

MINUTES OF THE MEETING OF THE NORTHERN NEW SOUTH WALES LOCAL HEALTH DISTRICT BOARD HELD ON WEDNESDAY 1 MAY 2019 AT TERCI EDUCATION CENTRE, TUTE ROOM, LEVEL 3 THE TWEED HOSPITAL. POWELL STREET, TWEED HEADS AT 9.00am.

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The Chair paid his respects to Aboriginal Elders, past and present, as the traditional owners of the land, being the Bundjalung Nation and thanked them for their custodianship of the land.

1. In-camera Session

No In-camera session was required.

2.1 PRESENT AND APOLOGIES:

Dr Brian Pezzutti, Dr Allan Tyson, Mr Michael Carter, Dr John Griffin, Mr Mark Humphries, Mr Peter Carter, Dr Alasdair Arthur, Ms Deb Monaghan, Professor Susan Nancarrow, Ms Carolyn Byrne, Ms Naree Hancock, Dr John Moran

In Attendance:

Mr Wayne Jones, Chief Executive,

Mr Ged May, Community Engagement Manager

Ms Susan Palmer (Secretariat)

Ms Kate Greenwood (Secretariat)

Ms Jennifer Cleaver (part of meeting)

Mr Geoff Provest, MP Member for Tweed (part of meeting)

Mr Peter Duncan, Chair, Regional Advisory Committee (part of meeting),

Mr Zeke Huish, Regional Marketing Manager, Westpac Life Saver Rescue Helicopter (part of meeting)

Via Teleconference:

Nil

Apologies:

Mr Pat Grier

2.2 Declaration of Pecuniary and/or Conflicts of Interest

No new declarations of pecuniary and/or conflicts of interest were reported.

2.3 Previous Minutes:

- 2.3.1 The Minutes of the Board Meeting held on 27 March 2019 as circulated were ENDORSED as a true and accurate record with the following amendment: Social Futures does manage Headspace in Tweed Heads and Lismore.

Moved: Mr Mark Humphries

Seconded: Dr John Moran

CARRIED

2.3.2 Business Arising from the Minutes:

- 2.3.2.1 Mr Jones is to provide a brief on mental health specific funding for staff including the Clarence area for the 2019/20 mental health budget for the 29 May 2019 Board meeting.**

This will be submitted to the 29 May 2019 Board meeting.

ACTION:

Mr Jones is to provide a brief on mental health specific funding for staff including the Clarence area for the 2019/20 mental health budget for the 29 May 2019 Board meeting.

- 2.3.2.2 Mr Jones to invite Ms Katharine Duffy, Director Nursing, Midwifery and Aboriginal Health to present on work being undertaken around strategic planning, research and NUM development and education to the 26 June 2019 Board meeting.**
Ms Duffy will present to the 26 June 2019 Board meeting.

ACTION:

Mr Jones to invite Ms Katharine Duffy, Director Nursing, Midwifery and Aboriginal Health to present on work being undertaken around strategic planning, research and NUM development and education to the 26 June 2019 Board meeting.

- 2.3.2.3 Mr Jones is to provide a brief on areas of demand risk and unmet need based on geographical consideration across the LHD to the 29 May 2019 Board meeting.**
This will be submitted to the 29 May 2019 Board meeting.

ACTION:

Mr Jones is to provide a brief on areas of demand risk and unmet need based on geographical consideration across the LHD to the 29 May 2019 Board meeting.

- 2.3.2.4 Mr Jones to correspond with Dr Dominic Morgan, Chief Executive NSW Ambulance regarding developing a designated time frame of the on-loading of patients, especially for inter-hospital transfers.**
The letter to Dr Dominic Morgan was noted and Mr Jones advised that once a response was received, further information will be submitted to the Board

- 2.3.2.5 Mr Jones is to provide a brief on the implications of the Anderson Security report for NNSW LHD and an update on the progress of the LHD security review to the 1 May 2019 Board meeting.**
Mr Jones advised that whilst there are 48 recommendations in the Anderson report, an additional report is pending for rural and regional LHDs therefore it would be premature to outline the full implications for NNSW LHD.

The first NNSW LHD Security Governance Committee meeting was postponed, however is due to proceed in the next fortnight. Following this, a quarterly security report will be submitted to the Board. It was agreed that security would be a standing agenda item on the Audit and Risk Committee.

