

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.

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

20/11/13

Date



**West Moreton Hospital
and Health Service**

Board Meeting

Dec 20, 2013 at 09:00 - 17:00

Tutorial Room

Jubilee Building

Ipswich Hospital

West Moreton Hospital and Health Board

BOARD MEETING AGENDA PAPER

Committee:	Board		
Meeting Date:	20 December 2013	Agenda Item Number:	2.3
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: ED Corporate Governance and Strategy		Date: 11 December 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 November 2013.

Attachments

1. Compliment and Complaint
2. Consumer Feedback Report November 2013

West Moreton Hospital and Health Board

BOARD MEETING AGENDA PAPER ATTACHMENT

Committee: Board

Agenda Item Number: 2.3

Attachment: Compliment and Complaint

BOARD MEETING AGENDA PAPER**Compliment**

This compliment was received from a mother of a four year old boy. The compliment was received on 18 November 2013 in relation to her son's treatment in the Emergency Department. The mother said:

"I brought my son to emergency with an infected abscess. We did not have to wait for long before being moved to the Paediatric area of the Emergency Department. Having a separate department for children is a fantastic idea. My son was able to play in the children's play area without disturbing the adults waiting in the emergency department. The staff were friendly, offering me tea and biscuits. They regularly kept me in the loop as to when a doctor would see my son. They were very kind and understanding when my autistic son displayed challenging behaviour".

The compliment was forwarded by the Emergency Department to the CLO for recording in PRIME CF. The mother was not contacted to thank her for her complaint as she had indicated on her feedback form that she did not wish to be contacted.

Complaint

The following feedback was made directly to and reported by the Director Medical Imaging Service on 20 November 2013.

"The mother said her son had an x-ray taken at Laidley Hospital on 7 October 2013 after having a tractor drive over his left foot. The films were transferred to Ipswich Hospital for reporting as per routine procedure and the images were reported on the next day (7 October being a public holiday). The Radiologist's report noted extensive soft tissue swelling but no fractures seen. The mother said the hospital had put a back slab on her son's foot but when the report came back the back slab was removed.

The mother said her son continued with normal activities but his foot was still sore so a number of weeks later she took her son to a GP. The mother said the GP referred her son for a private x-ray of his foot which was performed on 14 November 2013. The mother said she phoned to complain because this x-ray showed four fractures in her son's foot and she was not happy believing the fracture had been missed on the original x-ray taken at Laidley Hospital and her son had been walking around and in pain all that time".

The Director Medical Imaging Services received the complaint on 20 November 2013 and phoned Exact Radiology and asked them to transfer a copy of the x-ray images and report of the foot x-ray. The Director then asked the Radiologist on site at Ipswich Hospital who was not the same Radiologist who reported the original x-rays to review both of the foot x-rays.

The second Radiologist confirmed that there were no fractures visible on the original x-ray which were of good quality and the correct projections and positioning. The x-rays taken by Exact Radiology almost 6 weeks after the initial x-rays did indeed reveal healing fractures at the bases of metatarsals 2,3,4 and 5.

The Radiologist stated that this is not uncommon and undisplaced metaphyseal fractures may not be visible on x-rays taken at an initial presentation. The only reason they are noticed later is due to the peri-osseal reaction which occurs as the bones heal as was the case in this instance. The Radiologist stated that he did not believe treatment would have been any different and that no Radiologist could or would have reported the initial x-rays any differently.

The Director Medical Imaging Services phoned the mother at 16:15 on 20 November 2013 and relayed to her the results of his investigation. The mother accepted the explanation and during the conversation started to cry and said she just felt like she had been a bad mother. The mother said the GP had confirmed that there was nothing that could be done other than to give pain relief as required and to rest if the swelling increased. The mother said she was satisfied with the explanation, thanked the Director for the call. The Director of Medical Imaging Services extended an invitation for the mother to contact him if she had any other concerns.

West Moreton Hospital and Health Board

BOARD MEETING AGENDA PAPER ATTACHMENT

Committee: Board

Agenda Item Number: 2.3

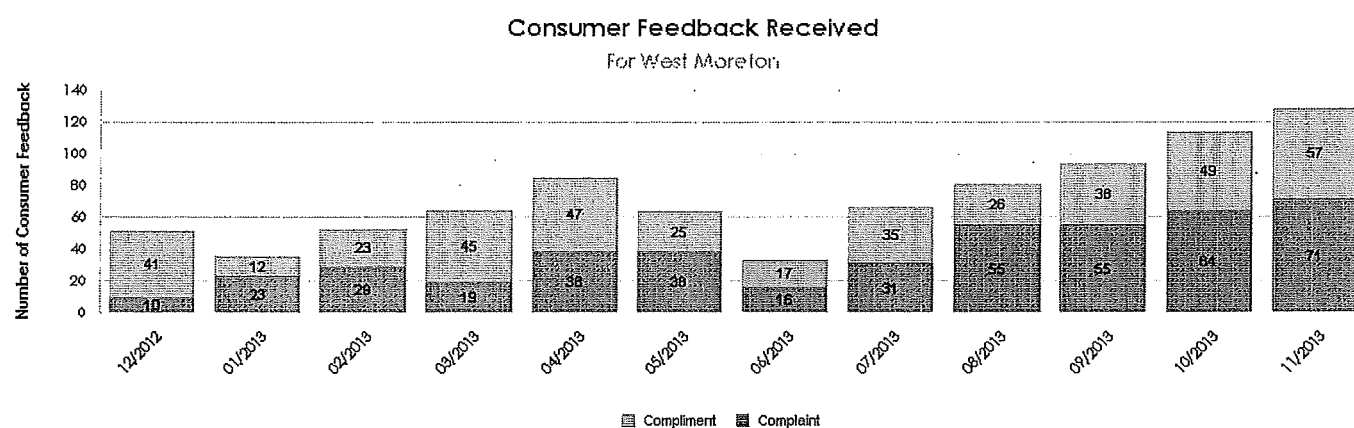
Attachment: Consumer Feedback Report

BOARD MEETING AGENDA PAPER**Consumer Feedback Summary Report for November 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 the November 2013 reporting period:

1. Number of Complaints and Compliments Received:

	Total	Dec 12	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	Oct 13	Nov 13
Complaint	449	10	23	29	19	38	38	16	31	55	55	64	71
Compliment	415	41	12	23	45	47	25	17	35	26	38	49	57
Total	864	51	35	52	64	85	63	33	66	81	93	113	128



An increase in complaint numbers can be seen from June 2013:

- 157 complaints were received for the 6 month period from December 2012 to May 2013
- 292 complaints were received in the 6 month period from June 2013 to November 2013
- 193 compliments were received in the first 6 month period from December 2012 to May 2013
- 222 compliments received in the 6 month period from June 2013 to November 2013

These trends have resulted in an 86% rise in complaints and a 15% rise in compliments in the second half of 2013. This has caused significant work load issues currently being addressed.

In November 2013:

- 40 complaints were made to the CLO directly or by 'Consumer Feedback Forms'
- 31 complaints received via MD09 (from the Health Quality & Complaints Commission (HQCC), Ministerial Correspondence and Local Members of Parliament)

2. Complaint Severity Ratings from 1 December 2012 – 30 November 2013:

	Total	Dec 12	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	Oct 13	Nov 13
Negligible	119	6	10	4	6	15	8	2	2	7	17	22	20
Minor	204	3	8	20	11	18	14	9	17	31	23	27	23
Moderate	121	1	5	5	2	5	16	5	11	15	13	15	28
Major	5	0	0	0	0	0	0	0	1	2	2	0	0
Extreme	0	0	0	0	0	0	0	0	0	0	0	0	0

BOARD MEETING AGENDA PAPER

In November 2013 the number of negligible and minor complaints remained relatively unchanged with an increase in the number of moderate complaints received (twenty two of these matters relate to the changes to the Barrett Adolescent Centre). No extreme or major complaints were received during this time period.

Courtesy Bus Service

Eight of the twenty negligible complaints recorded in October 2013 related to changes of operational hours to the Courtesy Bus service (now 9am - 5pm). In November we received three complaints in relation to the Courtesy Bus.

Barrett Adolescent Centre Closure

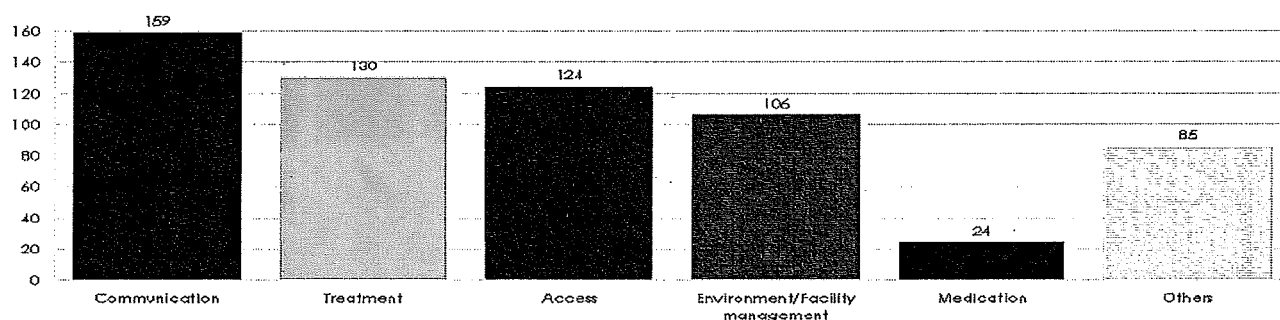
Twenty two of the twenty eight complaints rated as moderate are related to the closure of the Barrett Adolescent Centre where the main emphasis of the feedback was predominantly about the uncertainty of the future care and the models of care to be provided. Mental Health and Specialised Services Division continue to monitor and manage this matter.

