of each. PC and RM left the meeting. The Board considered whether it should nominate a preferred option between the government and non-government options. The Board considered that a government option was preferable to a non-government option because it provided more opportunities to structure a proper relationship with the foundation. It also allows for closer alignment between WMHHS and the foundation on the long term objectives for the community.

DECISION: The Board approved the proposed response to the Department of Health's request for feedback on the paper, *Hospital Foundations Review: An Options Paper August 2013*, subject to the following amendments: (a) the response to indicate WMHHS's preferred option, being the government option of retaining the *Hospital Foundations Act 1982* with foundations linked to hospital and health services; (b) the response to indicate that, should the Government be minded to adopt a non-government option, WMHHS's preferred option would be a company limited guarantee. The Board authorised the Chair to settle the final form of the response.

PC and RM rejoined the meeting.

3.3 Prescribed Employer

The Board noted the revised Prescribed Employer Evidence Framework that is being submitted on behalf of all Hospital and Health Services to the Minister for Health for approval. The Board also discussed the Consultation Paper issued by the Department of Health seeking feedback from Hospital and Health Services with respect to a proposal for the Department of Health to remain the payer and the employing entity for taxation purposes when Hospital and Health Services become prescribed as employers. The Board noted the benefits of becoming a prescribed employer and the actions being taken by the Executive to respond to the Department's proposal.

3.4 ICT Strategy (Preliminary Views)

NW joined the meeting. NW provided the Board with an overview of the ICT strategy for WMHHS and the potential deliverables under that strategy. NW noted the importance of integrating with what the Department of Health and the other Hospital and Health Services are doing with respect to ICT. The Board noted the importance of gathering patient feedback as to what the patients want. NW mentioned the lack of availability of suitable dark fibre to The Park. NW also noted the importance of integrating with GP systems.

ACTION: Board to be provided with ICT Investment Strategy. [Timeframe: December 2013]

The meeting was temporarily adjourned for lunch at 1.05pm, and resumed at 1.35pm.

4.0 FINANCE, AUDIT & RISK

4.1 Finance Committee Report

Paul Casas, Chair of the Finance Committee, provided an overview of the Finance Committee meeting held on 25 October 2013. The Board discussed the Land and Buildings Transfer Project (LBTP) Project Initiation Document and the benefits and costs of conducting due diligence on the transfer of land and buildings.

West Moreton Hospital and Health Board BOARD MEETING MINUTES

DECISION: The Board approved the approach that will be undertaken for the transfer of ownership of land and building assets from the Department of Health to West Moreton Hospital and Health Service, subject to a shift in the project plan timelines to enable further information to be obtained from the Department of Health and Queensland Treasury on sources of funding for the estimated expenditure.

4.2 Financial Performance Report

The Board discussed the Financial Performance Report for WMHHS as at 30 September 2013. Discussion focussed on MOHRI, efficiency, activity, the Balance Sheet, the Cash Flow Statement, retained surplus, working capital, workforce activity, own source revenue and backlog maintenance.

ACTION: Finance Committee to consider matters that require Treasurer, Department and other external approval. [Timeframe: December 2013]

4.3 Innovation Fund

The Board noted the planned approach for establishing an Improving the Patient Experience Innovation Fund. The Board also noted the planned investment of \$30,100 to provide a Patient First Training program.

ACTION: Board to be provided with recommendations re proposals to be funded from Innovation Fund. [Timeframe: December 2013]

5.0 GENERAL MATTERS

5.1 Chief Executive Report

CE presented the Chief Executive Report, bringing the Board's attention to the following items:

- (a) Service Agreement Amendment Windows
- (b) Executive Appointment
- (c) Clinical Services Division Appointments
- (d) Clinical Services Division All Staff 90 Day Forum
- (e) Medical Contracts
- (f) Industrial Relations Legislation Changes
- (g) Working for Queensland Survey
- (h) Christmas Closure

CE also provided the Board with an update on the proposed closure of Barrett Adolescent Centre (BAC) and the transition planning that is occurring for the remaining patients.

5.2 HHS Performance Report

The Board discussed the HHS Performance Report and the information provided with respect to achievement of NEAT and NEST targets and recommended the report format be upgraded to summarise key messages on the front page, with relevant progress information following. The Board noted the day that 100% NEAT was achieved. CE confirmed that the trajectory for NEST is realistic. The Board also noted the information provided with respect to Oral Health Services and the need for new targets to be set for Oral Health Services now that issues surrounding waiting lists have been addressed and a more streamlined reporting format.

6.0 CORPORATE GOVERNANCE

6.1 Executive Committee Report

Dr Mary Corbett, Chair of the Executive Committee, provided an overview of the Executive Committee meeting held on 11 October 2013. The Board discussed the proposed model for Community Reference Groups, including the information that will be shared with members of the groups. The Board also discussed attendance of Board members and members of the Executive at Community Reference Group meetings.

DECISION: The Board approved the proposed model for Community Reference Groups, subject to the amendments that were discussed during the Executive Committee meeting on 11 October 2013 and which are listed in the agenda paper.

DECISION: The Board approved the terms of reference aligned to the proposed model for the five Community Reference Groups and the overarching Community Advisory Council, subject to the amendments that were discussed during the Executive Committee meeting on 11 October 2013 and which are listed in the agenda paper.

DECISION: The Board approved the revised Executive Committee Charter included with the agenda papers.

The meeting temporarily adjourned at 3.35pm for afternoon tea, resuming at 3.50pm.

7.0 MATTERS FOR NOTING

7.1 WMHHS Strategic Plan 2013-17 Progress Update

The Board noted the quarter one 2013-14 scorecard report for the *West Moreton Hospital and Health Service Strategic Plan: 2013-17*.

7.2 Barrett Adolescent Centre Issues Update

The Board noted that this update had been provided with the Chief Executive Report.

7.3 Plan for Development of WMHHS's Values

The Board noted the progress of the development of WMHHS's values.

7.4 Financial Comparative Analysis – Forensic Mental Health Hospitals (Update).

The Board noted the progress of The Park against the Paxton Benchmarking Review tabled at the April 2013 Board meeting.

7.5 Board Calendar and Work Plan

The Board noted the Board Calendar and Work Plan.

7.6 Correspondence

The Board noted the correspondence provided with the agenda papers.

7.7 Materials Uploaded to BoardEffect since 20 September 2013

The Board noted the materials uploaded to BoardEffect since 20 September 2013.

8.0 OTHER BUSINESS

8.1 Next Meeting – Friday 29 November 2013

The Board discussed the location of the next meeting on Friday 29 November 2013. It was decided that the next meeting would be held at The Park Centre for Mental Health.

8.2 Safety Walk Around Next Board Meeting

The safety walk around at the next Board Meeting will focus on the Queensland Centre for Mental Health Research.

8.3 Press Release

The Board agreed that the focus of any press release arising out of this meeting would be the Quality of Care Report.

8.4 Service Agreement Deed of Amendment – Window 1

The Board discussed the need to execute the Service Agreement Deed of Amendment for Window 1. It was agreed that EDFBS would check the Deed of Amendment to ensure that it corresponds with information previously provided to the Board with respect to the amendments before seeking approval to the Deed of Amendment out-of-session.

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CE and EDFBS left the meeting.

IN-CAMERA SESSION

The Board held an in-camera session to discuss the CE's KPIs for the 2013-14 financial year. The Board also discussed the upcoming workshop on WMHHS's Values, including selecting a facilitator and key objectives of the session.

9.0 MEETING FINALISATION

9.1 Review Actions

The Board reviewed the actions arising out of the meeting.

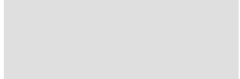
9.2 Meeting Evaluation

The Board conducted a meeting evaluation.

9.3 Meeting Close

The meeting closed at 5.00pm.

Minutes authorised by Chair as an accurate record of proceedings


Dr Mary Corbett

Chair, West Moreton Hospital and Health Board

6 11/2/13

Date



**West Moreton Hospital
and Health Service**

Board Meeting

Nov 29, 2013 at 09:00 - 17:00

Conference Room, Yuggera Building

The Park Centre for Mental Health

BOARD MEETING AGENDA PAPER

Committee:	Board		
Meeting Date:	29 November 2013	Agenda Item Number:	2.4
Agenda Subject:	Patient Story and Consumer Feedback Report		
Action required:	<input type="checkbox"/> For Approval	<input type="checkbox"/> For Discussion	<input checked="" type="checkbox"/> For Noting
Author: Chris Thorburn	Position: A/Executive Director Corporate Governance and Strategy		Date: 20 November 2013
<input type="checkbox"/> Recommendation/s are consistent with Strategic Plan <input type="checkbox"/> Funding impacts are included within approved budget <input type="checkbox"/> Risks are identified and mitigation/management strategies included <input checked="" type="checkbox"/> Implications for patient and/or staff care and well-being have been identified			

Proposal

That the West Moreton Hospital and Health Board:

Note the respective patient reflections of services provided by the West Moreton Hospital and Health Service.

