

1. *PRESENT AND APOLOGIES:

Dr Brian Pezzutti (Chair), Mr Malcolm Marshall, Mr David Frazer, Dr Allan Tyson, Dr Joe Ogg, Ms Rosie Kew, Dr Jean Collie, Ms Deb Monaghan and Ms Leone Crayden

Via Teleconference: Dr John Moran

In Attendance : Mr Chris Crawford, Mr Murray Spriggs, Ms Jennifer Cleaver (Secretariat)

2. *Apologies: Professor Lesley Barclay, Mr Mark Humphries

3. *Declaration of Pecuniary and/or Conflicts of Interest

There were no Declarations of Pecuniary and/or Conflicts of Interest made.

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

3. *Board Members to asterisk non-asterisked items that they wish to discuss.

The Board Members asterisked Agenda Items 6.1, 6.2, 6.3, 6.4, 6.6, 6.7, 6.8, 6.9, 6.10, 6.11 and 6.12.

5. *Previous Minutes:

a) The Minutes of the Board Meeting held on 1 April 2015 which were circulated were ENDORSED as a true and accurate record of the meeting with the following amendments noted:

Item 11.1 Charter for Audit and Risk Management Committee NSW LHD and NSW LHD Internal Audit Charter "The NSW LHD Charter for the Audit and Risk Management Committee is to be resubmitted to the 29 April 2015 Board Meeting for endorsement as amendments are required to indicate that the ARC is a Sub-Committee of the NSW LHD Board."

Page 21 Second dot point to now read "The Board Chair sought approval for the payment of some of his accommodation costs pertaining to his meetings with the Kings Fund and Robert Naylor of University College of London Hospitals. The Board ENDORSED the funding of some of his accommodation costs pertaining to his meetings with the Kings Fund and Robert Naylor of University College of London Hospitals."

Moved: Ms Rosie Kew
Seconded: Ms Deb Monaghan
CARRIED

b) The Minutes of the 4 March 2015 Meeting were APPROVED for placing on the NSW LHD Internet Site following advice from Mr Crawford that some Commercial in Confidence information concerning UnitingCare Ageing has been abridged from the Minutes.

Moved: Mr David Frazer

Seconded: Mr Malcolm Marshall
CARRIED

6. Business Arising from the Minutes:

- *6.1 *Mr McGuigan is to request each clinical service including Pharmacy to develop a single barometer per NWAU and provide a report to the Board via a simple one table comparator for Facilities, which is to be presented in graphical form. Mr McGuigan is to request assistance from Lindy Swain from UCRH in the preparation of the Pharmacy Report.**

A Brief from Mr James McGuigan, Executive Director of Finance was tabled that was drafted following Mr McGuigan meeting with Drs Collie and Ogg to discuss how the Reports for each clinical service, including Pharmacy are to be developed including a single barometer per NWAU for the Board's consideration. The Board noted that these Reports from Mr McGuigan will be received in a two phase response at the August and November 2015 Board Meetings.

- *6.2 Mr Chris Crawford is to write to the Agency for Clinical Innovation (ACI) seeking review of its Policy relating to Chronic Pain Services and highlighting the need for a Chronic Pain Service at The Tweed Hospital or consideration being given to provision of funding for the purchasing of Chronic Pain Services by NNSW LHD from the Gold Coast University Hospital and provide a copy to the next Board meeting for information.**

The Board noted the letter to Dr Nigel Lyons, Chief Executive, Agency for Clinical Innovation dated 13 April 2015 concerning the provision of Chronic Pain Management Services in Tweed Heads.

The Chair indicated that he has requested the Executive Directors of the Tweed Byron and Richmond Clarence Health Service Groups to make access to acute Pain Services at Lismore Base Hospital (LBH) more available to Patients in the Tweed Byron HSG.