3. Complaint Issues:

WMHHS Top 5 Issues Categories for the last year from 1 December 2012 – 30 November 2013

Top 5 Issue Categories

For Complaints



	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Jun 2013	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Total
Communication	6	9	15	6	18	23	7	13	20	18	12	8	159
Treatment	1	7	7	3	8	14	8	18	22	16	11	12	130
Access	1	2	7	5	6	13	4	3	18	19	8	30	124
Environment/ Facility Management	2	11	15	6	15	7	1	3	3	8	20	12	106
Medication	0	2	1	1	4	1	0	3	3	2	2	4	24
Others	1	4	6	5	4	5	8	7	16	10	8	5	85
Total	11	35	51	26	55	63	28	47	82	73	61	71	628

BOARD MEETING AGENDA PAPER**November 2013 Reporting Issue Categories**

The complaint issues for November 2013 reporting are:

Communication – eight matters of complaint related to communication and predominantly about attitude but also the provision of inadequate and incorrect information

Access – twenty two of the thirty recorded access issues relate to the Barrett Adolescent Centre under the subcategory of service availability

Treatment - the majority of the complaints relate to the Emergency Department or Outpatients and the subcategories related to the adequacy of treatment, co-ordination of treatment and diagnosis.

Environment and Facility Management - two complaints of lost property and three matters in relation to the courtesy bus were received

Medication – complaints related to dispensing, prescribing and supply/security and storage

Other - singular issues relate to complaints about fees and cost, professional conduct, and discharge and transfer arrangements

4. Compliments

A total of fifty seven compliments were recorded for November 2013. The majority of compliments received were in relation to care, treatment and professionalism.

There were twelve compliments relating to the care and treatment provided by staff in the newly opened Emergency Department – Paediatric Unit. The key themes of these compliments relate to the care, treatment and professionalism of staff.

Compliments were also received about services provided by Cardiac Rehabilitation, Laidley Hospital, 6B Rehabilitation, Physiotherapy, Aged Care & Stroke Services; 5C Maternity & Gynaecology Ward, 4F surgical and 5F Orthopaedics.

5. Complaint KPIs**Acknowledged within 5 days (KPI 100%):**

REPORT	November 2013
Acknowledged within 5 days (KPI – 100% within 5 calendar days)	98.59%

One complaint was acknowledged on day six.

Resolved within 35 days (KPI 80%):

REPORT	November 2013
Complaints resolved (closed) within 35 days	51%
Complaints not resolved (open) and under 35 days	49%
Total	100%

There were 19 complaints carried over from previous months into November. Two matters of complaint received in August 2013 remain open but should be closed in the next week; six matters received in September and 11 matters received in October are over the 35 day target and are continuing to be managed in consultation with the relevant divisions.

BOARD MEETING AGENDA PAPER**7. Other issues identified in reporting of Consumer Feedback Information for the WMHHS**

The CLO continues to oversee a process to improve access to PRIME CF for users throughout WMHHS. Currently data is predominantly being inputted by the CLO. Addressing access and training will aim to improve reporting of all feedback.

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

8. Patient Opinion

The Patient Opinion Platform was managed by the Office of the Executive Director Clinical Services. Management of the Patient Opinion Platform has been transferred to Corporate Governance and Strategy. Consideration is currently being given to how utilisation of Patient Opinion Platform can be promoted.

Feedback received via the Patient Opinion

Four patient stories were published on the Patient Opinion Platform in November 2013. Three of the matters were compliments and one matter was a suggestion that a church could be beneficial in the "Ipswich Mental Health Hospital" (taken to mean Integrated Mental Health at Ipswich Hospital). Between 62 and 84 people have chosen to read each story.

This compliment was received via the Patient Opinion Platform on 18 November 2013:

"I went rollerblading, the inevitable happened and I fell down and consequently broke my wrist. That afternoon I attended Ipswich Emergency, content with the idea I would be waiting a while, I took a book along. The good news was that I was assessed, x-rayed, a cast put on my wrist and discharged... and I only managed to get 3 pages of my book read. The service was quick, polite and professional".

The story was responded to and the person was thanked and advised that the message would be passed on to staff in the Emergency Department and Medical Imaging.

West Moreton Hospital and Health Board

BOARD MEETING AGENDA PAPER

Committee:	Board		
Meeting Date:	20 December 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: ED Mental Health and Specialised Services		Date: 11 December 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 continues, with the proposed future model in final draft.
 - b. The care planning for current BAC consumers and those on the waitlist is being progressed by West Moreton HHS Clinical Care Transition Panels.
 - c. CHQ has recently launched their web presence in relation to the new models.
4. Ongoing BAC Service Delivery

BOARD MEETING AGENDA PAPERCurrent 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. Dr Sandra Radovini (a renowned child and youth psychiatrist from Victoria) visited West Moreton HHS 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 met with some parents/carers of BAC consumers, and in a separate function, she met with invited child and youth specialists from across Queensland.
- g. As West Moreton HHS has been recently informed that the new statewide service options may take a further 12 months to be fully established, West Moreton HHS has commenced planning interim service options as was presented at the last Board meeting 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 has been endorsed by the Director General and funding supported and will commence with the holiday program elements from Monday 16 December.
- h. The Chairs of both West Moreton HHS and CHQ met with the Minister and a joint announcement with the Minister in regard to the future model of statewide adolescent services and the transition of the current BAC services is scheduled for 10 January 2014.

Staff within the Barrett Adolescent Centre

- i. As of this week, all staffing positions within the BAC have been declared redundant to Service.
- j. Unions were advised of this process some weeks ago and will continue to be engaged.
- k. The process followed will ensure all staff are considered for any current vacancies within the workplace including opportunities for retraining.
- l. Any staff who are not able to be placed in this process will proceed to redeployment and final redundancy.
- m. As the BAC will potentially close prior to the process being completed, all staff will be placed within the mental health pool and rostered across the facility to support other staff to take outstanding annual leave.

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.

West Moreton Hospital and Health Board

BOARD MEETING AGENDA PAPER**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

Nil

West Moreton Hospital and Health Board BOARD MEETING MINUTES

Date: Friday 20 December 2013 **Time:** 9.00am to 5.00pm **Location:** Ipswich Hospital

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 (Apology, except Agenda Item 5.2)		CE
Ian Wright, Executive Director Finance and Business Services		EDFBS
Jacqui Keller, Corporate Counsel and Secretary		CCS
Other Attendees		
Linda Hardy, A/Health Service Chief Executive and Executive Director Clinical Services		A/CE

VISIT TO ORAL HEALTH SERVICES

The Board visited Oral Health Services at Limestone Street, Ipswich. The Board witnessed the work of the service and heard among other things of the achievements of the service in reducing waiting lists, the results achieved in the recent workforce survey, the challenges faced through the growth of the school aged population, and issues caused by central stores.

OPEN SESSION

1.0 MEETING OPENING

The meeting opened at 10.50am.

1.1 Attendance

All members were in attendance. The apology of Lesley Dwyer, Health Service Chief Executive was noted (other than in respect of Agenda Item 5.2 Chief Executive Report). Linda Hardy, A/Health Service Chief Executive attended the meeting in her place.

1.2 Adoption of Agenda

The Board discussed the Agenda, noting that a few of the agenda items will be for discussion rather than decision. The Agenda was otherwise adopted with no alterations.

1.3 Declaration of Interests

No additional interests or changes to interests were declared. No conflicts of interest were declared with respect to matters on the agenda.

1.4 Confirmation of Minutes of Board Meeting 29 November 2013 and Meeting Summary

The minutes of the meeting held on 29 November 2013 were confirmed as a true and accurate record of proceedings. The Board Meeting Summary prepared with respect to the meeting held on 29 November 2013 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.

Action #221 – The Board noted that the ICT Investment Strategy provided in the agenda papers requires further work before it can be approved by the Board.

West Moreton Hospital and Health Board BOARD MEETING MINUTES

To do: Chief Executive Report for January Board meeting to include an update on the strategic risk regarding shortage of desktop computers with Windows XP.

2.0 SAFETY AND QUALITY

2.1 Occupational Health and Safety Report

The Board discussed the Occupational Health and Safety Report, noting in particular the information provided with respect to occupational violence and the decrease in WorkCover claim costs and days. The Board also discussed the issue of sick leave in the context of workforce engagement.

ACTION: Safety and Quality Committee to consider a breakdown of sick leave by Facility/Department/Division on a twice annual basis.

2.2 Patient Safety and Quality Report

The Board discussed the Patient Safety and Quality Report, focussing on overdue outstanding recommendations and efforts to address hospital acquired pressure injuries. A/CE briefed the Board on WMHHS's preparations to address any streptococcal risk. The Board discussed the information provided in the agenda paper with respect to behavioural incidents and medication incidents.

ACTION: Safety and Quality Committee to consider medication incidents in more detail, in particular analysis of the types of errors.

To do: Reported Pressure Injuries graphs to include a trend line reflecting correct data (as opposed to raw data).

ACTION: Board to be briefed on recent report in media with respect to suicide rates and impact/context for West Moreton region.

2.3 Patient Story and Consumer Feedback Report

The Board discussed the Patient Story and Consumer Feedback Report. The Board considered the increasing numbers of complaints and plans to resolve the issue.

ACTION: Executive Committee to review the detail of complaints over past six months. Paper to include data, as well as screen dumps of actual complaints received.