Note the Consumer Feedback Report for October 2013.

Compliment

The compliment was received via the Consumer Feedback Form from a patient on 17 October 2013 in relation to 6B Rehabilitation, Aged Care & Stroke Services. The patient said:

"I have found Ipswich Hospital to be an organisation manned by very Qualified Staff and can only give praise to the doctors and nurses, wardies, tea ladies and cleaners. As far as I am concerned I will always praise Ipswich Hospital and Staff."

The matter was entered into PRIME CF and an email was forwarded to the NUM of 6B to inform staff of the compliment.

Complaint

The following feedback was received via a Feedback Form to the Consumer Liaison Officer (CLO) on 3 October 2013. The patient said:

"On Monday 30 September 2013, the nurse who was assigned to me "accidentally" took 1.5kg too much fluid off me. Apparently an adding mistake that anyone could make but when patients lives are at stake - maybe if nurses cannot handle maths they should not be doing such an important job. I am on dialysis machine for 6-7 hours (longest in unit) but my TV will not work. I am also in isolation and other patients who have a working TV, why not me. Please fix properly. TV has not been working for more than 3 months. I am often hooked up last (even though I do longest hours) out of the patients I travel with (we also travel longest distance). These people then have to wait an extra 1½ - 2½ hours after their treatments for me before they can go home and end up taking their frustration out on me. Hooking me up first would save an awful lot of stress on everyone – including staff."

The matter was forwarded by the CLO to the Nurse Unit Manager (NUM) of the Renal Unit via email.

Actions taken:

The NUM reviewed the patients chart and spoke with staff to ascertain what had occurred on the day of treatment.

Upon reviewing the clinical notes it became apparent that the patient did not drink his allocated drinks as he felt unwell and he did not advise his nurse of this. If the nurse had been aware of this an adjustment to the amount of fluid to be removed would have been appropriate.

BOARD MEETING AGENDA PAPER

During the course of his dialysis the patient also vomited approximately 30 minutes before he was due to finish his treatment and had requested to come off the machine.

Following dialysis, the patient was weighed and was found to have had 1.7 litres too much fluid removed. He was reviewed by the doctor who assessed he was clinically stable and suitable for discharge.

In relation to the timing of his treatment the NUM provided the following explanation:

- the patient's prescription for dialysis is 6 hours (average dialysis time is 4-5hours)
- the patient arrives at the unit with 3 other patients who travel with him from Esk /Toogoolwagh for their dialysis
- all the patients travel & dialyse together to minimise the expense associated with their transport
- patients arrive between 7am and 7:30 am (the appointed time for arrival is 7:15am)
- 9 patients have appointment times between 07:15am and 08:00am.
- the unit is divided into 2 dialysis areas and the patients who require dialysing for the longest hours are treated first; and
- because people are on dialysis for different times it makes it impossible for patients to avoid a wait at the end of dialysis unless they seek alternate transport home themselves.

The NUM confirmed that she had spoken with the patient on the day she received the feedback and discussed the timing of dialysis with him. It has also been explained to the patient that other rooms are allocated to other patients due to their needs (eg another patient requires a larger room as they are disabled.) Another patient has been offered alternative dialysis days to avoid potential conflict due to time differences of treatment completion.

With respect to the TV issue, there has been a problem with the signal to the TVs in the isolation area and in the front room since the transition to digital. A solution has been identified, and the NUM and CLO have followed up with BEMs who is addressing the matter. The patient was advised on 28 October 2013 that full resolution of TV services would be achieved within four weeks. The patient has previously been offered a portable DVD player which he has declined as an alternative to the television.

Attachments

1. Consumer Feedback Report October 2013

West Moreton Hospital and Health Board

BOARD MEETING AGENDA PAPER ATTACHMENT**Committee:** Board**Agenda Item Number:** 2.4**Attachment:** Consumer Feedback Report

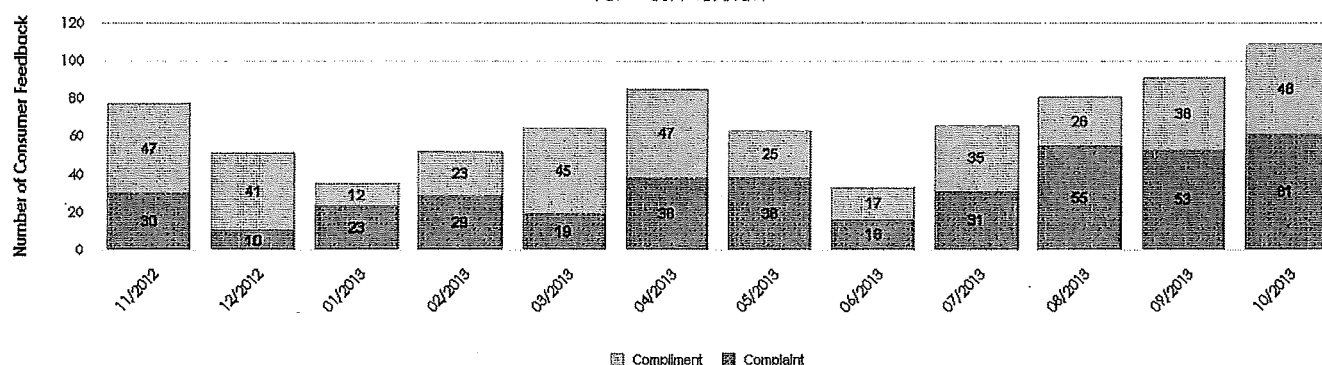
BOARD MEETING AGENDA PAPER**Consumer Feedback Summary Report for October 2013**

The following is an overview of Consumer Feedback (CF) received and recorded in the PRIME CF database for West Moreton Hospital and Health Service (WMHHS) for October 2013 reporting period:

1. Number of Complaints and Compliments Received:

	Total	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	Oct 13
Complaint	403	30	10	23	29	19	38	38	16	31	55	53	61
Compliment	404	47	41	12	23	45	47	25	17	35	26	38	48
Total	807	77	51	35	52	64	85	63	33	66	81	91	109

Consumer Feedback Received
For West Moreton

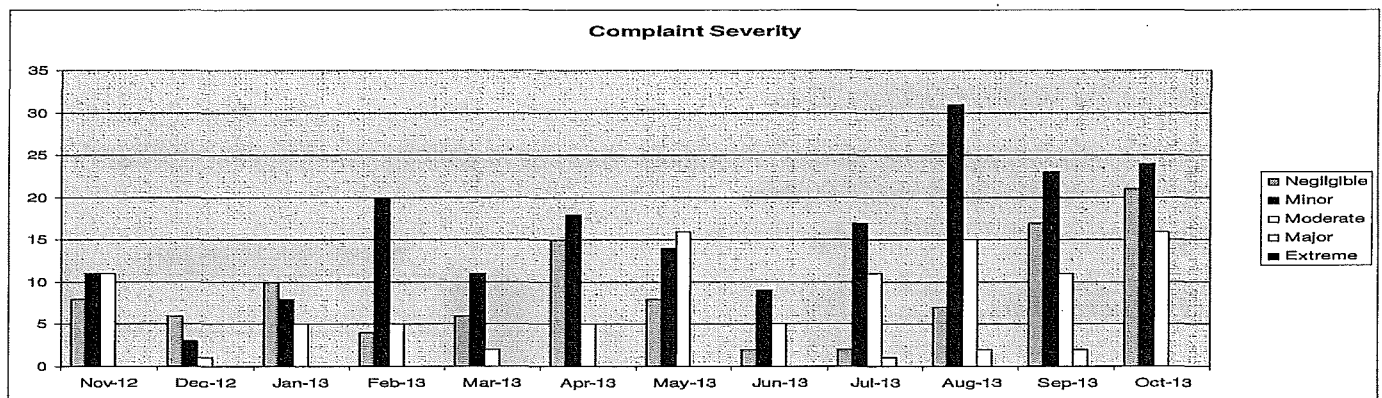


For the year from 1 November 2012 to 31 October 2013, WMHHS received 807 episodes of consumer feedback:

- 403 complaints (49.94)
- 404 compliments (51.06%)

2. Complaint Severity Ratings from 1 February 2013 – 31 October 2013 (9 month period):

	Feb -13	Mar -13	Apr -13	May -13	Jun -13	Jul-13	Aug -13	Sep -13	Oct -13
Negligible	4	6	15	8	2	2	7	17	21
Minor	20	11	18	14	9	17	31	23	24
Moderate	5	2	5	16	5	11	15	11	16
Major	0	0	0	0	0	1	2	2	0
Extreme	0	0	0	0	0	0	0	0	0

BOARD MEETING AGENDA PAPER

In October 2013 the WMHHS saw an increase in the number of negligible and minor complaints. No extreme or major complaints were received during this time period. No increase in complaint numbers has been identified for any individual area.