General discussion followed on security issues with Mr Jones advising that a further report will be provided following Mr Andersons visit to NNSW LHD.

2.3.2.6 Mr Jones to provide a brief on the how the NSW LHD Surgical Plan is being revisited to identify additional strategies to reduce the elective surgery increase for the LHD to be submitted to the 29 May 2019 Board meeting.

This will be submitted to the 29 May 2019 Board meeting.

ACTION:

Mr Jones to provide a brief on the how the NSW LHD Surgical Plan is being revisited to identify additional strategies to reduce the elective surgery increase for the LHD to be submitted to the 29 May 2019 Board meeting.

2.3.2.7 Mr Jones to provide a brief on how complaints are captured and reported by other means such as incoming correspondence, emails, phone calls to 1 May 2019 Board meeting.

Mr Jones advised that complaints are assessed and managed by the Consumer Relations Office particularly if they are urgent with all other complaints being entered into IIMS.

Mr Jones advised that on average, each frontline clinician dealt with approximately 30 minor complaints each month relating to of comfort, medication, noise, food etc. Clinicians manage the bulk of these complaints at the time of the complaint and are not entered into IIMS nor escalated.

2.3.2.8 Mr Jones to provide a brief to the 01 May 2019 Board meeting on:

- **the clarification of a security policy or procedures when prisoners attend EDs;**
- **separate access to ED for mental health patients and**
- **enhanced acoustics for triage desks for improved patient confidentiality**

Mr Jones advised the NSW LHD is in consultation with Corrective Services NSW (CSNSW) to develop a local policy for custodial patients receiving healthcare in a NSW LHD facility.

2.3.2.9 Mr Jones to provide a brief on the process in place for advising GPs when their patients have interaction with community health to the 01 May 2019 Board Meeting.

The Board noted the information contained in the brief outlining various methods to provide discharge summaries to referrers, who are not always the patients general practitioner. A discharge summary is provided to the referrer in most cases.

The viability of sending a copy of an individual's discharge summary to their GP, if they are not the referrer, is being investigated.

2.3.3 Other Matters Arising from the Minutes

Aboriginal Cultural Awareness – a query was raised regarding the difficulty in accessing the figures around aboriginal suicide. Mr Jones advised that he will follow up further details

around these figures with particular attention to the NNSW LHD and report back through the CE report to the 29 May 2019 Board meeting.

3. Matters for Decision

3.1 Board sub-committee review and discussion on Board Governance

Following the Governance Workshop in October 2019, a report from Nous was provided to improve the efficiency and effectiveness of the Board. After consultation with the Executive leadership team, the following recommendations were proposed for Board sub-committees:

- Health Care Quality and Research (this is combining HCQC with Research)
- Finance and Performance
- Audit and Risk
- Medical and Dental Appointment Advisory Committee
- Clinical Planning and Engagement (this will merge Clinical Council with Health Services Development Committee)
- Community Partnership Advisory Council (proposing CPAC will be the peak engagement forum with Aboriginal Partnership, Mental Health Forum and Drug and Alcohol Forum)

It is proposed that the following Board sub-committees become Management committees that provide quarterly activity/issues reports to the Board:

- Medical Staff Executive Council
- Security Governance
- Health Emergency Management Committee

General discussion followed around whether the Health Emergency Management Committee should remain as a Board sub-committee. Mr Jones advised the Chair he will follow up on the wording in the Service Agreement around these requirements.

Mr Jones agreed with the suggestion that the Clinical Planning and Engagement Committee should be renamed Clinical Planning and Clinician Engagement Committee. Mr Jones responded to several queries around Terms of Reference advising that this will be looked at more closely with a further detailed brief to be submitted to the 26 June 2019 Board meeting.

The Board agreed to wait until the new Board members had completed their Board Orientation training with the MOH in June 2019 before deciding which members will be appointed to the various committees. Current Chairs of each sub-committee will remain unchanged until further notice.

Professor Nancarrow raised a query regarding the functioning of the MDAAC. General discussion followed and it was agreed that Dr Allan Tyson and the Chief Executive would take this issue to the members for consideration.

ACTION:

Mr Jones to submit a brief outlining the draft Terms of Reference for the agreed new Board sub-committees for endorsement to the 26 June 2019 Board meeting.