2.4 Safety and Quality Workshop

MP provided an overview of the matters discussed at the Safety and Quality Workshop attended by the Chair and MP on 5 December 2013. The Board considered how it can maintain visibility over staff feedback about patient care, and the importance of triangulating that feedback with patient feedback and clinical data.

To do: Melinda Parcell to make enquiries with the Department of Health about how WMHHS can best capture staff feedback about patient care.

ACTION: Board to consider Berwick report arising out of the Mid-Staffordshire inquiry and implications for WMHHS at a future meeting.

3.0 STRATEGIC MATTERS

3.1 Medicare Local Partnership Protocol

The Board noted that the amendments to the Medicare Local Partnership Protocol requested at the November meeting had not been made. As such, it was not prepared to approve the protocol provided with the agenda papers.

ACTION: Revised Medicare Local Partnership Protocol capturing amendments requested at the November Board meeting to be provided to Board for approval at the January Board meeting.

West Moreton Hospital and Health Board BOARD MEETING MINUTES

To do: Meeting to be organised between WMHHS and WMOML Board members. Possible topic to be the current review of Medicare Locals.

3.2 Strategic ICT Investment Plan 2013-18

The Board noted the Strategic ICT Investment Plan 2013-18 provided with the agenda papers and the further work to be done before it can be approved by the Board (including linking the recommendations to the WMHHS Health Service Plan and HSIA ICT Plan).

ACTION: ICT Investment Strategy to be presented to the Board once information required to finalise the plan is available (including WMHHS Health Service Plan and HSIA ICT Plan).

3.3 Draft Health Service Plan and Consultation Strategy

A/CE provided an overview of the draft Health Service Plan and the work to be completed by Thinc Health to finalise the draft plan.

To do: CCS to circulate methodology used by Thinc Health with respect to population projections.

To do: Thinc Health to be asked to model some "what if" scenarios if the population growth is significantly less than projected.

To do: Board to be provided with version of Health Service Plan that is going out for consultation and Board to participate in consultation process.

The Board discussed the Consultation Strategy. The Board requested that all stakeholders be involved, and asked that those involved in any consultation be advised that: (a) the Health Service Plan will be subjected to regular review; (b) the plan has been prepared by Thinc Health and is subject to consultation and subsequent approval by WMHHS; (c) that by developing and approving the plan, WMHHS is not committing to the expenditure proposed in the plan; (d) participant's views are sought on specific questions relating to the Health Service Plan.

ACTION: Letter being provided to stakeholders inviting feedback on Health Services Plan to be provided to the Board for noting.

3.4 WMHHS Values

The Board discussed the proposed WMHHS values, including feedback provided on the WMHHS values by the Board and Executive.

To do: Values to be referred to an external advisor to revise wording.

The meeting temporarily adjourned for lunch at 1.00pm, reconvening at 1.30pm.

4.0 FINANCE, AUDIT AND RISK MATTERS

4.1 Audit and Risk Committee Report

The Chair of the Audit and Risk Committee provided an overview of the Audit and Risk Committee meeting held on 13 December 2013.

DECISION: The Board approved the following changes to the risk analysis of the following strategic risks:

- (a) SR1 – Financial Viability – Decrease Consequence from Major to Moderate, resulting in a decrease in the Current Risk Rating from High to Medium
- (b) SR4 – Commercial Capabilities – Increase Consequence from Moderate to Major and increase Likelihood from Possible to Likely, resulting in an increase in the Current Risk Rating from High to Very High
- (c) SR12 – Performance Misstatement – Decrease Consequence from Major to Moderate, resulting in a decrease in the Current Risk Rating from High to Medium
- (d) SR13 – Financial Reporting – Decrease Consequence from Major to Moderate, resulting in a decrease in the Current Risk Rating from High to Medium

West Moreton Hospital and Health Board BOARD MEETING MINUTES

- (e) SR14 – Internal Financial Management – Decrease Likelihood from Possible to Unlikely, resulting in a decrease in the Current Risk Rating from High to Medium
- (f) SR15 – Relationship with State Government – Decrease Consequence from Major to Moderate, resulting in a decrease in the Current Risk Rating from High to Medium
- (g) SR23 – Shortage of Desktop Computers that will Support XP – Correction of the Current Risk Rating to Very High in line with its Consequence and Likelihood.

DECISION: The Board approved the risk review schedule and working principles included in the agenda papers, subject to the following amendment: all risks rated as "Very High" are to be reviewed by the Board on a monthly basis, in addition to being reviewed by the relevant Committee nominated in the schedule at every meeting of that Committee.

4.2 Finance Committee Report

The Chair of the Finance Committee provided an overview of the Finance Committee meeting held on 13 December 2013. CCS also provided the Board with an update on the dispute involving the non-payment of rent by Wolston Park Golf Club, as provided to the Finance Committee at its meeting.

DECISION: The Board approved the write-off of the staff meals debt of \$54,416.44 relating to pre-30 June 2012 as the likelihood of these debts being recouped is remote.

4.3 Financial Performance Report

The Board discussed the Financial Performance Report as at 30 November 2013, with particular attention paid to YTD surplus, average YTD debtor days, the Income Statement, MOHRI limit and backlog maintenance. EDFBS provided an update on the Land and Buildings Transfer Project, including the revised timeframe for transfer of land and buildings to WMHHS and the support that is being provided by the Department of Health with respect to the transfer. The Board noted the risks arising from possible differentials in valuations and the possible transfer of the land via a Deed with issues to be dealt with following transfer.

4.4 QIRC Litigation – Ratification of Settlement

DECISION: The Board ratified the settlement of two Queensland Industrial Relations Commission matters involving an ex-employee at The Park on the terms and conditions set out in the Deed of Release included in the agenda papers.

4.5 Review of Delegation for Special Payments

DECISION: The Board approved an amendment to the financial delegation to the Chief Executive for special payments to provide for two special payment delegations that apply in different circumstances, being \$250,000 for employee-related special payments and \$100,000 for all other special payments, on the condition that the Board is informed of any employee-related special payments that exceed \$100,000.

5.0 GENERAL MATTERS

5.1 Innovation Fund

The Board discussed the information provided with respect to the applications received for funding out of the Improving the Patient Experience Innovation Fund. The Board also noted its preference for a Board member to sit on the panel responsible for considering the applications should a similar fund be established in the future.

To do: Board to be provided with more detail of all recommended applications out-of-session.

DECISION: The Board approved the recommended applications for progression to receive funding for the Improving the Patient Experience Innovation Fund.

5.2 HHS Performance Report (Agenda Item 5.3)

West Moreton Hospital and Health Board BOARD MEETING MINUTES

The Board discussed the information provided in the HHS Performance Report with respect to achievement of NEAT, NEST and specialist outpatient performance targets. The Board was pleased to note the achievement of the Treat in Turn KPI for the first time in November, with a result of 68% against a target of 60%. A/CE also provided an overview of the most recent Director-General Performance Assessment meeting, noting the recommendation that WMHHS be upgraded from "seriously underperforming multi-dimensional" to "underperforming single-dimensional". The Board congratulated all involved on this achievement.

The meeting temporarily adjourned at 3.05pm for afternoon tea, reconvening at 3.10pm.

- 5.3 Ipswich Hospital Expansion Open Day
The Board agreed to address this matter as a "Matter for Noting" later in the agenda.

6.0 CORPORATE GOVERNANCE

- 6.1 Declaration of Gifts and Benefits
CCS drew the Board's attention to the information provided in the agenda papers with respect to the declaration of gifts and benefits and reminded the Board of their obligations with respect to same.

ACTION: CCS to advise how employees are to handle gifts of lottery tickets/cash when directed to a group of people (e.g. a ward) and cannot be returned.

7.0 MATTERS FOR NOTING

- 7.1 Barrett Adolescent Centre Update (Agenda Item 7.2)
CE joined the meeting by teleconference. CE provided the Board with an update on the implementation of the Statewide Adolescent Extended Treatment and Rehabilitation Strategy, including the transition of remaining patients at Barrett Adolescent Centre towards suitable alternative services.

8.0 GENERAL MATTERS (CONTINUED) (Agenda Item 5.0)

- 8.1 Chief Executive Report (Agenda Item 5.2)
CE presented the Chief Executive Report, focussing on the following matters addressed in the report:

- (a) Workforce Risk and Compliance Incidents
- (b) Prescribed Employer
- (c) Events and Media
- (d) Hospital Performance Website
- (e) After Hours GP Clinic
- (f) Executive Appointments and Movements
- (g) Innovation Fund
- (h) Australia Day Awards 2014
- (i) Staff Christmas BBQs

CE also discussed anonymous correspondence received that had been addressed to the Board and the CE raising issues with respect to the Nursing and Midwifery Lead at WMHHS. CE advised the Board of the CE's proposed actions in response to the complaint. The Board noted the correspondence and the actions being taken by the CE.

CE left the meeting.

9.0 MATTERS FOR NOTING (CONTINUED) (Agenda Item 7.0)

- 9.1 Ipswich Hospital Expansion Open Day (Agenda Item 5.4)
The Board noted the proposal for the Ipswich Hospital Expansion Open Day.

ACTION: Proposal re Ipswich Hospital Expansion Open Day to come back to the Board in January once feedback received from the Minister.

- 9.2 Plan for Development of People Plan (Agenda Item 7.1)

West Moreton Hospital and Health Board BOARD MEETING MINUTES

The Board noted the proposed approach to development of a People Plan for WMHHS as outlined in the agenda paper.