Courtesy Bus Service

Eight of the twenty-one negligible complaints recorded in October 2013 related to changes of operational hours to the Courtesy Bus service (now 9am -5pm).

In summary the key concerns identified in the feedback are:

- people who travel from rural areas have already incurred significant travel expenses and are unable to pay parking fees
- the hours in the morning have been cut by one hour which affects people getting to early OPD appointments
- people are unable to walk up the hill from the car park
- if appointments are running late people can become stressed, worrying about getting back to their vehicle

In consultation with the Ipswich Hospital Foundation, complainants are being advised of possible concessional long term parking available. With respect to OPD appointments, staff in OPD have been briefed to offer later appointments to those who are reliant on the courtesy bus.

Barrett Centre Closure

Seven of the sixteen complaints rated as moderate are related to the closure of the Barrett Adolescent Centre where the main emphasis of the feedback was predominantly about the uncertainty of the future care and the models of care to be provided.

A coordinated communication strategy is being managed by mental health and specialised services. Advice also includes that further information can be found at website www.health.qld.gov.au/westmoreton/html/bac, which is updated regularly.

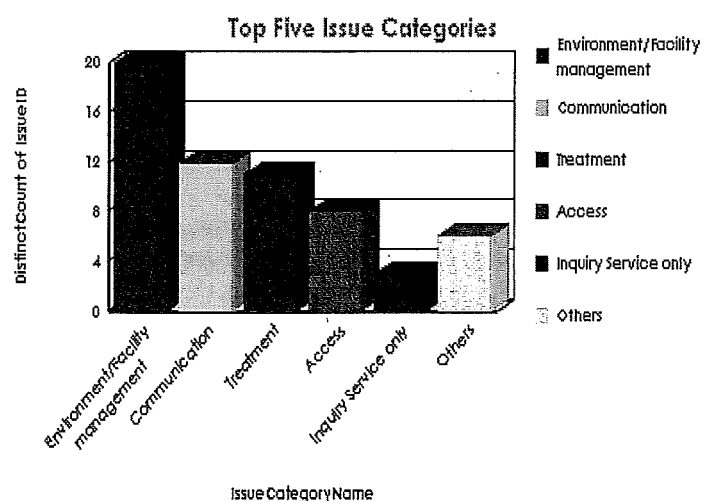
West Moreton Hospital and Health Board

BOARD MEETING AGENDA PAPER**3. Complaint Issues:**

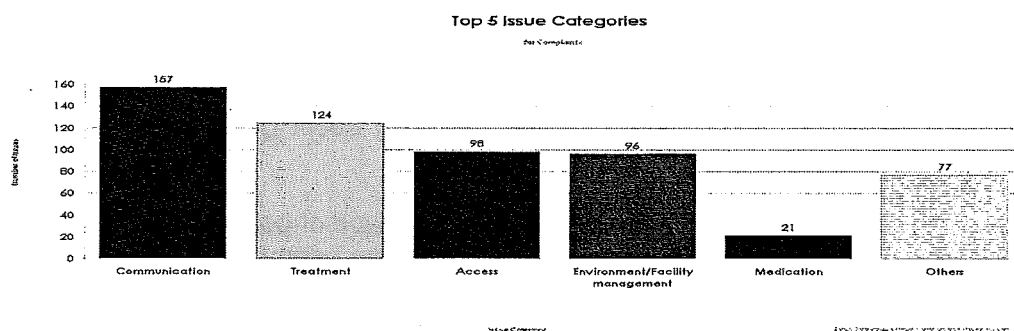
Issue Categories for the Month of October 2013

The Environment / Facility management issues of complaint have increased as a result of the number of complaints received in relation to the courtesy bus.

Total - October 2013	61
Environment/Facility Management	20
Communication	12
Treatment	11
Access	8
Inquiry Service Only	4
Medication	2
Privacy / Discrimination	2
Discharge and Transfer Arrangements	1
Medical Records	1



WMHHS Top 5 Issues Categories for the last year from 1 November 2012 – 31 October 2013

**1 November 2012 to 31 October 2013**

	Nov12	Dec12	Jan13	Feb13	Mar13	Apr13	May13	Jun13	Jul13	Aug13	Sept 13	Oct 13	Total
Communication	10	6	9	15	6	18	23	7	13	20	18	12	157
Treatment	9	1	7	7	3	8	14	8	18	22	16	11	124
Access	12	1	2	7	5	6	13	4	3	18	19	8	98
Environment/ Facility Management	5	2	11	15	6	15	7	1	3	3	8	20	96
Medication	2	0	2	1	1	4	1	0	3	3	2	2	21
Others	4	1	4	6	5	4	5	8	7	16	10	8	77
Total	42	11	35	51	26	55	63	28	47	82	73	61	573

October 2013 Reporting Issue Categories

For the month of October WMHHS received 61 complaints. The complaint issues for October 2013 reporting period have remained relatively similar to the overall annual themes. The 20 issues identified in relation to the Environment / Facility Management reflects the number of matters received in relation to the courtesy bus and the closure of the Barrett Adolescent Centre.

BOARD MEETING AGENDA PAPER**4. Compliment - October 2013**

In total 48 compliments have been recorded for the West Moreton Hospital and Health Service for October 2013. In total 35 compliments have been received in relation to care and treatment, professionalism, hygiene and service provided by Ipswich Hospital.

The highest number of compliments received related to the care and treatment provided by 6B Rehabilitation and the Community Based Rehabilitation Team. Compliments were also received about services provided by Breast Screen QLD; Gatton Hospital; Laidley Hospital and The Park Centre for Mental Health.

Total compliments received	48
Gatton Hospital	5
Ipswich Hospital	35
Laidley Hospital	4
The Park Centre fro MH	4

5. Complaint KPIs**Acknowledged within 5 days:**

REPORT	October 2013
Acknowledged within 5 days (KPI – 100% within 5 calendar days)	

The report details that Ipswich has 2 matters acknowledged over 5 days. A review of these cases identified that the cases identified were acknowledged on day 6.

Complaint Resolution October 2013

October 2013 - WMHHS SUMMARY – Complaints Resolved within 35 days / under 35 days (resolution pending)	
Complaints resolved (closed) within 35 days	57%
Complaints not resolved (open) and under 35 days	43%
Complaints for October under 35 days	100%
N.B: KPI is 80% (no overdue matters for month of October)	

For the month of October there are no overdue complaints. However, two matters of complaint received in August 2013 and six received in September are over the 35 day target and are continuing to be managed. These matters have gone overtime due to a variety of reasons including but not limited to the complainants cancellations of meetings, the need to wait for key staff to return from leave, workload issues in clinical areas, delays in the inputting of data and/or the drafting of final letters.

Currently processes are under review to explore and improve processes related to feedback management. The CLO is currently progressing this and will provide an update to the board in the next report.

6. Adjustment Report for the Period of July 2013 to September 2013

Minor adjustments to the previously reported number of compliments and complaints have occurred because of improvements in the coordination of complaint data entry into PRIME CF. Please note that the adjustment have not resulted in any changes to the identification of emerging issues.

Adjustment for July 2013

- Boonah received 1 complaint with 1 issue identified in relation to communication– previously nil reported for July 2013
- Ipswich received a total of 24 complaints with 39 issues identified (17 previously reported with 17 issues)
- Offender Health 2 complaints – previously nil reported for July 2013

BOARD MEETING AGENDA PAPERAdjustment for August 2013

- Ipswich received a total of 45 complaints with 71 issues identified (43 complaints previously reported with 59 issues identified).
- Offender Health received 1 complaint in August 2013 – previously nil reported for August 2013
- Oral Health received 1 complaint in August 2013 – previously nil reported for August 2013
- The Park received 6 complaints in August - 5 complaints related to the Barrett Adolescent Centre closure – previously nil reported for August 2013

Adjustment for September 2013

- Ipswich received 45 complaints with 63 issues identified (38 complaints previously reported with 41 issues identified)
- Offender Health received 1 complaint – previously nil reported for September 2013
-

7. Other issues identified in reporting of Consumer Feedback Information for the WMHHS

Currently the CLO is oversighting a process to update access to Prime CF users throughout WMHHS. Currently data is predominantly being inputted by the CLO. Addressing access issues and follow up education and training will aim to improve reporting of all feedback.