Following a brief discussion around other recommendations of the Nous report, Mr Jones informed the Board that Mr Steve Teulan, Principal, Nous will be facilitating a workshop with the Executive in July or August. It was agreed to request Mr Teulan to coordinate another workshop with the Board members at this time to review progress on implementation of the report recommendations.

ACTION:

Mr Jones to invite Mr Teulan, Nous Group to facilitate a Board Governance workshop to assess the progression of the recommendations in the Board Governance report to be held following a date confirmation from Mr Teulan.

Mr Peter Carter raised for consideration the inclusion of an agenda item that supported critical reflection and "blue sky thinking" within the Board meetings. Following discussion, it was agreed this would add value and it will be considered during the next NOUS review.

3.2 Community Engagement Framework NNSW LHD

Mr May spoke to the information in the brief outlining the new framework and strategy that has been developed with input from community members, staff and the Board. Due to the concerns raised around the current CEAC structure, it is proposed a new Community Partnership Advisory Council (CPAC) be established as NNSW LHD's peak advisory council. The new committee will have revised terms of reference and will no longer be co-convened with North Coast Primary Health Network.

Mr May advised that the new forums/advisory groups in towns across NNSW where the LHD provides services will have a much stronger emphasis on the Partnering with Consumers (Standard 2) requirements of the National Safety and Quality Health Service Standards.

Mr Humphries reiterated that while the changes are quite significant and will require a lot of strategic ground work, the new momentum underway will be a welcomed change for community engagement across all areas of the LHD.

General discussion followed around the importance of community members being able to participate at a local level around matters relevant to their region.

The Deputy Chair tabled a document called Griffith Health First Peoples Health Engagement Plan for Mr May to peruse in relation to community engagement and Aboriginal Partnership.

The Board **ENDORSED** the Community Engagement Framework NNSW LHD.

Moved: Dr Allan Tyson
Seconded: Mr Mark Humphries
CARRIED

It was agreed that a monthly report on Community Engagement be provided to the Board.

The Chair also queried the progress of the Clinician Engagement Plan and requested a formal update.

ACTION:

Mr Jones is to provide a progress report on the implementation of the Clinician Engagement Action Plan to the 26 June 2019 Board meeting.

4. Chairman's Update

4.1 Chairman's Calendar

The Board noted the Chairman's Calendar.

5. Matters for Discussion

5.1 Chief Executive's Report

Mr Jones referred to the issues that were covered in the Chief Executive's Report including:

5.1.1 Current and Significant Issues

- Clinician Engagement
- Meeting with Professor Shoemaker
- North Coast Collective
- Patient Experience Symposium
- 2019-2020 Service Agreement
- Anderson Security Review
- Westpac Helicopter 2019 Rescue Dinner

5.1.2 Update on Strategic Issues

Nil for this meeting

5.1.3 Update on Strategic Plan Implementation

2019-2020 NNSW LHD Strategic Plan is currently being printed and a formal launch of the Plan is organised for May/June.

5.1.4 Matters for Approval

2019/20 NNSW LHD Service Agreement Local Priorities

5.1.5 Major Key Performance Indicators

- Emergency Treatment Performance (ETP) during March 2019 was 78% against the target of 81%.
- Elective Surgery Access Performance - During March 2019, NNSW LHD did not meet

the Category 2 and 3 targets. The results were as follows: Category 1, 100% Category 2, 87% against a target of 97% and Category 3 was 91% against a target of 97%

- Triage performance met all triage targets with exception of Triage 1. All triage categories were less than the March 2018 results.
- Transfer of Care result for March 2019 was 88% against a target of 90%.

5.1.6 Risk and Compliance Update

- Surgical Dashboard – following a recent query, Mr Jones reported that theatre attendance refers to the number of patients having a procedure both elective and emergency, whilst surgical separations refers to the total number of surgical separations for the reporting period.

5.1.7 Governance Update

- Board sub-committee structure – refer to Item 3.1.
- Governance of Local Health Districts

5.1.8 Capital Works/Planning Projects

- Coraki Hospital
- The Tweed Hospital Holding works
- Grafton Ambulatory Care Unit
- Evans Head Health One
- Ballina Hospital Redevelopment

5.1.9 Matters for Noting

- Identification of Aboriginality
- Special Commission of Inquiry into the Drug 'Ice'

5.1.10 Important Meetings/ Diary Commitments

- 7 May 2019 – Innovation Forum: Transforming Practice for our Patients. This day will include Nursing and Midwifery Excellence Awards at the Ballina RSL.