- *6.3 *Mr Crawford is to investigate the feasibility of a Creech/Child Care Centre to be available to LHD Staff and Staff from other Agencies to be operated by a commercial operator in the LBH Stage 3B Redevelopment and future TTH Redevelopment with Health Infrastructure and following this advice provide a report to a future Board Meeting.**

Mr Crawford advised that he will be discussing the potential for development of a Creche as part of the LBH Stage 3B Redevelopment at his monthly meeting with HI and he will provide advice to the next Board Meeting on the outcome of these discussions. Mr Crawford noted that The Tweed Hospital Redevelopment will not be included in these discussions as funding for this project will not be allocated until the NSW State Budget is brought down.

Mr Crawford is to investigate the identification of appropriate rooms in all LHD Facilities for Staff and Visitors as available breastfeeding rooms

Mr Crawford reported that he has received verbal feedback that most facilities have an available breastfeeding room, however he will provide written feedback from both the

Health Service Groups, the Mental Health and Drug and Alcohol Service and the Chief Executive Unit on the identification of appropriate rooms in all LHD Facilities for Staff and Visitors to utilise as a breastfeeding room.

Action:

Mr Crawford is to provide written feedback to the 27 May 2015 Board Meeting on the information received from both Health Service Groups, Mental Health and Drug and Alcohol Service and Chief Executive Unit on the identification of appropriate rooms in all LHD Facilities for Staff and Visitors to be made available as a breastfeeding room.

Mr Spriggs is to work with Ms Suzanne Weir, Acting Clinical Midwifery Consultant, on the development of a positive news story on breastfeeding in the workplace and to work with Mr Mark Humphries on improving the CEAC Communique

Mr Spriggs advised that he will follow up with Suzanne Weir to identify a positive news story on breastfeeding in the workplace for inclusion in the local media and he will work with Mr Mark Humphries on improving the CEAC Communique.

Action:

Mr Spriggs is to work with Ms Suzanne Weir, Acting Clinical Midwifery Consultant, on the development of a positive news story on breastfeeding in the workplace for inclusion in the local media and to work with Mr Mark Humphries on improving the CEAC Communique

- *6.4 Mr Chris Crawford is to submit regular monthly progress Reports in relation to the four Risks rated as "H" to monitor the progress of their Risk Mitigation Strategies. The Reports are to include what progress has been undertaken during the course of each month to implement the strategies to mitigate the risks, when is it envisaged that the risk ratings will be reduced and what is the expected timeframe for the residual risk ratings to be achieved.**

Mr Frazer commented that the Reports on the Risk Mitigation Strategies for the four Risk rated as "H" are improved. However, Mr Frazer suggested that the Board would be interested in being advised of the outcome of meetings that have been held to discuss the Risk Mitigation Strategies and in the inclusion of more specific advice on how and when the current Risk Ratings will be reduced.

The Board asked when all NNSW LHD Staff will be migrated to Windows 8.1 or 8.2 and when will the correct number of licences be made available to enable Dongles to be provided to all Staff who require them?

Mr Crawford advised that he will make enquiries in relation to the timeline for Staff being migrated to Windows 8.1 or 8.2 and about the allocation of Dongles for all Staff who require them.

Action:

Mr Crawford is to make enquiries in relation to timeline for Staff being migrated to Windows 8.1 or 8.2 and what the situation is in relation to the allocation of Dongles

for all Staff who require them and provide feedback on these matters to the 27 May 2015 Board Meeting.

Mr Crawford advised that he had raised the issue of the rating of Extreme and High Risks in other LHDs at the most recent Rural Chief Executives Meeting and the feedback received is that most of the other rural LHD Chief Executives are willing to share their Risk Registers with NNSW LHD. NNSW LHD will be benchmarking with the other LHDs, when their Risk Registers are received. This information will be utilised as an important input into the development of the next NNSW LHD Quarterly Risk Register and the Chief Executive will provide further advice to a future Board Meeting on this matter.

Action:

Mr Crawford is to provide advice to a future Board Meeting on how NNSW LHD rates its Extreme and High risks compared to how other Rural LHDs rate their Extreme and High Risks, when the requested information is received from the other Rural LHD Chief Executives.