An internal audit by WMHHS is currently being undertaken on Consumer Feedback. This audit is part of the approved WMHHS Audit Plan for 2013 – 14. The audit commenced on the week of the 11 August 2013 and the final Audit Report is due for completion on 9 January 2014.

BOARD MEETING AGENDA PAPER

Committee:	Board		
Meeting Date:	29 November 2013	Agenda Item Number:	3.3
Agenda Subject:	Barrett Adolescent Centre Update		
Action required:	<input type="checkbox"/> For Recommendation	<input type="checkbox"/> For Discussion	<input checked="" type="checkbox"/> For Noting
Author: Dr Leanne Geppert	Position: A/ED Mental Health and Specialised Services		Date: 20 November 2013
<input checked="" type="checkbox"/> Recommendation/s are consistent with Strategic Plan <input checked="" type="checkbox"/> Funding impacts are included within approved budget <input checked="" type="checkbox"/> Risks are identified and mitigation/management strategies included <input checked="" type="checkbox"/> Implications for patient and/or staff care and well-being have been identified			

Proposal

That the West Moreton Hospital and Health Board:

Note current actions in relation to the Statewide Project: Adolescent Extended Treatment and Rehabilitation Implementation Strategy.

Background

1. Statewide Project: Adolescent Extended Treatment and Rehabilitation Implementation Strategy
 - a. Community statement made by Minister for Health, Mr Lawrence Springborg on 6 August 2013 that new service options for adolescent extended treatment and rehabilitation will be available in early 2014 and Children's Health Queensland (CHQ) Hospital and Health Service (HHS) will hold governance of new service options.
 - b. Statewide project established and governed by CHQ to progress the implementation of new service options. West Moreton HHS working as a partner in this process.
 - c. The foundation work for the statewide implementation project is the work completed through the Barrett Adolescent Strategy (November 2012 – April 2013), which culminated in the seven recommendations of the Expert Clinical Reference Group being supported by the West Moreton Hospital and Health Board in May 2013, based on extensive consultation and no gap to service provision for the adolescent target group.
2. Ongoing Barrett Adolescent Centre (BAC) Service Delivery
 - a. BAC is a 15-bed inpatient service located at The Park that also offers day program services.
 - b. The Barrett Adolescent Strategy was a statewide project that commenced in response to the BAC facility not meeting building standards and due to The Park becoming an adult-only, secure forensic facility by 2014.
 - c. A flexible date of the end of January 2014 has been identified as the closure date for the BAC facility. This date will be responsive to West Moreton HHS establishing alternative transition service options thereby ensuring no gaps to service delivery.

Key Issues or Risks

3. Statewide Project
 - a. The Statewide Steering Committee chaired by CHQ has convened seven times since 26 August 2013.
 - b. Two working groups have been established - Service Options and Finance/HR.
 - c. The Service Options Working Group conducted a one half-day forum on 1 October 2013 and consisted of statewide, multidisciplinary clinician representation. The work of this group is currently being finalised out of session. Parent and carer input to the service options has been received through written submissions, and [REDACTED] have met with the Statewide Steering Committee to present their submission in person.
 - d. The first meeting of the Finance/HR Working Group was held on 22 October 2013 and was attended by representatives from West Moreton and CHQ HHSs. Further feedback and direction from the Statewide Steering Committee has been provided and this working group is no longer required and will not be reconvened. The financial transfer process will be progressed through

BOARD MEETING AGENDA PAPER

direct collaboration by the West Moreton and CHQ HHSs. All HR issues will be managed by West Moreton HHS.

- e. The care planning for current BAC consumers and those on the waitlist is being progressed by West Moreton HHS Clinical Care Transition Panels.
- f. A draft joint communication strategy between West Moreton HHS and CHQ has been developed and there is an agreement for the HHSs to work closely together when meeting with BAC parents/carers and media.

4. Ongoing BAC Service Delivery

Current Response and Closure of BAC:

- c. Weekly oversight meetings are ongoing with the Dr Anne Brennan (A/Clinical Director of BAC), Dr Elisabeth Hoehn (Program Director, Child and Youth Mental Health Services [CYMHS] CHQ) and the Mental Health & Specialised Services executive team to identify ongoing issues and action timely responses. A West Moreton HHS Communications team member will also attend these meetings on a regular basis.
- d. Department of Education Training and Employment remains connected through regular contact with the Assistant Regional Director, School Performance, Metropolitan Special and Specific Purpose Schools.
- e. A flexible closure date of the end of January 2014 for the BAC Building has been announced. This date is dependent on all patients having appropriate transition plans in place and continuity of service delivery.
- f. West Moreton HHS has increased the amount of contact with the parents and carers, including personal phone calls from the Executive Director, Sharon Kelly. A follow up letter has also been sent to parents/carers to provide a personal update on BAC. Additionally, the clinical team at BAC have increased their contact with parents/carers, and in some cases have instigated weekly meetings for additional support.
- g. The patient advocate continues to be a source of support for parents/carers.
- h. Dr Sandra Radovini (a renowned child and youth psychiatrist from Victoria) has been invited by West Moreton HHS to Queensland on 10 and 11 December 2013 to share her experiences of delivering extended mental health treatment and rehabilitation services in Victoria. During her visit, Dr Radovini will meet with the parents/carers of BAC consumers, and in a separate function, she will then meet with invited child and youth specialists from across Queensland.
- i. West Moreton HHS has been recently informed that the new statewide service options may take a further 12 months to be fully established. In order to ensure there is no gap to service delivery, West Moreton HHS has commenced planning interim service options for current BAC patients and other eligible adolescents across the state that would benefit from extended treatment and rehabilitation. Consultation has occurred with the Department of Health and CHQ. The current proposal consists of the following elements that will be delivered in partnership with a non government service provider:
 - Activity Based Holiday Program (Phase 1 – From mid December 2013 until end January 2014);
 - West Moreton HHS Transition Service incorporating an intensive mobile outreach service, day program and supported accommodation (Phase 2 – From February 2014 until December 2014); and
 - Transition to Statewide Adolescent Extended Treatment and Rehabilitation Services (Phase 3 mid to late 2014).

BOARD MEETING AGENDA PAPER**Consultation**

5. Comprehensive consultation continues with Department of Health, CHQ, Department of Education Training and Employment, Queensland Mental Health Commissioner and other HHSs.
6. Strategies have also been implemented to communicate regularly and directly with BAC staff and parents/carers via Fact Sheets, meetings, emails and personal phone calls.

Financial and Other Implications

7. Budgets attached to the BAC will be transitioned to CHQ in line with the progression of the statewide project.
8. There are ongoing political and reputational implications should any significant incident or adverse media occur during this transition phase.

Strategic and Operational Alignment

9. The closure of BAC and removal of adolescent services from The Park forensic site aligns with both the strategic direction of the HHS and the Queensland Plan for Mental Health 2007-17.

Recommendation

That the West Moreton Hospital and Health Board:

Note current actions in relation to the Statewide Project: Adolescent Extended Treatment and Rehabilitation Implementation Strategy.

Attachment

1. West Moreton HHS Transitional Service Options Overview

West Moreton Hospital and Health Board

BOARD MEETING AGENDA PAPER ATTACHMENT

Committee: Board

Agenda Item Number: 3.3

Attachment: West Moreton HHS Transitional Service
Options Overview

BOARD MEETING AGENDA PAPER

Committee: Board			
Meeting Date:	29 November 2013	Agenda Item Number:	5.2
Agenda Subject:	Chief Executive Report		
Action required:	<input type="checkbox"/> For Approval	<input type="checkbox"/> For Discussion	<input checked="" type="checkbox"/> For Noting
Author: Lesley Dwyer	Position: Chief Executive	Date: 21 November 2013	
<input checked="" type="checkbox"/> Recommendation/s are consistent with Strategic Plan <input checked="" type="checkbox"/> Funding impacts are included within approved budget <input checked="" type="checkbox"/> Risks are identified and mitigation/management strategies included <input checked="" type="checkbox"/> Implications for patient and/or staff care and well-being have been identified			

Current Significant Issues**1. Current Financial Position 2013-14**

- The Hospital and Health Service (HHS) continues to track well against the budgeted position, showing an \$8.351M surplus in the General Ledger. Due to the phasing of revenue and expenditure we would currently expect this to be a budgeted surplus position of \$3.424M, however, the significant underspend in labour expenses compared to the budget build and the reimbursement of voluntary redundancy payments gives a current surplus position over that of the expected budget position of \$4.927M.
- The difference between the budgeted position and that in the General Ledger, representing an operational surplus, has increased in October from \$4.343M to \$4.927M. In order for the HHS to expend the 2012/13 retained earnings of \$7.416M, the current position of \$4.927 needs to reach \$9.504M by the end of the financial year to return a target operational surplus of 0.5% of Service Agreement value (\$2.088M).
- Expenditure levels will increase through 2013-2014 with the implementation of revitalisation, the allocation to Divisions of centrally held growth funds and the ramping up of backlog maintenance expenditure. Backlog maintenance expenditure is currently expected to be \$6.591M with \$3.971M funded by the Department of Health and the remaining \$2.620M funded by the HHS.