5.1.11 Questions for the Chief Executive without Notice

- Responding to a query, Mr Jones advised that following a recent meeting with the SERCO Chief Executive, where SERCO advised that all elective surgery, medicine, imaging and pathology will be attended to at the Grafton Base Hospital. General discussion followed regarding the implications of this for the NNSW LHD. The Chair advised he has a meeting with The Honourable Anthony Roberts MP, Minister for Corrections on 8 May 2019 to discuss further and will report back through Mr Jones.
- A brief discussion was held on the recent Auditor General Report. Mr Jones advised the MOH will lead the implementation of the recommendations for all LHD's over the next 12 months.
- Mr Jones gave an update on the progression on The Tweed Hospital holding works.
- A brief discussion was held regarding the Board's responsibility around the Service Agreement.

- The Chair raised a query on the new operating theatres at TTH. Mr Jones responded advising that the second operating theatre was scheduled for opening in 2021/22 and in the interim to manage the demands on TTH beds negotiations continue with clinicians to transfer clinically appropriate surgery from TTH to Murwillumbah Hospital. Mr Jones stressed this would be essential leading up to the completion of the Tweed Valley Hospital.
- Mr Jones advised that the latest Seclusion and Restraint Report showed marked improvement results due to change of practice in Emergency Departments, especially at LBH where seclusion and restraint report for March 2019 recorded a zero seclusion and restraint time.
Discussion followed around the importance of community based treatment for mental health patients.

The Board **ENDORSED** the Chief Executive's Report.

5.2 Committee Minutes (discussed on exception basis otherwise noted)

5.2.1 Health Care Quality Committee (HCQC) – 9 April 2019.

Ms Byrne gave a brief overview of the HCQC meeting referring to a patient story in relation to the patients lack of understanding around medication.

Ms Byrne advised of the two recent staff appointments to commence work in April around Patient Reported Measures.

The Chair suggested the Mental Health Referral System be nominated as a Quality Award.

The Board noted the unconfirmed HCQC minutes.

5.2.2 Finance and Performance Committee (F&PC) – 17 April 2019.

Mr Humphries advised the General Funds March YTD \$1.42M unfavourable with a forecast of \$3.2M unfavourable. Mr Humphries indicated that Own Source Revenue is impacted by significant factors, however, is currently sitting at \$0.1M favourable.

General discussion ensued around older persons mental health beds with Mr Jones advising it is difficult to indicate how many beds will be opened until there is a full complement of mental health staff.

Responding to a query, Mr Jones advised that whilst coding is progressing, the LHD is still engaging Pavilion

The Board noted the F&PC unconfirmed minutes.

5.2.3 Medical and Dental Appointments Advisory (MDAAC) Committee – 11 April 2019.

Dr Tyson gave a verbal update of the MDAAC meeting.

Mr Jones informed of the two recent GP appointments at Bonalbo MPS.

The Board noted the MDAAC Terms of Reference, however, Dr Tyson advised should the New Board sub-committee structure occur, the Terms of Reference will need to be reviewed.

Following up on a recent suggestion, Ms Monaghan queried the recruitment vacancies being reported in the MDAAC minutes. Dr Tyson outlined the procedure/process undertaken by MDAAC on reporting both appointments and vacancies across the LHD.

The Board noted the unconfirmed MDAAC minutes.

5.2.4 Health Services Development Committee (HSDC) – 11 April 2019.

The Board noted the HSDC minutes will be submitted to the 29 May 2019 Board meeting.

5.2.5 Audit and Risk Committee (ARC) – 6 March 2019.

Mr Michael Carter advised Ms Felicity Barr's resignation will take effect after the next ARC meeting with Mr David Frazer to be appointed as the new Chair.

Mr Jones advised due to the rollout of the NBN, the LHD is currently updating software and systems to replace the ageing IT infrastructure.

The Board noted the Audit and Risk Committee Charter.

The Board noted the ARC unconfirmed minutes.

5.2.6 Clinical Council (CC) – 30 April 2019.

The Board noted the CC minutes will be submitted to the 29 May 2019 Board meeting.

5.2.7 Community Engagement Advisory Council (CEAC) – 25 March 2019.

The Board noted the unconfirmed CEAC minutes.