- 9.2 Centralisation of Government Employee Housing (Agenda Item 7.3)
The Board noted the establishment of the Government Employee Housing Project to oversee the centralisation of employee housing under the management and ownership of the Department of Housing and Public Works as outlined in the agenda paper.
- 9.3 Service Agreement – Window 2 Amendments (Agenda Item 7.4)
The Board noted the proposed Window 2 amendments to the 2013/14-2015/16 Service Agreement, as outlined in the agenda paper.
- 9.4 Board Calendar and Committee Calendar (Agenda Item 7.5)
The Board noted the Board Calendar and the Committee Calendar. It was noted that the Executive Committee may not meet every two months as proposed in the Committee Calendar. It was also noted that the dates for all Committees in August, the Finance Committee in October and the Audit and Risk Committee in December would need to be corrected.
- 9.5 Stakeholder Engagement Opportunities
The Board noted the stakeholder engagement opportunities outlined in the calendar provided with the agenda papers.
- 9.6 Correspondence
The Board noted the correspondence provided with the agenda papers.
- 9.7 Materials Uploaded to BoardEffect since 22 November 2013
The Board noted the materials uploaded to BoardEffect since 22 November 2013.

10.0 OTHER BUSINESS (AGENDA ITEM 8.0)

- 10.1 Boonah Hydrotherapy Pool (New Agenda Item)
The Chair informed the Board of the Minister's request for WMHHS and West Moreton Oxley Medicare Local (WMOML) to enter into discussions with the operators of the Boonah Hydrotherapy Pool to explore opportunities that would support the continued operation of the pool. The Chair advised the Board of the current status of those discussions and the nature of the support currently being offered by WMHHS. This includes agreeing to work in partnership with the Council, WMOML and the Department of Health to support the immediate financial requirements of the pool. It was noted that WMOML has agreed to pay for a consultant to investigate the longer term viability of the pool. A/CE will continue to progress this matter and an update will be provided to the Board at the next meeting.

To do: Board to be provided with an update on status of WMHHS support for Boonah Hydrotherapy Pool.

- 10.2 Next Meeting (Agenda Item 8.1)
The Board noted that the next meeting will be held on Friday 31 January 2014 at Boonah Hospital.
- 10.3 Safety Walk Around Next Board Meeting (Agenda Item 8.2)
The Board agreed that the Safety Walk Around at the next Board Meeting will focus on the safety and quality performance of Boonah Hospital.
- 10.4 Press Release (Agenda Item 8.3)
The Board agreed not to issue a press release with respect to any outcomes of this meeting.
- 11.0 MEETING FINALISATION (AGENDA ITEM 9.0)
- 11.1 Review Actions (Agenda Item 9.1)
The Board reviewed the actions arising out of the meeting.

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

- 11.2 Meeting Evaluation (Agenda Item 9.2)
The Board conducted a meeting evaluation.

- 11.3 Meeting Close (Agenda Item 9.3)
The meeting closed at 4.45pm.

IN-CAMERA SESSION

The Board held an in-camera session following the meeting.

Minutes authorised by Chair as an accurate record of proceedings


Dr Mary Corbett
Chair, West Moreton Hospital and Health Board

31/11/14
Date



**West Moreton Hospital
and Health Service**

Board Meeting

Jan 31, 2014 at 09:00 AM

Boonah Health Service

Conference Room

11-17 Leonard Street

Boonah,

BOARD MEETING AGENDA PAPER

Committee:	Board		
Meeting Date:	31 January 2014	Agenda Item Number:	1.6
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: 24 January 2014
<input type="checkbox"/> Recommendation/s are consistent with Strategic Plan <input 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			

Draft Resolution

It is proposed that the West Moreton Hospital and Health Board **note** this Chief Executive Report.

Accordingly, no resolution is proposed.

1. Background

The Chief Executive Report is presented in a different format to bring to the Board's attention and, where required, to seek guidance on the key matters being focussed on by the Chief Executive.

Regular reporting items that were in previous Chief Executive Reports are now presented within the "Matters for Noting" section at Agenda Item 7.0.

The report will also from time to time highlight strategic issues that will be brought to Board in coming months to provide background, context and where applicable seek guidance.

2. Health Service Plan

The Board reviewed and discussed the draft Health Service Plan at the December meeting. Consultation on the plan is to commence shortly (Agenda item 7.3). The West Moreton and Oxley Medicare Local are developing the Needs Assessment of the region along a similar time frame. The two plans will need to be referenced and where appropriate aligned, particularly where service gaps are identified.

The development of the Health Service Plan is critical to deliver on the current and will inform the future Strategic Plans. This plan should form the reference point for all decisions in relation to capital and asset planning, enable the development of site master plans, investment of any surplus, clinical service provision, workforce planning as well as any strategic partnerships for delivery of services to meet health care need.

The Board are aware that West Moreton has the lowest percentage of health care need met (55%) within Queensland (average 77%) as well as a predicted growth in population through to 2030 which our current level of service delivery will not meet. Approximately 30% of people who attend our service are transferred to services within the metropolitan area. Our 4 rural sites have more of a "step down" and urgent assessment model and through the development of the health service plan need to be defined based on population needs and clinical safety.

The current capital expansion at Ipswich Hospital will provide bed based capacity for the immediate to short term needs but does not provide for the increase in clinical capability that will be required.

I have started to use the phrase that we need to be developing the capability to be a "small t" health service which means that we should be able to meet the health needs of 85% of our population – with a stretch target of 90-95%.

The completion of the Health Service Plan will require Board to ensure that Government accept the plan and both the Health Service and Government commit to the future capital required, by whatever funding

BOARD MEETING AGENDA PAPER

On the 4th February the Executive will also have a "Board Tune Up" session facilitated by Board Matters. This is timely to ensure that the role and responsibilities of Board is well understood thereby ensuring that the Executive are able to provide information at the "right" level to enable these obligations to be fulfilled.

8. Other mattersRecent death of a Medical Colleague

Some members of Board will be aware that the local medical community was rocked by the recent death of an ENT surgeon - [REDACTED] I understand he did significant work not only for the hospital but also at St Andrew's.

Professor Geoff Mitchell has approached the Medicare Local, the Foundation and myself to discuss if we should consider that this is an opportune time to consider doctors health. Geoff has provided the following information by way of background and proposal.

"While this term means "mental health"" in most people's minds, it is much more broad than that – it involves physical as well, how to pick a GP, and if you are a doctor how to treat patients who happen to be doctors. Also, how doctor's health seeking behaviour has a lot in common with lay people's health seeking behaviour, but with some significant modifications relating to our training and enculturation. There are a lot of myths about doctor's health and precious little evidence. A colleague of mine, Dr Margaret Kay, has just completed her PhD on this topic, where she did gather high quality evidence – particularly the non-mental health aspects I mentioned above. In addition if we go ahead I would like to ask Dr Frank New, a psychiatrist and chair of the Doctor's Health advisory service, to come to so that the mental health aspect can be addressed. Frank is a very down to earth guy, and will be very good value as well"

Geoff has proposed a seminar from 5-7pm on Thursday 20th February, to be followed by the normal Local Medical Association dinner. The seminar would be at the 9th floor auditorium at IGH, with a walk down the hill to the Ipswich Club for dinner.

I have indicated that we would be interested in supporting this forum, being mindful of timing sensitivities for the family and colleagues of the doctor.

Barrett Adolescent Centre

The last client was transferred from the Barrett Adolescent Centre today (24 January). A brief has been prepared for the Minister to advise him that in effect the centre has closed as there has not been a formal announcement of the Statewide model for adolescent services.

As of 1 February the Queensland Children's HHS has assumed responsibility for provision of services however we continue to provide time limited clinician support for former Barrett consumers now placed in other services.

Ipswich Regional Leaders Forum

I have been asked to present on our health service planning at the next forum in February. This form consists of senior government providers across the Ipswich region and is facilitated by the Ipswich City Council. Whilst our plan will not be finalised I plan on providing a view of the process, data reviewed and considered and what this means for our health service.

BOARD MEETING AGENDA PAPER

Committee:	Board		
Meeting Date:	31 January 2014	Agenda Item Number:	2.3
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: Executive Director Corporate Governance and Strategy		Date: 21 January 2014
<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			

Draft resolution

That the West Moreton Hospital and Health Board notes the respective patient reflections of services provided by the West Moreton Hospital and Health Service and Consumer Feedback Report for December 2013. Accordingly, there is no resolution.

Executive Summary

1. This paper contains an example of a closed compliment and complaint from December 2013 and includes compliments and complaints data for the month of December 2013.

Background

2. The Consumer Liaison Officer (CLO) provides a monthly account of the complaints and compliments received and investigated.

Recommendation and Considerations

3. There has been a decrease in the number of consumer feedback received in December 2013, most likely due to the festive season (refer Attachment 1).

Financial and Other Implications

4. There are no direct financial implications.
5. There are no direct legal, political or stakeholder implications.

Strategic and Operational Alignment

6. This agenda item aligns with and supports the strategic objective – strengthens safety and quality.

Risk Analysis

7. This agenda item is linked to strategic risk 17 – community perception and expectations.

Consultation

8. Not applicable.

Draft Resolution

That the West Moreton Hospital and Health Board notes the respective patient reflections of services provided by the West Moreton Hospital and Health Service and Consumer Feedback Report for December 2013. Accordingly there is no resolution.