2. Activity Targets

- This month's activity data for 2013-2014 is at the end of August and shows Ipswich Hospital facility activity has reduced over target activity from 6.6% to \$4.5%. When unallocated growth activity is taken into account, this is further reduces to 1.4% under purchased activity levels. The remaining 3,288 Queensland weighted activity units (QWAUs) will be allocated based on services plans being developed.

3. Service Agreement Amendment Windows

- The deeds of amendment for Window 1 has been signed by the Director-General and forwarded to the HHS for signing. The initial anomalies found in the deed of amendment have been explained by the Department of Health.
- Work on the proposed amendments for the Window 2 is under way.

4. Backlog Maintenance

- The Backlog Maintenance Remediation Program (BMRP) contains an incentive payment equivalent to our original contribution towards the BMRP (\$1.018M). Currently our contribution to the BMRP would be \$2.620M. The incentive payment will be made available to the HHS where we achieve both the maintenance target of 2.15% of the Asset Replacement Value (ARV) and 60% of the backlog maintenance works (24 works) are completed by the 31 March 2014. The incentive payment will be made available in the window 4 Service Agreement Amendment.
- The maintenance expenditure target of 2.15% of ARV equates to an \$8.0m expenditure target for 2013/14, which is a \$6.0M pro rata expenditure by the 31 March 2014. Currently expenditure is at 1.83% ARV equating to a monthly \$0.10M under expenditure in maintenance. Remediation plans are being constructed to increase the level of monthly expenditure.
- The backlog maintenance work breakdown structure has been completed and the 39 projects have been individually assessed for their duration, cost and resource implications. There is a high

BOARD MEETING AGENDA PAPER**8. Statutory Authority Transition Progress***Transfer of Land and Buildings*

- A paper outlining the proposed approach by the LBTP Team has been presented to the Board Finance Committee on the 22 November.
- The paper outlines a recommended approach from the Department that fundamentally transfers all assets in an "as is" condition. Any subsequent issues and negotiations will occur post the transfer of assets.
- The Director-General has directed that the transfer is completed through a Deed of Transfer agreed by both the DoH and the HHS. The deed will identify transfer issues, including financial obligations and compliance liabilities.

Prescribed Employer

- An update on progress and required response to Executive Director HR Queensland Department of Health correspondence to Board Chair is provided at 3.1

Medical Contracts

- A draft contract set for Visiting Medical Officer's, Senior Medical Officer and Medical Superintendent with Right of Private Practice has been released with comments being requested to be provided by the 29 November 2013.
- From a preliminary review of these documents there is a large body of work which will be required to successfully transition the senior medical workforce to these contracts. A project manager has recently been secured from within the WMHHS workforce to assist to drive this process and a briefing was held with the Department of Health "buddies" to the executive management team on Friday 22 November 2013.

9. Industrial Relations Legislation changes

- An update on the Industrial Relations Framework is provided at agenda item 7.1.

10. Correspondence

- Board members will note that correspondence has been received from a [REDACTED] raising issues relating to certainty for an alternate model for state-wide adolescent services.

- [REDACTED]
- [REDACTED]

11. Events and Media**General update**

- Between 16 October – 20 November, the Communication & Community Engagement team issued 15 media releases and 8 responses to media queries. The team also produced 64 publications/brochures/posters and published 64 items on the WMHHS intranet or internet.
- Work continues on the WMHHS internet and intranet sites redevelopment.
- The Communication & Community Engagement Team successfully managed the WMHHS Research Day, Research Day dinner & Sexual Violence Awareness Month Symposium.
- The team is also providing communication support and assistance with iManage forum, Scalpel project; Renoir; web redevelopment; PEAP; Infection Prevention Week; QManager, GroupWise to Outlook, PCEHR, Innovation Fund; Australia Day Awards; staff opinion survey.

West Moreton Hospital and Health Board

BOARD MEETING AGENDA PAPER

Committee:	Board		
Meeting Date:	29 November 2013	Agenda Item Number:	7.4
Agenda Subject:	Correspondence		
Action required:	<input type="checkbox"/> For Approval	<input type="checkbox"/> For Discussion	<input checked="" type="checkbox"/> For Noting
Author: Annette Allan	Position: Senior, Executive Support Officer		Date: 22 November 2013
<input type="checkbox"/> Recommendation/s are consistent with Strategic Plan <input type="checkbox"/> Funding impacts are included within approved budget <input type="checkbox"/> Risks are identified and mitigation/management strategies included. <input type="checkbox"/> Implications for patient and/or staff care and well-being have been identified			

Proposal

That the West Moreton Hospital and Health Board:

Note the attached correspondence received.**Attachments**

1. Letter from the Deputy Director General, System Policy and Performance regarding Proposed Performance Management Framework.
2. Memorandum from the Director-General regarding the Contribution to the new Queensland Health Website.
3. Email from [REDACTED] regarding Barrett Adolescent Centre Closure.
4. Memorandum from Director, Governance Relationships, Improvements and Priorities Branch, System Policy and Performance Division regarding Improving Indigenous Health Outcomes through Continuous Quality Improvement (CQI) activities January 2014 – June 2016
5. Letter from the Queensland Audit Office regarding Report No 8 for 2013-14

From: [REDACTED]
To: [REDACTED]
CC: [REDACTED]
Date: 19/11/2013 4:04 pm
Subject: FW: Attention: Mary Corbett - Barrett Adolescent Centre Closure

Dear Ms Corbett,

I last corresponded with you in early August this year. In your reply to me, you stated:

"Children's Health Queensland will provide the leadership for development of a new model for adolescent services. In the meantime the Barrett Adolescent Centre will continue to provide services until this model is operational."

Ms Corbett, on 07 November I met with Dr Peter Steer CEO CHQ, Dr Stephen Stathis (Clinical Director CYMHS) and Ingrid Adamson (Project Officer Statewide Adolescent Extended Treatment and Rehabilitation Services - SW AETRS). I believe they are doing their best to come up with the best plan for the new model of services. However Dr Steer advised an operational service would be 12 months away. WMHHS is still stating that a flexible date for closure of Barrett Adolescent Centre is early January 2014, but that Barrett won't close until young people are placed into alternative services. However constantly over recent months we have been led to believe that 'new services' would be in early 2014. Even the Letter I received from the Premier on 07 November stated "young people requiring extended mental health treatment and rehabilitation will receive services through a new range of contemporary service options from early 2014." This will not be the case, according to Dr Steer.

[REDACTED] This will do nothing to reduce the waiting list, still means young people will have to travel - just in a different direction, and will still result in young people going without the extended treatment and rehabilitation they desperately need. This is still not the 'new contemporary service options' on which CHQ is working.

Closing Barrett now will expose young people with severe and complex mental health conditions to increased risk and misery. The Expert Clinical Review Group (ECRG) recognised this by stating in Recommendation 3: "interim service provision if BAC closes and Tier 3 is not available is associated with risk." In 3 (a) the ECRG stated "a Tier 3 service alternative to be available in a timely manner if BAC is closed." I do not regard 12 months until a Tier 3 service is available as 'timely':

[REDACTED] CHQ
[REDACTED] is doing their best to develop the new model but it is going to take time - time that doesn't seem to have been accounted for in the decision to close Barrett. This now seems to be completely independent of the process to close Barrett. But WMHHS is responsible for the closure of Barrett - as the Minister constantly reminds us when asked to comment on the issue. The closure of Barrett will have extremely disturbing consequences for young people and their families across the whole of Queensland. I wish to put those consequences in context and make very clear what those consequences are.

In a recent meeting Dr Stathis advised the current waiting list for Barrett is 18 months. The community would never stand for that type of waiting time for young people with cancer - they would consider it cruel and inhumane and there would be a public outcry. [REDACTED]

[REDACTED] Other young people on the list will have anxiety so debilitating that they cannot leave their home - may barely leave their room and have no contact with their peers or society: anxiety so severe that it causes them to shake and vomit at the slightest exposure to daily life. There may be others who suffer from severe eating disorders leaving them facing a daily fight against [REDACTED] as well as against the feelings that have driven them to such extremes. And there are other adolescents who have a mixture of these symptoms .