Mr May responded to a query that the new Terms of Reference are included in the draft CPAC Framework.

5.2.8 Medical Staff Executive Council (MSEC) – date to be advised

The Board noted the next MSEC meeting date is yet to be advised.

5.2.9 Aboriginal Partnership Meeting (APM) – next meeting 6 May 2019.

The Board noted the next APM will be held 6 May 2019.

5.2.10 Mental Health Forum (MHF) - 1 April 2019.

The Board noted the MHF April meeting was cancelled.

5.2.11 Research Strategic Advisory Committee (RSAC) – next meeting 14 May 2019

The Board noted the next RSAC meeting will be held on 14 May 2019.

5.2.12 Drug and Alcohol Community Advisory Committee (DACAC) –11 April 2019.

The Board noted the unconfirmed DACAC minutes.

5.2.13 NNSW LHD Health Emergency Management Committee (HEMC) – 18 March 2019.

The Board noted the unconfirmed HEMC minutes.

6. Matters for Noting/Information (discussed only on exception basis)

Nil matters for noting

6.1 Major correspondence

Nil major correspondence

6.2 NNSW LHD Seal

There were no items requiring the NNSW LHD Seal to be applied.

6.3 Updated Board Calendar

The Board noted the updated Board Calendar.

6.4 Other matters for noting

6.4.1 In-House Dental Prosthetist

The Board noted the information.

6.5 Business without notice

- Responding to a query around staff flu vaccination, Mr Jones advised the same approach will be taken as last year.

7. Meeting Finalisation

7.1 Next Meeting

12-00pm –4.00pm

Coraki-Campbell Health One, Spring Street, Coraki (Teleconference Only)

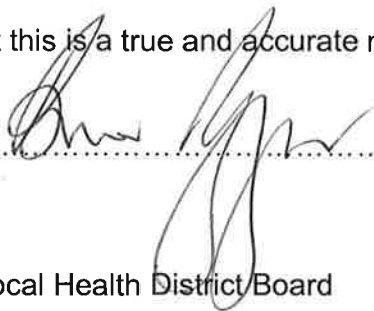
Professor Nancarrow gave a brief critique of the meeting.

7.2 Meeting closed

There being no further official business, the Chair declared the meeting closed at 1.11pm

I declare that this is a true and accurate meeting record.

Signed



Date

29/5/19

Dr Brian Pezzutti

Chair

Northern NSW Local Health District Board

9.00am Presentation by Mr Geoff Provest MP, Member for Tweed

The Chair introduced Mr Provest and thanked him for his commitment to the NNSW LHD and strong advocacy around the new Tweed Valley Hospital.

Discussion followed around the provision of health services at TTH leading up to and beyond the opening of the Tweed Valley Hospital.

Mr Jones advised with the opening of the Tweed Valley Hospital, a workforce plan is being developed to accommodate the increase in staffing needs through to 2031.

Further discussion ensued on current nursing levels and education processes involved between an Enrolled Nurse and a Registered Nurse. A suggestion was made of a possible media profile of the value of nurses across the LHD which Mr Jones welcomed and agreed to follow up.

Mr Provest thanked the Board for the opportunity to be part of meeting.

10.00am Presentation – Mr Peter Duncan, Chair, Regional Advisory Committee and Mr Zeke Huish, Regional Marketing Manager (Westpac Life Saver Rescue Helicopter)

Mr Duncan and Mr Huish introduced themselves and gave a brief overview of the history the Westpac Rescue Helicopter Service.

The Regional Advisory Committee commenced 2 years ago in all three operational areas of the Westpac Rescue Helicopter being Tamworth, Newcastle and Lismore. Mr Duncan gave a summary of the role of the Regional Advisory Council and some of the current members.

Mr Huish's power point presentation included an overview of:

- the current rescue helicopter and the training involved for both medical staff and crew
- new base at the Lismore Airport including accommodation and operations room
- flight areas across NSW
- fund raising ideas and corporate support
- helipad landing zones

General discussion followed regarding different landing zones across the NNSW LHD. Mr Duncan advised he will forward a copy of the current landing areas to the NNSW LHD.

Mr May advised that discussions are underway with Ms Weir, Director Clinical Operations in relation to marketing opportunities with the LHD.

The Chair thanked Mr Duncan and Mr Huish for their time and presentation.