6.5 Mr Crawford is to obtain a report on the number of Staff in acting positions and provide feedback to the Board, when he has received this information.

Mr Crawford advised that he will provide a report on the number of Staff in acting positions to the 27 May 2015 Board Meeting for consideration.

Action:

Mr Crawford is to obtain a report on the number of Staff in acting positions and provide feedback to the 27 May 2015 Board Meeting for consideration.

***6.6 Mr Crawford is to provide feedback on the actions taken by all relevant Executive Directors to reduce the number of Locum Medical Officers across the LHD, specifically in the Emergency Departments by 1 April 2015 to the 29 April 2015 Board Meeting.**

Dr Tyson noted that the Richmond Clarence Health Service Group (RCHSG) Report on the appointment of Locum Medical Officers did not include information relating to Physicians at Grafton Base Hospital (GBH). Dr Tyson referred to information that he had received in relation to ongoing engagement of Locum Specialist Medical Officers at GBH to provide Specialist Surgery, Anaesthetic and Obstetric Services and indicated that the local Specialist Obstetricians are only able to provide cover for around fifteen days per month.

Dr Collie stated that at GBH has not employed Junior Medical Officers for a very long time. Further she said that asking Specialists to be on-call more than 1:4 is not sustainable.

Dr Ogg noted the graphic presentation of the Tweed Byron Health Service Group (TBHSG) information was very informative compared to the information from the RCHSG that was provided in table form.

The Board requested that for future reports the methodology utilised in the TBHSG Report is the preferred method for setting out such Reports.

Mr Crawford advised that he would provide this feedback to Ms Lynne Weir, Executive Director RCHSG that future Reports for the Board are to utilise the same methodology and format as utilised in the TBHSG Locum Medical Officer Report.

Action:

Mr Crawford is to provide this feedback to Ms Lynne Weir, Executive Director RCHSG advising that future Locum Medical Officer Reports for the NNSW LHD Board are to utilise the same methodology and format as utilised in the TBHSG Locum Medical Officer Report to the Board.

***6.7 Mr Crawford is to draft a letter for the Board Chair's signature to the Secretary, NSW MOH advising of the NNSW LHD Board's concerns in relation to a number of financial matters including:**

- **The annual leave accrual advice from the MOH that no Budget will be provided to fund the accrual arising from the 2014/15 salary and wage escalation;**
- **The calculation being made by HealthShare to correct the monthly Oracle annual leave accrual calculation;**
- **The impact of the short-comings in the NSW Ambulance Billing Reports;**
- **Calculation of NNSW LHD population for the purpose of the allocation of funding needs to include the 53,000 population below Tallebudgera Creek on the lower Gold Coast that heavily utilise the services provided by the NNSW LHD;**
- **The NNSW LHD Board not agreeing with the funding arrangements being proposed by Mr Zoran Boleviche, MOH. NNSW LHD was not sufficiently consulted about the new funding model and it does not accord with the previous request from the Board Chair for a 60/40 population growth:activity growth split to be utilised in calculating the allocation of extra National Weighted Activity Units (NWAUs) in any year because the proposed 80/20 split does not take into account year on year over-expenditure by the NNSW LHD to meet its Emergency Patient and Elective Surgery Patient targets;**
- **Advice on the amount of NWAUs the LHD will receive in 2015/16 for Casino and Maclean District Hospitals, which will no longer be block-funded but will be ABF funded; and**
- **The letter is to also make reference to information received concerning the Gold Coast Hospital and Health Service arrangement with Queensland Health that when it provides a service over its allocated NWAUs, it receives the extra Commonwealth funding earned by Queensland Health on account of the extra Patient care being provided.**

The Board noted the letter from the Board Chair to Dr Mary Foley, MOH Secretary dated 22 April 2015 outlining a number of financial issues of concern that had been raised by the Board.