All of the young people on this waiting list have parents, brothers and sisters, cousins or grandparents. These people will watch their child's torment -- day in, day out - knowing that it could be 18 months before they get help. But if you add another 12 months until the new model is operational - and then add the number of extra young people in that time that will develop the need for a Tier 3 service, the number of people deeply affected by this is more significant and the waiting list will be longer. The extra tragedy is that some of the young people on the waiting list could have already come to Barrett to be treated but intake was stopped months ago.

If you put yourself in the shoes of the families - of these young people - could you wait another 12 months for the chance of help?

And if anecdotal evidence is not sufficient, the statistics [REDACTED] don't lie. For the period 2010 - 2012,

- 48 young people aged between 15 and 17 committed suicide and
- 15 young people aged between 10 and 14 committed suicide

with suicide the leading cause of death for 15 - 17 year olds [2] and third for 10 - 14 year olds. In the 15 - 17 yr age group, this is more than the figures for death from cancer, diseases of the nervous system, congenital and chromosomal disorders and drowning combined.

Not just numbers - these are 63 young people - sons/daughters, nieces/nephews, grandsons/granddaughters. And these are only the numbers for which suicide could be verified as the cause of death. This does not account for suicide attempts that did not result in death. Although severe and complex mental health problems will not be the cause of all of these, what if - at a conservative estimate - only one quarter had severe and complex mental health needs? That is 15 young people who, with access to the right mental health services, might still be alive. The impact of a single death - on family members, friends, teachers, sporting teams, people in the neighbourhood - resonates through a community wreaking irreparable damage. But if you multiply that single death by 10 or 15, the serious effect that will have on so many lives is overwhelming .

The closure of the one place that could have saved some of these young people will have far-reaching ramifications.

And for those that don't attempt suicide, there are other dangers:

Intentional self-harm has been rated the third highest cause of hospital admission for 15 - 17 year olds in 2011 -2012, behind transport incidents and falls[3] (again - these are only the verified incidents) with at least

- 764 young people aged 15 - 17 years and
- 108 young people aged 10 - 14 yrs

hospitalised for intentional self-harm injuries, excluding admissions to psychiatric hospitals. That's approximately 870 young people who hurt themselves on purpose so severely that they had to be admitted to hospital. 870 families that had to watch scars accumulate on their child's body, powerless to do anything to prevent more from appearing.

So together, more than 900 young people were reported to have self-harmed or suicided in the period 2010 - 2012. If only 10% of that number needed a Tier 3 service and could have accessed that service, then 90 young people's lives and the lives of their families could have been very different. And none of these numbers account for young people with eating disorders and other psychiatric conditions that don't lead to suicide or hospitalisation for self-harm.

The closure of Barrett is also affecting the current young patients and their families. Whatever the alternatives offered, parents are having to knowingly choose an option that will compromise their treatment and recovery. Changing clinicians and therapists mid-treatment cannot happen without a consequence - even if that consequence is a stagnation of recovery. Parents only hope that is the worst outcome they face. For some it could be significant regression in their recovery because of the distress of changing environments, clinicians and therapists and feeling like they have to start all over again. If you were one of these parents, could you accept that this was not something you chose, but was being forced upon you and your child?

If you, the Board members of WMHHS could save a life, would you do so? If you could help save young people from a torturous existence, would you do so? You can. If it was your child, your niece/nephew, would you stand by and let someone close down the only place that could give your child the chance - the hope - of a normal life and a future?

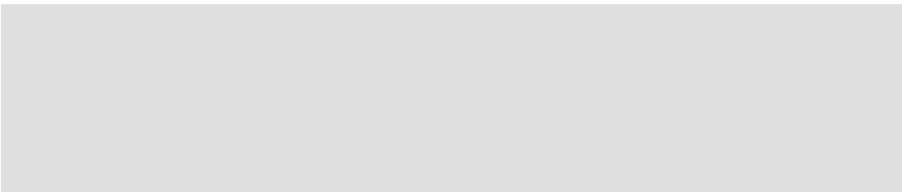
Ms Corbett, will you stand by your statement to me that Barrett adolescent centre "will continue to provide services until [the new model] is operational"? It is very clear what the consequences of closing it will be for young people and their families across the whole state. There must be an ONGOING extended residential treatment and recovery service. There can be no gap between the end of one Tier 3 service and the availability of

another. The ECRG alerts you to this risk.

On behalf of those mothers and fathers and grandparents and sisters and brothers and friends and all of those connected to these vulnerable young people, I implore you to keep Barrett open. If you close it, you are condemning some of these young people to physical pain and scarring, mental torture and possibly death, by denying them the treatment they desperately need. I can think of nothing more important that you could do as a Board than to guarantee Barrett will stay open. The consequences of its closure are simply too unbearable to think about.

Regards;





[2] Equal with transport accidents

[3] As per 1

West Moreton Hospital and Health Board

BOARD MEETING MINUTES

Date: Friday 29 November 2013

Time: 9.00am to 5.00pm

Location:

The Park - Centre for Mental Health

Members	Key
Dr Mary Corbett, Chair	MC
Timothy Eltham, Deputy Chair	TE
Dr Robert McGregor, Board Member	RM
Paul Casos, Board Member	PC
Melinda Parcell, Board Member	MP
Alan Fry OBE QPM, Board Member	AF
Professor Julie Cotter, Board Member	JC
Ex Officio Standing Invitees	
Lesley Dwyer, Health Service Chief Executive	CE
Ian Wright, Executive Director Finance and Business Services	EDFBS
Jacqui Keller, Corporate Counsel and Secretary	CCS
Other Attendees	
Dr Mark Mattiussi, A/Executive Director Clinical Governance, Education and Research (Item 2.2 only) – by teleconference	EDCGER
Dr Leanne Geppert, A/Director of Strategy, Mental Health and Specialised Services (Item 3.1 only)	DSMHSS
Chris Thorburn, A/Executive Director Corporate Governance and Strategy (Items 3.2, 3.4 and 3.5 only)	EDCGS

VISIT TO QUEENSLAND CENTRE FOR MENTAL HEALTH RESEARCH

The Board visited the Queensland Centre for Mental Health Research (QCMHR), hearing presentations from Professor John McGrath, Professor Bryan Mowry, Dr Geoffrey Waghorn and Professor Harvey Whiteford regarding the work being undertaken by the Centre. This was followed by morning tea with staff of QCMHR.

OPEN SESSION

1.0 MEETING OPENING

The meeting opened at 10.38am.

1.1 Attendance

All members were in attendance.

1.2 Adoption of Agenda

The Board noted the full agenda and discussed matters that could be noted if time was constrained. The agenda was otherwise adopted with no alterations.

1.3 Declaration of Interests

JC advised the Board that she had resigned from the Board of Toowoomba and Surat Basin Enterprise and that her resignation had taken effect. No further changes to declarations of interests nor additional declarations of interests were made. No conflicts of interest were noted.

1.4 Confirmation of Minutes of Board Meeting 25 October 2013 and Meeting Summary

The minutes of the meeting held on 25 October 2013 were confirmed as a true and accurate record of proceedings, subject to the addition of the following sentences at the end of the section headed "Safety Walk Around": *"The Board also heard of the additional strain on resources caused by the increased prevalence of obesity in the population serviced by West Moreton Hospital and Health Service. Causes of this additional strain include increased outpatient time to prepare for surgery, additional potential problems posed during surgery, increased likelihood of requiring intensive care post surgery, slower recovery times and increased risk of infection."*

West Moreton Hospital and Health Board BOARD MEETING MINUTES

The Board Meeting Summary prepared with respect to the meeting held on 25 October 2013 was also approved, subject to the second sentence of the first paragraph being amended to read: *"The Board was interested to hear of the key achievements of the Department and of the challenges that the Department faces in delivering its services, including the challenges caused by the increased prevalence of obesity in the population serviced by WMHHS"*.

1.5 Actions Arising

The Board noted the action register and the items that had been actioned and included in the agenda papers.

2.0 SAFETY AND QUALITY

2.1 Occupational Health and Safety Report

The Board discussed the Occupational Health and Safety Report. The Board noted that there had been no major incidents reported during September, but that there had been a slight increase in the total number of incidents reported. The Board also noted the information provided with respect to assaults by patients and journey claims. The Board considered options available to it when an employee continuously advises their medical practitioner that they are not fit to return to work. Finally, the Board noted the information provided with respect to recent changes to the *Workers' Compensation and Rehabilitation Act 2003* and considered the potential costs involved in obtaining WorkCover claims history for prospective employees.