Attachments

1. Consumer Feedback Summary Report for December 2013
2. Compliment and Complaint

West Moreton Hospital and Health Board

BOARD MEETING AGENDA PAPER ATTACHMENT

Committee: Board

Agenda Item Number: 2.3

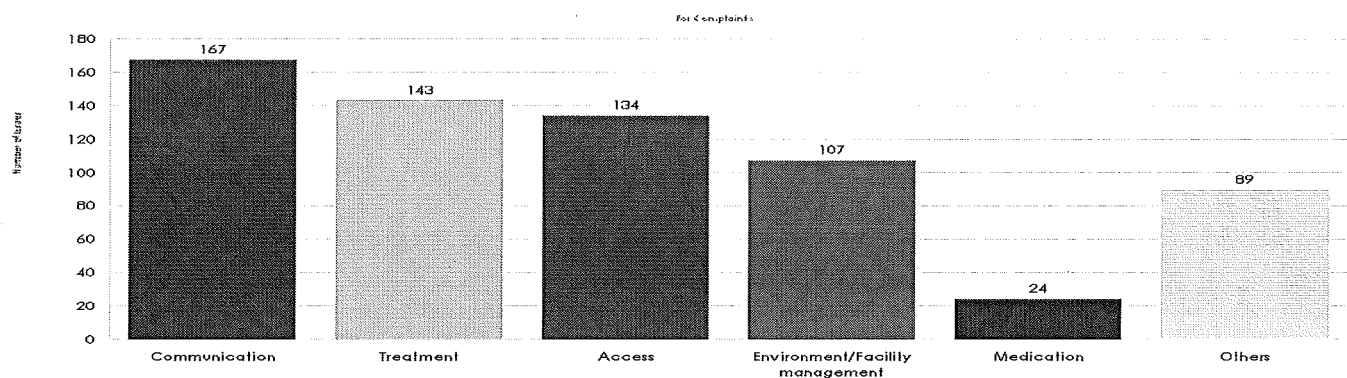
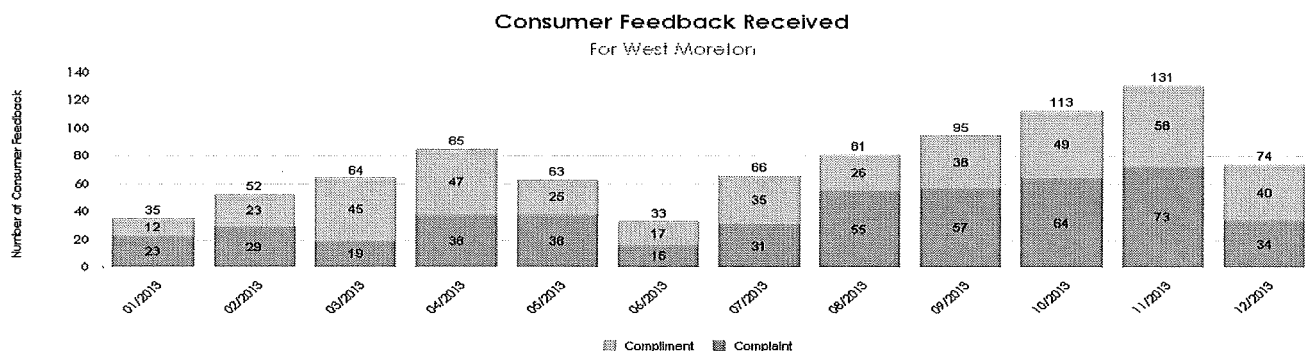
Attachment: 1. Consumer Feedback Summary Report
for December 2013

BOARD MEETING AGENDA PAPER**Attachment 1****Consumer Feedback Summary Report for December 2013**

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

1. Number of Complaints and Compliments Received:

	Total	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	Oct 13	Nov 13	Dec 13
Complaint	477	23	29	19	38	38	16	31	55	57	64	73	34
Compliment	415	12	23	45	47	25	17	35	26	38	49	58	40
Total	892	35	52	64	85	63	33	66	81	95	113	128	74

**2. Complaint Severity Ratings from 1 January 2013 – 31 December 2013:**

	Total	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	Oct 13	Nov 13	Dec 13
Negligible	116	10	4	6	15	8	2	2	7	17	22	20	4
Minor	223	8	20	11	18	14	9	17	31	23	27	23	25
Moderate	133	5	5	2	5	16	5	11	15	13	15	28	5
Major	5	0	0	0	0	0	0	1	2	2	0	0	0
Extreme	0	0	0	0	0	0	0	0	0	0	0	0	0

In December 2013 the number of negligible and moderate complaints decreased with the number of minor matters received remained relatively unchanged. No extreme or major complaints were received during this time period.

BOARD MEETING AGENDA PAPER**Courtesy Bus Service**

Nil complaints recorded in December 2013 related to changes of operational hours to the Courtesy Bus service (now 9am - 5pm). However, one suggestion was received requesting an earlier start for the service to cater for 8am appointments.

Barrett Adolescent Centre Closure

During the month of December one complaint was received regarding access related to the impending closure of the existing service. Mental Health and Specialised Services Division continue to monitor and manage this matter.

3. Complaint Issues:

WMHHS Top 5 Issues Categories for the last year from 1 January 2013 – 31December 2013

	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Jun 2013	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Total
Communication	9	15	6	18	23	7	13	20	19	16	8	12	167
Treatment	7	7	3	8	14	8	18	23	16	14	12	13	143
Access	2	7	5	6	13	4	3	18	23	14	30	7	134
Environment/ Facility Management	11	15	6	15	7	1	3	3	9	23	12	3	107
Medication	2	1	1	4	1	0	3	3	2	3	4	0	24
Others	4	6	5	4	5	8	7	16	10	12	5	3	89
Total	35	51	26	55	63	28	47	83	79	82	77	38	664

December 2013 Reporting Issue Categories

The complaint issues for December 2013 reporting are:

Communication – 12 matters of complaint related to communication, predominantly about attitude but also the provision of inadequate and incorrect information

Access – complaints related to access this month were divided between referral, waiting lists (surgery and appointment) and one each for waiting time, refusal to admit or treat and the impending closure of the Barrett Adolescent Centre.

Treatment - the majority of the complaints related to the Emergency Department with the main subcategory of inadequate treatment and one for diagnosis. Day Procedures was next with subcategories of unexpected treatment outcome/complications, coordination of treatment and again one for diagnosis.

Environment and Facility Management – These complaints related to reported concerns about the attitude or behaviour of some clinical support staff.

Medication – nil complaints were related to medication during December.

Other - singular issues relate to complaints about request information about complaint mechanisms, professional conduct, and access to/transfer of records.

BOARD MEETING AGENDA PAPER**4. Compliments**

A total of 42 compliments were recorded for December 2013, the majority of which were in relation to care, treatment and professionalism.

The largest number of compliments received was shared between Cardiac Rehabilitation and Intensive Care with 13 compliments each. The theme of the compliments were related to care, treatment and professionalism. The remaining areas that received compliments were: Esk Hospital General Ward (4), Ipswich Hospital Emergency Department (5), 6B Rehabilitation, Aged Care & Stroke Services (2), 7B Medical (8); 5C Maternity & Gynaecology Ward (5), Physiotherapy (2) and District Clinical Support Services (5); Outpatients (2) and 5F Orthopaedics (2).

5. Complaint KPIs**Acknowledged within 5 days (KPI 100%):**

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

Resolved within 35 days (KPI 80%):

REPORT	December 2013
Complaints resolved (closed) within 35 days	52%
Complaints resolved (closed) over 35 days	3%
Complaints not resolved (open) and under 35 days	45%
Total	100%

There were **37** complaints carried over from previous months into December 2013.

6. Feedback received via Patient Opinion

One patient story was published on the Patient Opinion Platform in December 2013. This was a complaint that was also provided directly to the Consumer Liaison Officer and closed during December 2013.

West Moreton Hospital and Health Board

BOARD MEETING AGENDA PAPER ATTACHMENT

Committee: Board

Agenda Item Number: 2.3

Attachment: 2. Compliment and Complaint

BOARD MEETING AGENDA PAPER**Attachment 2****Compliments**

The following compliment was provided in writing regarding by the husband of one of our patients who presented to the Ipswich Emergency Department on 23 December 2013:

"I was absolutely blown away with the care and concern shown to my wife [name provided]. Each stage of her treatment was explained to her, which made her choices easy. Again, I cannot speak highly enough of all staff that had anything to do with her stay in emergency. Thank you again."

The following two compliments were posted to the West Moreton Hospital and Health Service Facebook page from the same person on the morning of 20 December 2013:

"Beautiful staff. Great support group in ward 6B, thank you for everything."

"To all the staff in age care/stroke unit ward 6B. I would like to thank everyone for your kind and loving hearts and for your help in supporting my father towards his recovery. All the doctors/nurses/therapist and wardy. Thank you from the [name provided] family. My father, [name provided] in bed 3, is recovering slowly but he has improved so much and started somewhat singing yesterday with his grandson [name provided]. My mother and myself were so happy to hear and see dad doing that. Merry X-mas to all and a Happy New Year. God bless you all."

The response posted back to her was: *"Thank you for your lovely feedback Maria. We will be sure to pass this on to staff. Wishing you a happy and safe festive season."*

This compliment was shared with the Consumer Liaison Officer, Executive Director Clinical Services and Acting Director Strategy, Clinical Services.

Complaint

The following feedback was made by a mother regarding the treatment of her son in the Ipswich Hospital Emergency Department (ED) on 7 December 2013.

The mother of a patient said her son had been brought up to the emergency department on Saturday 7 December 2013. She said they presented because his mic-key Button for feeding purposes had fallen out.

She said the clinical staff reinserted the mic-key Button. However, not long after they had to take her son to the Mater Hospital because it had fallen out. The mother said that staff had failed to fill the 5ml reservoir correctly. The mother said she would like to know why staff failed to perform the procedure correctly and she was seeking that the procedure could be performed at Ipswich Hospital in future if required. She said she would be happy to be contacted on her mobile phone number.