2.2 Patient Safety and Quality Report

EDCGER joined the meeting by teleconference. The Board discussed the Patient Safety and Quality Report, noting the information provided with respect to SAC1 clinical incidents. EDCGER drew the Board's attention to the increase in pressure injuries, noting that this may be attributable to increased awareness of appropriately assessing patients on admission and data integrity issues. The Board discussed the data provided with respect to behavioural incidents, noting EDCGER's advice that one incident can generate multiple reports. The Board discussed the number of outstanding and overdue recommendations and the work being done to implement these recommendations. The Board noted the data provided with respect to hand hygiene, likely causes, and measures being implemented to ensure improvement. EDCGER left the meeting.

2.3 Safety and Quality Committee Report

Chair of the Safety and Quality Committee provided an overview of the Safety and Quality Committee meeting held on 15 November 2013.

DECISION: The Board approved the recommendation of the Safety and Quality Committee that neither the Deteriorating Patient and Morbidity and Mortality Committee, nor the subordinate departmental Morbidity and Mortality Committees, be designated as Quality Assurance Committees under the *Hospital and Health Boards Act 2011* at this time.

RM noted that he would like to see some more robust processes surrounding these committees to ensure that their utility is optimised.

2.4 Patient Story and Consumer Feedback Report

The Board discussed the Patient Story and Consumer Feedback Report. The Board noted the information provided regarding complaints received with respect to the courtesy bus service and the proposed closure of Barrett Adolescent Centre. The Board also discussed the data provided with respect to unresolved complaints. The Board asked to receive an update on the Patient Opinion service and to see examples of feedback received through Patient Opinion.

3.0 STRATEGIC MATTERS

3.1 Prescribed Employer – Response on Department Remaining Payer

CE and CCS briefed the Board on the options put forward by the Department with respect to the Department remaining the payer and employing entity for taxation purposes when the Hospital and Health Services become prescribed to be the employer, and WMHHS's proposed response.

West Moreton Hospital and Health Board BOARD MEETING MINUTES

DECISION: The Board approved the proposed response to the Department of Health's Consultation Paper titled *Prescribed Employer – HHS Consultation on Payer Function and Employer Status for Taxation Purposes*.

3.2 Process for Annual Review of WMHHS Strategic Plan

EDCGS joined the meeting. EDCGS provided an update on the development of WMHHS's values and an overview of the proposed process for the review and revision of the WMHHS Strategic Plan.

TE left the meeting temporarily.

DECISION: The Board approved the proposed process and timeframes for the review and revision of the WMHHS Strategic Plan.

DECISION: The Board decided that the review and revision of the WMHHS Strategic Plan could be undertaken by the Board and the Executive without the need for an external facilitator.

3.3 Draft Health Service Plan (Agenda Item 3.4)

TE rejoined the meeting. The Board noted the current status of the *West Moreton Hospital and Health Service, Health Service Plan 2013-27* and the intended course of action to progress the health service plan. The Board discussed and noted the information provided in the agenda papers with respect to Amex Corporation's proposal for the health precinct at Ripley Valley.

3.4 Medicare Local Partnership Protocol (Agenda Item 3.5)

The Board discussed the revised draft Partnership Protocol between West Moreton-Oxley Medicare Local and WMHHS. The Board requested that the protocol address information sharing between the parties in more detail, and that specific, measurable deliverables be set out in the protocol.

ACTION: Board to be provided with a status report on achievement of the deliverables identified in the current Medicare Local Partnership Protocol.

ACTION: Board to be provided with revised Medicare Local Partnership Protocol for approval at its December meeting.

EDCGS left the meeting. *Geppert*

3.5 Barrett Adolescent Centre Update (Agenda Item 3.3)

DSMHSS joined the meeting and provided the Board with an update on the progress of the State-wide Project: Adolescent Extended Treatment and Rehabilitation Implementation Strategy. DSMHSS briefed the Board on the proposed new model and the arrangements being put in place to transition to the new model. The Board indicated its support for the proposed new model. The Board requested regular updates on the transition arrangements and implementation of the proposed new model to monitor that they continue to meet patient needs. DSMHSS left the meeting.

The meeting was temporarily adjourned for lunch at 1.20pm, and resumed at 1.50pm.

4.0 FINANCE, AUDIT & RISK

4.1 Audit and Risk Committee Report

Chair of the Audit and Risk Committee, provided an overview of the Audit and Risk Committee meeting held on 15 November 2013.

DECISION: The Board approved the changes to the Internal Audit Charter.

DECISION: The Board approved the Internal Audit Strategic Plan 2013-16.

West Moreton Hospital and Health Board BOARD MEETING MINUTES

DECISION: The Board approved three new strategic risks (being the implementation of the ICT strategy, shortage of desktop computers supporting XP and compliance with the National Safety and Quality Health Service Standards) and their corresponding risk ratings as set out in the agenda papers.

The Board also noted the further work that is to be undertaken by the Committee to align risk reporting to the Board and Audit and Risk Committee.

4.2 Finance Committee Report

Paul Casas, Chair of the Finance Committee, provided an overview of the Finance Committee meeting held on 22 November 2013.

DECISION: The Board approved the 2013/14 – 2015/16 Service Agreement Deed of Amendment for October 2013 for signing by the Chair.

4.3 Financial Performance Report

The Board discussed the Financial Performance Report for WMHHS as at 31 October 2013. Discussion focussed on the projected end of year position, MOHRI FTE, own source revenue, maintenance expenditure, WAU price, income statement, divisional surpluses and deficits, and working capital. It was noted that the Finance Committee has requested that the Financial Performance Report include trajectories for achieving own source revenue, maintenance expenditure, and backlog maintenance targets, as well as a plan for decreasing debtor days.

The meeting temporarily adjourned for afternoon tea for approximately 15 minutes.

5.0 GENERAL MATTERS

5.1 WMHHS Executive Recruitment

DECISION: The Board approved the Chief Executive recommendations as per the selection reports attached to the agenda paper for the appointment of Executive Director Workforce and Executive Director Corporate Governance and Strategy.

5.2 Chief Executive Report

CE presented the Chief Executive Report, bringing the Board's attention to the following items:

- (a) certain Workforce Risk and Compliance Incidents
- (b) Executive Appointments and Movements
- (c) Innovation Fund
- (d) Australia Day Awards 2014
- (e) Staff Christmas BBQs
- (f) Award for WMHHS NEAT Performance
- (g) Queensland's Senior Australian of the Year
- (h) Executive Media Coaching.

CE also provided the Board with an update on the SMO and VMO contracts process and advised the Board of the minimal impact to date that the *Industrial Relations Act* changes have had on WMHHS's relationship with unions.

5.3 HHS Performance Report

The Board discussed the HHS Performance Report and the information provided with respect to achievement of NEAT and NEST targets. The Board noted the usefulness of having key results brought to their attention in the covering agenda paper. The Board also noted the information provided with respect to the improvement of treating patients in turn.

5.4 Queensland Mental Health Commission – Stakeholder Forum

Alan Fry provided the Board with an overview of discussions held at the Queensland Mental Health Commission Stakeholder Forum. Issues raised included the importance of jobs and a permanent home to patients, concerns regarding the lack of HHS KPIs surrounding mental health service provision, and data collection activities.

West Moreton Hospital and Health Board BOARD MEETING MINUTES

6.0 CORPORATE GOVERNANCE

6.1 Board Member Recruitment Procedure

DECISION: The Board approved the *Recruitment, Selection and Nomination of Board Members Procedure* included with the agenda paper.

7.0 MATTERS FOR NOTING

7.1 Industrial Relations Framework

The Board noted the information provided with respect to recent amendments to the Queensland industrial relations system.

7.2 Board Calendar and Work Plan

The Board noted the Board Calendar and Work Plan. It was noted that the calendar needs to be updated to align with the identified stakeholder engagement opportunities.

7.3 Stakeholder Engagement Opportunities

The Board noted the information provided with respect to stakeholder engagement opportunities and made a number of minor corrections.

7.6 Correspondence

The Board noted the correspondence provided with the agenda papers.

7.7 Materials Uploaded to BoardEffect since 18 October 2013

The Board noted the materials uploaded to BoardEffect since 18 October 2013.

8.0 OTHER BUSINESS

8.1 Next Meeting – Friday 20 December 2013

The Board discussed the location of the next meeting on Friday 20 December 2013. It was decided that the next meeting would be held at Ipswich Hospital, Jubilee Building. It was also decided that the Board would host a Christmas function immediately following the meeting for key stakeholders.

8.2 Safety Walk Around Next Board Meeting

The safety walk around at the next Board Meeting will focus on Oral Health.

8.3 Press Release

The Board agreed that press releases arising out of this meeting should focus on:

- (a) the psychiatrist who is visiting from Victoria to assist with the State-wide Project: Adolescent Extended Treatment and Rehabilitation Implementation Strategy; and
- (b) grants and fellowship received by the Queensland Centre for Mental Health Research, with a link to the Board's visit and the research focus in the Strategic Plan.

IN-CAMERA SESSION

The Board did not hold an in-camera session.

9.0 MEETING FINALISATION

9.1 Review Actions

The Board reviewed the actions arising out of the meeting.

9.2 Meeting Evaluation

The Board conducted a meeting evaluation.

9.3 Meeting Close

The meeting closed at 4.30pm.

**West Moreton Hospital and Health Board
BOARD MEETING MINUTES****Minutes authorised by Chair as an accurate record of proceedings**


Dr Mary Corbett
Chair, West Moreton Hospital and Health Board

20112113

Date

West Moreton Hospital and Health Board BOARD MEETING MINUTES

Date: Friday 29 November 2013 **Time:** 9.00am to 5.00pm **Location:** The Park - Centre for Mental Health

Members	Key
Dr Mary Corbett, Chair	MC
Timothy Eltham, Deputy Chair	TE
Dr Robert McGregor, Board Member	RM
Paul Casos, Board Member	PC
Melinda Parcell, Board Member	MP
Alan Fry OBE QPM, Board Member	AF
Professor Julie Cotter, Board Member	JC
Ex Officio Standing Invitees	
Lesley Dwyer, Health Service Chief Executive	CE
Ian Wright, Executive Director Finance and Business Services	EDFBS
Jacqui Keller, Corporate Counsel and Secretary	CCS
Other Attendees	
Dr Mark Mattiussi, A/Executive Director Clinical Governance, Education and Research (Item 2.2 only) – by teleconference	EDCGER
Dr Leanne Geppert, A/Director of Strategy, Mental Health and Specialised Services (Item 3.1 only)	DSMHSS
Chris Thorburn, A/Executive Director Corporate Governance and Strategy (Items 3.2, 3.4 and 3.5 only)	EDCGS

VISIT TO QUEENSLAND CENTRE FOR MENTAL HEALTH RESEARCH

The Board visited the Queensland Centre for Mental Health Research (QCMHR), hearing presentations from Professor John McGrath, Professor Bryan Mowry, Dr Geoffrey Waghorn and Professor Harvey Whiteford regarding the work being undertaken by the Centre. This was followed by morning tea with staff of QCMHR.

OPEN SESSION

1.0 MEETING OPENING

The meeting opened at 10.38am.

- 1 Attendance
All members were in attendance.
- 1.2 Adoption of Agenda
The Board noted the full agenda and discussed matters that could be noted if time was constrained. The agenda was otherwise adopted with no alterations.
- 1.3 Declaration of Interests
JC advised the Board that she had resigned from the Board of Toowoomba and Surat Basin Enterprise and that her resignation had taken effect. No further changes to declarations of interests nor additional declarations of interests were made. No conflicts of interest were noted.
- 1.4 Confirmation of Minutes of Board Meeting 25 October 2013 and Meeting Summary
The minutes of the meeting held on 25 October 2013 were confirmed as a true and accurate record of proceedings, subject to the addition of the following sentences at the end of the section headed "Safety Walk Around": *"The Board also heard of the additional strain on resources caused by the increased prevalence of obesity in the population serviced by West Moreton Hospital and Health Service. Causes of this additional strain include increased outpatient time to prepare for surgery, additional potential problems posed during surgery, increased likelihood of requiring intensive care post surgery, slower recovery times and increased risk of infection."*

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The Board Meeting Summary prepared with respect to the meeting held on 25 October 2013 was also approved, subject to the second sentence of the first paragraph being amended to read: *"The Board was interested to hear of the key achievements of the Department and of the challenges that the Department faces in delivering its services, including the challenges caused by the increased prevalence of obesity in the population serviced by WMHHS"*.

1.5 Actions Arising

The Board noted the action register and the items that had been actioned and included in the agenda papers.

2.0 SAFETY AND QUALITY

2.1 Occupational Health and Safety Report

The Board discussed the Occupational Health and Safety Report. The Board noted that there had been no major incidents reported during September, but that there had been a slight increase in the total number of incidents reported. The Board also noted the information provided with respect to assaults by patients and journey claims. The Board considered options available to it when an employee continuously advises their medical practitioner that they are not fit to return to work. Finally, the Board noted the information provided with respect to recent changes to the *Workers' Compensation and Rehabilitation Act 2003* and considered the potential costs involved in obtaining WorkCover claims history for prospective employees.

2.2 Patient Safety and Quality Report

EDCGER joined the meeting by teleconference. The Board discussed the Patient Safety and Quality Report, noting the information provided with respect to SAC1 clinical incidents. EDCGER drew the Board's attention to the increase in pressure injuries, noting that this may be attributable to increased awareness of appropriately assessing patients on admission and data integrity issues. The Board discussed the data provided with respect to behavioural incidents, noting EDCGER's advice that one incident can generate multiple reports. The Board discussed the number of outstanding and overdue recommendations and the work being done to implement these recommendations. The Board noted the data provided with respect to hand hygiene, likely causes, and measures being implemented to ensure improvement. EDCGER left the meeting.

2.3 Safety and Quality Committee Report

Chair of the Safety and Quality Committee provided an overview of the Safety and Quality Committee meeting held on 15 November 2013.

DECISION: The Board approved the recommendation of the Safety and Quality Committee that neither the Deteriorating Patient and Morbidity and Mortality Committee, nor the subordinate departmental Morbidity and Mortality Committees, be designated as Quality Assurance Committees under the *Hospital and Health Boards Act 2011* at this time.

RM noted that he would like to see some more robust processes surrounding these committees to ensure that their utility is optimised.

2.4 Patient Story and Consumer Feedback Report

The Board discussed the Patient Story and Consumer Feedback Report. The Board noted the information provided regarding complaints received with respect to the courtesy bus service and the proposed closure of Barrett Adolescent Centre. The Board also discussed the data provided with respect to unresolved complaints. The Board asked to receive an update on the Patient Opinion service and to see examples of feedback received through Patient Opinion.

3.0 STRATEGIC MATTERS

3.1 Prescribed Employer – Response on Department Remaining Payer

CE and CCS briefed the Board on the options put forward by the Department with respect to the Department remaining the payer and employing entity for taxation purposes when the Hospital and Health Services become prescribed to be the employer, and WMHHS's proposed response.

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DECISION: The Board approved the proposed response to the Department of Health's Consultation Paper titled *Prescribed Employer – HHS Consultation on Payer Function and Employer Status for Taxation Purposes*.

3.2 Process for Annual Review of WMHHS Strategic Plan

EDCGS joined the meeting. EDCGS provided an update on the development of WMHHS's values and an overview of the proposed process for the review and revision of the WMHHS Strategic Plan.

TE left the meeting temporarily.

DECISION: The Board approved the proposed process and timeframes for the review and revision of the WMHHS Strategic Plan.

DECISION: The Board decided that the review and revision of the WMHHS Strategic Plan could be undertaken by the Board and the Executive without the need for an external facilitator.

3.3 Draft Health Service Plan (Agenda Item 3.4)

TE rejoined the meeting. The Board noted the current status of the *West Moreton Hospital and Health Service, Health Service Plan 2013-27* and the intended course of action to progress the health service plan. The Board discussed and noted the information provided in the agenda papers with respect to Amex Corporation's proposal for the health precinct at Ripley Valley.

3.4 Medicare Local Partnership Protocol (Agenda Item 3.5)

The Board discussed the revised draft Partnership Protocol between West Moreton-Oxley Medicare Local and WMHHS. The Board requested that the protocol address information sharing between the parties in more detail, and that specific, measurable deliverables be set out in the protocol.

ACTION: Board to be provided with a status report on achievement of the deliverables identified in the current Medicare Local Partnership Protocol.

ACTION: Board to be provided with revised Medicare Local Partnership Protocol for approval at its December meeting.

EDCGS left the meeting.

3.5 Barrett Adolescent Centre Update (Agenda Item 3.3)

DSMHSS joined the meeting and provided the Board with an update on the progress of the State-wide Project: Adolescent Extended Treatment and Rehabilitation Implementation Strategy. DSMHSS briefed the Board on the proposed new model and the arrangements being put in place to transition to the new model. The Board indicated its support for the proposed new model. The Board requested regular updates on the transition arrangements and implementation of the proposed new model to monitor that they continue to meet patient needs. DSMHSS left the meeting.

The meeting was temporarily adjourned for lunch at 1.20pm, and resumed at 1.50pm.

4.0 FINANCE, AUDIT & RISK

4.1 Audit and Risk Committee Report

Chair of the Audit and Risk Committee, provided an overview of the Audit and Risk Committee meeting held on 15 November 2013.

DECISION: The Board approved the changes to the Internal Audit Charter.

DECISION: The Board approved the Internal Audit Strategic Plan 2013-16.