A chart review was undertaken by the A/CNC followed by an interview with the mother of the patient. Investigation found that only 3 1/2mls of water was placed in water reservoir of mic-key button by the ED doctor. The mic-key button then fell out and needed to be replaced. The child's mother requested to be able to attend Ipswich Hospital in future if the problem reoccurs and was advised by the A/CNC that she is able to attend Ipswich hospital for replacement of mic-key button if required in the future. She was also advised of actions that will be implemented to avoid the same issues occurring again in the future. The mother was happy with this outcome.

Action taken:

- a) Stores contacted and appropriate size mic-key button to be ordered.
- b) Procedure for change of mic-key button to be placed in chart.
- c) Alert placed on EDIS to ensure specific needs of the patient are highlighted on arrival.
- d) Education to be organised on replacement of mic-key buttons with ED staff. Staff from Children's Sunshine Ward are supportive of being contacted if required to assist ED staff in the future.

West Moreton Hospital and Health Board

Message from the Chair

Dr Mary Corbett

On behalf of the Board, I hope you all had a wonderful festive season. Thank you again for all you have achieved in 2013 and I look forward to continuing our journey together in 2014. It is timely to reflect on what an impressive year we had in 2013.



Our staff have excelled in meeting our patients' needs, significantly reducing the number of elective surgery patients who have waited longer than recommended times – a real achievement. Our emergency department continues to meet and exceed national targets, and in November was awarded for having delivered the most successful redesign project at the Department of Health Clinical Access and Redesign Unit's inaugural 'Leading by example' Forum. Ipswich Hospital's special care nursery is leading the field with hand hygiene compliance – 100%! Other areas are also performing well in hand hygiene including intensive care unit (84%), Ward 4A (80%) and Children's Sunshine Ward (87%). Congratulations to everyone, the Board and I are extremely proud of the work you have all undertaken to improve the way we provide healthcare to our community. We are well on our way to meeting our aim of providing better health, better care and better value for our patients.

To celebrate our successes in 2013 and say "Thank You", the Board and executive team hosted a series of barbecues for staff. The first of these was held at The Park Centre for Mental Health Treatment, Education and Research (The Park) on 9 December. Other barbecues were held on 16 December 2013 at Boonah, Esk, Gatton and Laidley health services. The final barbecue was held on 19 December 2013 at Ipswich Hospital and I was delegated the important task of serving up the lettuce!

Our November Board meeting was held at The Park. We were delighted to visit the Queensland Centre for Mental Health Research and hear about the excellent work being carried out by Professor John McGrath, Professor Bryan Mowry, Dr Geoffrey Waghorn and Professor Harvey Whiteford. For those of you who may not be aware, Prof McGrath was last year awarded the prestigious John Cade Fellowship for Mental Health Research, and in October last year Prof Whiteford was appointed Chair of the new Queensland Mental Health and Drug Advisory Council. We are extremely lucky to have this talented team of clinicians in our hospital and health service.

At our December Board meeting we visited Oral Health Services at Limestone Street, Ipswich. The Board witnessed the work of the service and heard, among other things, the achievements of the service in reducing waiting lists, the results achieved in the recent workforce survey and the challenges faced through the growth of the school aged population. The Board also noted the work underway regarding the development of an ICT plan and a health service plan and discussed the information provided in the HHS Performance Report with respect to achievement of NEAT, NEST and specialist outpatient performance targets.

As part of the Board's commitment to ensuring a smooth transition for staff, consumers and parents/carers of the Barrett Adolescent Centre (BAC) to a new statewide model of care for young people, WMHHS invited a leading child and youth psychiatrist from Victoria, Dr Sandra Radovini, to speak with BAC staff as well as parents and carers. This was an opportunity for staff and parents/carers to learn about the Victorian experiences of providing care to young people with complex mental health issues. Children's Health Queensland Hospital and Health Service has been continuing its work to develop the new statewide model of care for adolescents requiring longer term mental health treatment. This new model of care is due to begin in early 2014.

The judging of applications for the WMHHS Innovation Fund has occurred and the successful applications were approved at the Board meeting on 20 December 2013. I was really thrilled to hear that almost 50 submissions were lodged, and the Board is looking forward to seeing the ideas you have to improve patient experiences in our facilities. An announcement of the successful applicants will be made on Friday, 24 January 2014.

Congratulations to Board Member Dr Robert McGregor who was named Queensland's Senior Australian of the Year. Dr McGregor, who also serves on the Ipswich Hospital Foundation and St Andrews Hospital (Ipswich) boards, has devoted nearly four decades to his role as consultant paediatrician at Ipswich Hospital. Many of his current patients are the children or even grandchildren of former patients. I am sure you will join with me in wishing Dr McGregor the best of luck in the Australian Senior of the Year awards, which will be presented in Canberra on the Australia Day long weekend in January 2014.

Nominations for the 2014 West Moreton Hospital and Health Service Australia Day Achievement Awards have now been assessed. The awards recognise the significant contribution staff (individuals and teams) make to the improvement and delivery of health services in WMHHS (and Queensland) in special projects or core duties. An announcement of the successful applicants will also be made on Friday, 24 January 2014.

Significant work has been undertaken to progress the development of the WMHHS values. On behalf of the Board I would like to thank the Lead Clinician Group for their initial work, plus all staff who have contributed by providing feedback online and through attendance at a number of workshops. It is never an easy task to collate and communicate such an important part of our organisation's culture. The Board and executive held a workshop in December 2013 to review and refine the work already undertaken, and I look forward to sharing more about this with you in the near future.

The Board is keen to meet WMHHS staff, and to learn about the services and care provided by the Hospital and Health Service. If you or your department/ward is interested in hosting a future Board "Walk Around" in 2014, please email [REDACTED]

Our next Board meeting will be held at Boonah on 31 January 2014.

Kind Regards

Dr Mary Corbett
Chair
West Moreton Hospital and Health Board

January 2014



West Moreton Hospital and Health Board

BOARD MEETING MINUTES

Date:	Friday 31 January 2014	Time:	9.00am to 5.00pm	Location:	Boonah Health Service
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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	
Mark Waters, A/Executive Director Clinical Governance, Research and Education	A/EDCGER
Mark Mattiussi, Executive Director Clinical Governance, Research and Education	EDCGER
Chris Thorburn, Executive Director Corporate Governance and Strategy	EDCGS

SAFETY AND QUALITY AT BOONAH HEALTH SERVICE

Bev Giebel, Director of Nursing/Facility Manager at Boonah Health Service provided the Board with an overview of safety and quality at Boonah Health Service, including achievement of safety targets, safety challenges and areas for improvement. The Board encouraged Boonah Health Service to continue hand hygiene training to improve participation rates and congratulated the Health Service on its recent Innovation Fund grant.

MORNING TEA AND STAKEHOLDER SESSION WITH BOONAH COMMUNITY REFERENCE GROUP

A morning tea and stakeholder session was held with the following members of the Boonah Community Reference Group: Margaret Freeman (Meals on Wheels), Eric Hanley (Boonah Rotary), Jeannette Grounds (Carinity – Fassifern Community Centre), Doreen Nason (Boonah Hospital Auxillary). The Group was introduced to Kaitlin Davies, Coordinator Community Reference Groups, and provided a brief overview of WMHHS's new Community Reference Group Framework.

OPEN SESSION

1.0 MEETING OPENING

The meeting opened at 10.40am.

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

TE advised the Board that his appointment as a member of the Regional Development Australia Ipswich & West Moreton Committee expired on 31 December 2013 and he did not extend his appointment. He also advised that he is no longer Company Secretary of Fassifern Valley Community Enterprises, although remains on the Board.

No additional interests or changes to interests were declared.

RM advised the Board that, as an employee VMO, he may have a conflict of interest with respect to Agenda Item 3.3 Senior Medical Workforce Individual Contracts. CE and CCS advised the Board that on

West Moreton Hospital and Health Board

BOARD MEETING MINUTES

the material being presented to the Board at this meeting, RM does not have a conflict, but that CE and CCS would advise the Board if they felt a conflict was likely to arise.

No other conflicts of interest were declared with respect to matters on the agenda.

- 1.4 Confirmation of Minutes of Board Meeting 20 December 2013 and Meeting Summary
The minutes of the meeting held on 20 December 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.

Action #230 – CCS advised the Board that she has emailed Financial Policy Team for a position in relation to handling gifts of cash or lottery tickets and is awaiting a response.

- 1.6 Chief Executive Report
CE presented the Chief Executive Report to the Board.

2.0 SAFETY AND QUALITY

- 2.1 Occupational Health and Safety Report
The Board discussed the Occupational Health and Safety Report, noting in particular the information provided with respect to workplace incidents, the Tier 3 KPI M40: Sick Leave Hours vs Occupied FTE report and the Workcover Industry rate.

To do: CE to check what statistics are kept regarding vaccination/immunisation status of staff.

To do: Refer Occupational Health Safety and Injury Management Safety Assurance Report, page 15 – for the "Industry comparison" column, what industry are the HHSs being compared to?

To do: Refer Occupational Health Safety and Injury Management Safety Assurance Report, pages 29 and 30 – these tables respectively refer to "total cost of statutory claims for injuries" and "total common law costs for injuries". What do these costs include?

To do: Refer graph "Total Incidents Per Facility" – CE to investigate whether information can be presented on a per capita (FTE) basis or some other appropriate comparator that enables the Board to understand incidents relative to size of the facility.

- 2.2 Patient Story and Consumer Feedback Report (Agenda Item 2.3)
The Board discussed the Patient Story and Consumer Feedback Report, acknowledging that the Executive Committee will be examining complaints management in-depth at its next meeting.

- 2.3 Patient Safety and Quality Report (Agenda Item 2.2)
A/EDCGER joined the meeting in person and EDCGER joined the meeting by teleconference. EDCGER presented the Patient Safety and Quality Report, bringing the Board's attention to the outstanding recommendations and the work being done to finalise these. EDCGER also noted the small increase in falls, advising that the senior leadership group will be increasing their focus on this area, as well as on pressure injuries rates and prevention. The Board also noted that hand hygiene compliance has increased, especially in the Emergency Department. The Board also queried how we manage the outcome of clinical incident reviews, and were advised that recommendations are collated, recorded and actioned, and that we are investigating new ways of reviewing clusters of incidents together as part of the same review.

ACTION: A/EDCGER and CCS to consider possibility of a clinician involved in a reportable event presenting the incident, review and the outcomes of the review to the Board for their further understanding.

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To do: A/EDCGER to communicate to clinicians that Morbidity and Mortality Committees do not attract legal protections under the Hospital and Health Boards Act 2011.

The Board thanked EDCGER for his work at WMHHS and wished him well for his new job at MSHHS.

EDCGER left the meeting.

2.4 Safety and Quality Committee Report

The Chair of the Safety and Quality Committee provided an overview of the Safety and Quality Committee meeting held on 17 January 2014, noting in particular:

- (a) the information received by the Committee with respect to Employee Assistance Program usage rates
- (b) analysis received of two National Safety and Quality Health Service Standards
- (c) discussion of article on "The Role of Boards in Clinical Governance", noting that Jan Phillips and Kirstine Sketcher-Baker from the Department of Health's Health Innovation Branch will be presenting to the Board on 14 February 2014 in relation to this.

3.0 STRATEGIC MATTERS

- 3.1 Preliminary Discussion of Berwick Report – *"A promise to learn, a commitment to act"* (Agenda Item 3.2)
The Board discussed the Berwick Report and discussed the importance of communicating culture and expectations with respect to patient care, as well as modelling behaviour within a learning organisation. The Board also considered the data that would give them comfort that WMHHS is not another Mid-Staffordshire. Finally, the Board considered the importance of having a good set of values to influence behaviour.

ACTION: Executive to review the existing governance framework against the Berwick Report recommendations and report back to the Safety and Quality Committee on its findings.

To do: Consider how the four guiding principles set out in the Berwick Report are reflected in WMHHS's values.

3.2 Senior Medical Workforce Individual Contracts (Agenda Item 3.3)

The Board discussed the information provided with respect to the Senior Medical Workforce Individual Contracts Project. The Board queried whether this matter should be a Strategic Risk, and was advised that this would be considered by the Executive at its meeting scheduled for 5 February 2014. The Board was advised that the contracts had been received from the Department and that all contracts need to be signed by 30 April 2014. The Board asked that it be provided with an update on the achievement of key milestones on a monthly basis.

The meeting temporarily adjourned for lunch at 1.00pm, reconvening at 1.35pm.

3.3 Development of Research Strategy (Agenda Item 3.4)

The Board noted the contents of the paper, asking that the consultation on the Research Strategy include the Board and Ipswich Hospital Foundation.

A/EDCGER left the meeting.

4.0 SAFETY AND QUALITY (CONT.) (AGENDA ITEM 2.0)

- 4.1 Long Stay Younger Patients with a Disability Residing in Public Health Facilities (Agenda Item 2.5)
The Board noted the contents of the paper.

West Moreton Hospital and Health Board BOARD MEETING MINUTES

5.0 STRATEGIC MATTERS (CONT.) (AGENDA ITEM 3.0)

5.1 Medicare Local Partnership Protocol (Agenda Item 3.1)

EDCGS joined the meeting.

DECISION: The Board approved the Partnership Protocol between West Moreton-Oxley Medicare Local and West Moreton Hospital and Health Service included with the agenda papers.

5.2 Delivery of WMHHS Strategic Plan 2013-2017 (Agenda Item 3.5)

The Board was pleased to note the progress made with respect to delivery of the WMHHS Strategic Plan 2013-2017.

To do: Improve visibility of Strategic Plan and KPI achievements in public areas of facilities.

To do: When reviewing the Strategic Plan, need to think about key areas where not making traction and focus on these (e.g. KPIs relating to Indigenous Health).

EDCGS left the meeting.

5.3 Prescribed Employer (Agenda Item 3.6)

The Board noted the progress to date and next steps for WMHHS to be prescribed as an employer on 1 July 2014. The Board noted that to date no feedback has been received from the Department on our submission with respect to the Department remaining the payer of employees. The Board was advised that Internal Audit is testing some systems associated with being an employer.

ACTION: Board to be advised what IT systems are needed to support being a prescribed employer.

6.0 FINANCE, AUDIT AND RISK (AGENDA ITEM 4.0)

6.1 Finance Committee Report (Agenda Item 4.1)

The Chair of the Finance Committee provided an overview of the Finance Committee meeting held on 24 January 2014.

DECISION: The Board supports the surrender of the trusteeship over the land occupied by Wolston Park Golf Club back to the Department of Natural Resources and Mines and authorised the Executive to pursue same.

6.2 Financial Performance Report (Agenda Item 4.2)

The Board discussed the Financial Performance Report as at 31 December 2013, noting in particular the WAU price, the YTD and projected year end surplus, working capital and backlog maintenance. EDFBS tabled a document titled "Outcome of Mid Year Review", which was also discussed by the Board.

ACTION: EDFBS to explain WMHHS's WAU price in more detail, including how it is calculated and why there is over activity.

ACTION: Outcome of the Mid-Year Review to be presented to the February Finance Committee meeting.

ACTION: Board to be provided with a recommendation on management of the projected year end surplus, including expenditure in the current year and options for retaining surplus for future year expenditure.

6.3 2013/14 – 2015/16 Service Agreement Deed of Amendment (Window 2) (Agenda Item 4.3)

DECISION: The Board approved WMHHS entering into the West Moreton Hospital and Health Service 2013/14 – 2015/16 Service Agreement Deed of Amendment January 2014 in the form attached to the agenda paper and authorised the Chair to sign the Deed of Amendment on behalf of WMHHS.

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7.0 GENERAL MATTERS (AGENDA ITEM 5.0)

7.1 Ipswich Hospital Expansion Open Day (Agenda Item 5.1)

DECISION: The Board approved the hosting of a community open day to celebrate completion of the Ipswich Hospital Expansion.

The Board deferred to the Executive to identify a suitable date for the open day.

To do: Discuss organising the Ipswich Hospital Expansion Open Day and suitable dates with Ipswich Hospital Foundation.

7.2 HHS Performance Report (Agenda Item 5.2)

The Board noted the information provided with respect to WMHHS's achievement of performance indicators for National Emergency Access Target, National Elective Surgery Target and specialist outpatients, noting in particular the work that is being done to address specialist outpatients performance indicators. The Board noted that the Queensland Government would be publishing the results of all HHSs shortly.

ACTION: Board to be briefed on volume of complaints regarding Emergency Department waiting times received two years ago compared to volume of complaints received now.

7.3 Results from Queensland Public Service Employee Opinion Survey (Agenda Item 5.3)

The Board noted the highlights of the Queensland Public Service Employee Opinion Survey and actions being taken by WMHHS in response to survey outcomes. The Board noted the importance of feeding back to the workforce the actions that have been taken to respond to the survey results, and were advised of the Executive's intention to develop a formal communications plan in this regard.

To do: Formal communications plan to be developed to communicate actions taken in response to results from Queensland Public Service Employee Opinion Survey.

The meeting temporarily adjourned at 3.40pm for afternoon tea, resuming at 3.55pm.

8.0 CORPORATE GOVERNANCE (AGENDA ITEM 6.0)

Nil

9.0 MATTERS FOR NOTING (AGENDA ITEM 7.0)

9.1 Review of Medicare Locals (Agenda Item 7.1)

The Board noted WMHHS's and West Moreton-Oxley Medicare Local's response to the Australian Government's review of Medicare Locals.

9.2 Queensland Mental Health Commission – "A plan for mental health and substance misuse reform: what we've heard." (Agenda Item 7.2)

The Board noted the key points from the initial Queensland Mental Health Commission consultations as they pertain to WMHHS's service, both current and future.

9.3 WMHHS Health Service Plan 2013-27 (Agenda Item 7.3)

The Board discussed the consultation framework questions and stakeholder letter for the WMHHS Health Service Plan 2013-27 consultation period. The Board requested a more comprehensive consultation framework, including roadshows, Q&A sessions, a broader group of respondents and more tailored feedback questions on the Health Services Plan. The Board also asked that in any consultation it be made clear that the document has been prepared by Thinc, and has not been endorsed by WMHHS. The Board noted that West Moreton-Oxley Medicare Local (WMOML) is about to embark on consultation on its Needs Assessment, and that it would be preferable that WMHHS and WMOML align their consultation on the Health Services Plan and Needs Assessment.

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To do: CE to work with TE on consultation framework for Health Services Plan reflecting the above comments.

- 9.4 **Events and Media (Agenda Item 7.4)**
The Board noted the information provided in the agenda paper with respect to events and media activity during the period 19 December 2013 to 21 January 2014. The Board congratulated the Communication and Community Engagement Unit on the Australia Day Awards event held on 24 January 2014.
- 9.5 **Workforce Relations Report (Agenda Item 7.5)**
The Board noted the information provided in the Workforce Relations Report. The Board requested that this report be provided on a quarterly basis in future.
- 9.6 **Board Calendar and Committee Calendar (Agenda Item 7.6)**
The Board noted the Board Calendar and Committee Calendar.
- 9.7 **Board Work Plan – 2014 (Agenda Item 7.7)**
The Board noted the Board Work Plan – 2014, but queried whether it needed to be included with the agenda papers.
- 9.8 **Stakeholder Engagement Opportunities (Agenda Item 7.8)**
The Board noted the stakeholder engagement opportunities outlined in the calendar provided with the agenda papers.
- 9.9 **Correspondence (Agenda Item 7.9)**
The Board noted the correspondence provided with the agenda papers.
- 9.10 **Materials Uploaded to BoardEffect since 13 December 2013 (Agenda Item 7.10)**
The Board noted the materials uploaded to BoardEffect since 13 December 2013.
- 10.0 OTHER BUSINESS (Agenda Item 8.0)**
- 10.1 **Next Meeting – Friday 28 February 2014 – Ipswich Hospital (Agenda Item 8.1)**
The Board noted that the next meeting will be held on Friday 28 February 2014 at Ipswich Hospital.
- 10.2 **Safety Walk Around Next Board Meeting – Cardiology Department (Agenda Item 8.2)**
The Board agreed that the safety walk around at the next Board meeting would focus on the Cardiology Department at Ipswich Hospital.
- 10.3 **Press Release (Agenda Item 8.3)**
The Board asked that a press release be issued at the same time as consultation on the Health Services Plan begins. The Board also asked that a press release be issued about the Community Reference Groups when the recruitment process begins.
- 11.0 MEETING FINALISATION (Agenda Item 9.0)**
- 11.1 **Review Actions**
The Board reviewed the actions arising out of the meeting.
- 11.2 **Meeting Evaluation**
The Board conducted a meeting evaluation.
- 11.3 **Meeting Close**
The meeting closed at 4.45pm

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IN-CAMERA SESSION

The Board held an in-camera session. The Board discussed the Recruitment, Selection and Nomination of Board Members Procedure, and agreed to delete any references to the Chief Executive being consulted in the process.

To do: CCS to update Recruitment, Selection and Nomination of Board Members Procedure to delete references to consultation with the Chief Executive.

Minutes authorised by Chair as an accurate record of proceedings

		28 12 14
Dr Mary Corbett Chair, West Moreton Hospital and Health Board		Date



**West Moreton Hospital
and Health Service**

Board Meeting

Feb 28, 2014 at 11:00 AM - 05:30 PM

Jubilee Building

Ipswich Hospital

BOARD MEETING AGENDA PAPER

Committee:	Board		
Meeting Date:	Friday 28 February 2014	Agenda Item Number:	2.3
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: ED Corporate Governance and Strategy		Date: 20 February 2014
<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			

Draft Resolution

It is proposed that the West Moreton Hospital and Health Board **note** the respective patient feedback reflections of services provided by the West Moreton Hospital and Health Service and the Consumer Feedback Report for January 2014. Accordingly, there is no resolution.

Executive Summary

1. This paper contains examples of compliments and complaints from January 2014, and includes consumer feedback data for the month of January 2014.

Background

2. The Consumer Liaison Officer (CLO) provides a monthly account of the complaints and compliments received and investigated.

Recommendation and Considerations

3. Over the December and January period there has been a decrease in the amount of consumer feedback received (refer to attachment 1).
4. In January 2014 an evaluation of the feedback process commenced. There has been an initial audit of availability of information about how to provide feedback within Ipswich Hospital. It is proposed to extend this audit across other sites, address information gaps and update the "tell us what you think" posters.
5. Weekly Triage meetings have commenced with Clinical Services Division and the CLO. These meetings provide a mechanism for senior clinical staff to discuss, oversee and review the management of complaints.

Financial and Other Implications

6. There are no direct financial implications.
7. There are no direct legal, political or stakeholder implications.

Strategic and Operational Alignment

8. This agenda item aligns with and supports the strategic objective – strengthens safety and quality.

Risk Analysis

9. This agenda item is linked to strategic risk 17 – Community Perception and Expectations.
10. There are no major risks.

Consultation

11. Weekly consultation occurs with the Clinical Services Division.

BOARD MEETING AGENDA PAPER**2. Complaint Severity Ratings from 1 February 2013 – 31 January 2014**

	Total	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Negligible	119*	4	6	15	8	2	2	7	17	21	20	4	13
Minor	225*	20	11	18	14	9	17	31	20*	27	23	25	10
Moderate	148*	5	2	5	16	5	11	15	18*	16	30*	7*	18
Major	6*	0	0	0	0	0	1	2	2	0	0	0	1
Extreme	0	0	0	0	0	0	0	0	0	0	0	0	0

*Please note after a quality review undertaken in January the figures for the month of December have been adjusted since the last reporting period. The adjustments in Prime related to incomplete entries which have now been rectified.

Between the months of December and January there was an increase in the number of moderate complaints.

The number of negligible complaints rose from December to January while the number of minor complaints fell for the same period.

There was one major complaint registered in January; the Triage meeting with Clinical Services downgraded the complaint to a moderate as the definition of a moderate complaint (issues that may require assessment or investigation) better suited the circumstances surrounding the complaint.

Courtesy Bus Service

No complaints were recorded for January 2014.

Barrett Adolescent Centre Closure

At the end of January 2014, the Barrett Adolescent Centre successfully placed all consumers into appropriate care. There were no complaints in relation to Barrett for the month of January.

3. Complaints Issues

WMHHS Top 5 Issues Categories for the last year from 1 February 2013 – 31 January 2014

	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Total
Communication	15	6	18	23	7	13	20	19	16	9*	12	16	174
Treatment	7	3	8	14	8	18	23	16	14	12	13	13	149
Access	7	5	6	13	4	3	18	23	14	32*	7	9	141
Environment/ Facility Management	15	6	15	7	1	3	3	9	23	11*	3	4	100
Discharge and Transfer	1	3	1	1	1	2	5	3	3	2	1	2	25
Others	6	3*	7*	5	7*	8*	15*	9*	12	11*	3	9	95
Total	51	26	55	63	28	47	84	79	82	77	39	53	684

*Please note after a quality review undertaken in January the figures for the month of December have been adjusted since the last reporting period. The adjustments in Prime related to incomplete entries which have now been rectified.

January 2014 Reporting Issues Categories

Prime CF has the capacity to record a number of issues against each complaint. During January 2014 there were 42 complaints with a total of 53 issues.

WM HHS Transitional Service Options Plan

Recovery oriented treatment and rehabilitation for young people, aged 15 – 21years, with severe and persistent mental health problems that are unable to be cared for within existing service options

Phase 1

Activity Based Holiday Program

Site – The Park
16 December 2013 – 24 January 2014

Phase 2

West Moreton Transitional Service:

- Intensive Mobile Outreach Service
- Day Program
- Supported Accommodation

Site – West Moreton HHS (?Goodna Community Health)
29 January 2014 – December 2014

Phase 3

Transition to State-wide Adolescent Extended Treatment and Rehabilitation Services*

*Details to be defined via the Statewide AETR Strategy, under leadership of CHQ HHS

Target population

Current BAC inpatients and day patients (as clinically safe and indicated)
Severe and persistent mental health problems – rehabilitation
Medium to high level of acuity

Referral Process

BAC Assessment and Referral

Overview of service / treatment

Qld Health delivered program
Activity and socialisation focus
Monday to Thursday school hours

Staffing Required

Core staff:– Aftercare team (clinical and other) + BAC staff

Length of Program Delivery

Up to length of Christmas School Holidays 2013/14

Governance

WM HHS and Aftercare

Target population

Current BAC inpatients and day patients (voluntary status) 15y-21y
New patients meeting criteria from other HHSs – previously eligible for referral to BAC
Severe and persistent mental health problems – rehabilitation
Medium to high level of acuity
Patients can receive any of the treatment options, packaged as indicated by clinical presentations

Referral Process

CYMHS Assessment and Referral
State-wide Clinical Referral Panel (WM HHS lead)

Overview of service / treatment

Intensive Mobile Outreach Service: 7 days / extended hours

Delivered in least restrictive environment and utilising a recovery model – range of flexible outreach services for engagement, treatment & rehabilitation to assist young people to meet their developmental tasks in the context of recovery from mental health presentations

Day Program: Monday to Thursday school hours and school terms

Delivered in a therapeutic milieu – range of facilities in community
Individual, family and group therapeutic & rehabilitation programs
In-reach DETE

Supported Accommodation: 7 days

Delivered in a therapeutic milieu – domestic style facility
In-reach West Moreton clinical team

Staffing Required

Core staff:– Aftercare team (clinical and other) + identified WM clinician/s

Length of Program Delivery

IMOS & Day Program: Up to 12 months, Supported Accommodation: Up to 6 months

Governance

WM HHS and Aftercare

Target population

As per State-wide Adolescent Extended Treatment and Rehabilitation Strategy

Governance

CHQ HHS

Key Issues:

- Individual transition plans to 'home' HHS will continue as priority – continue to engage other HHSs in planning process
- Need to focus on individual recovery – orientated packages of care, that reintegrate and reconnect young people to their communities, family, school/vocation and local mental health services
- Clinical safety and risk mitigation are key priorities in decision-making
- Imperative at all levels to ensure no gap to service delivery for BAC consumers
- Interface between QH and DETE is high priority – Alignment between QH and DETE model of service delivery will require immediate negotiation