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- 6.8 The Board Chair is to forward a letter to Dr David Hutton thanking him and the Clinical Governance Unit Staff for the work that they continue to undertake to assist the LHD Clinical Staff to provide high quality, safe services to NSW LHD Patients.**
The Board noted the letter from the Board Chair to Dr David Hutton, Executive Director, Clinical Governance dated 13 April 2015 thanking him and the Clinical Governance Unit Staff for the work that they continue to undertake to assist the LHD Clinical Staff to provide high quality, safe services to NSW LHD Patients.
- *6.9 Mr Crawford is to request Mr McGuigan, Executive Director of Finance to consider whether the new Private Health Fund fees will have an impact on the raising of revenue by NSW LHD.**
The Board noted the information contained in the Brief from Mr McGuigan, Executive Director of Finance, advising on whether the new Private Health Fund fees will have an impact on the raising of revenue by NSW LHD. The Board noted that NSW LHD is not expecting a negative impact on its revenue generation due to the recent Private Health Fund premium increase.
- *6.10 The NSW LHD Charter for the Audit and Risk Committee (ARC) is to be resubmitted to the 29 April 2015 Board Meeting for endorsement following an amendment to page two to indicate that the ARC is a Sub-Committee of the LHD Board.**
Mr Frazer referred to email information that he had circulated to Board Members concerning proposed changes to the ARC Charter. Following discussion by the NSW LHD ARC it was suggested that as the State Treasury will be issuing a Charter on 1 July 2015, which will be submitted to the MOH for consideration, it may be preferable to delay the submission of an updated ARC Charter to the NSW LHD Board until a new Charter is released by the MOH to the LHDs. Mr Frazer advised that the NSW LHD ARC is of the view that it reports to the NSW LHD Board and not the Executive and that further work has been undertaken by the Acting Internal Audit Manager to amend the NSW LHD ARC Charter so that it reflects this reporting structure.
- The Board requested that an amended NSW LHD ARC Charter is provided to the next Board Meeting for consideration.
- Action:**
Mr Frazer is to provide the amended NSW LHD Charter for the Audit and Risk Committee (ARC), which Charter is to then be submitted to the 27 May 2015 Board Meeting for endorsement following an amendment to page two to indicate that the ARC is a Sub-Committee of the LHD Board.
- *6.11 Drs Ogg and Collie are to meet with Mr McGuigan to discuss the areas upon which the Board requires Reports, such as on Fractured Neck of Femur, and to develop a template on how these Reports will be presented to the Board. A template on how the Report is to be provided and which Clinical Services are to be reported on, as a pilot, on a six monthly basis, will be presented to the 29 April 2015 Board Meeting for consideration.**
Dr Ogg reported that he and Dr Collie have met with Mr James McGuigan, Executive Director of Finance to develop a template for reporting on identified Clinical Services to the

Board. A request is to be made to stakeholders from each Hospital Craft Group to determine a metric that is relevant to that Craft Group, dependent on the availability of data for inclusion in a Report that is to be submitted in two phases to the August and November Board Meetings for consideration. Dr Ogg suggested that providing Clinician input into these reports to the Board will assist to engage Clinicians as well as providing more meaningful information to the Board.

The Board endorsed the proposal for the first phase Reports for Pharmacy and Medical Imaging to be submitted to the August 2015 Board Meeting and the second phase Reports on Medical Imaging, Renal and Endoscopy Services to be submitted to the November 2015 Board Meeting.

The Board agreed that Drs Ogg and Collie will continue act as a reference point to assist Mr McGuigan in the preparation of clinical information to be submitted to the Board.

The Board requested that Dr Ogg provide a Powerpoint presentation on Confidence Intervals to the 27 May 2015 Board Meeting.

Action

Dr Ogg is to provide a Powerpoint presentation on Confidence Intervals to the 27 May 2015 Board Meeting

***6.12 Mr Spriggs is to provide advice to the Board Members on the future Board training dates for specific education sessions, such as Finance and whether any of them align with the Board Conference dates.**

The Board noted the information provided by Mr Murray Spriggs on the future Board training sessions being held on 26 and 27 May 2015.

Ms Deb Monaghan, Dr Allan Tyson and Dr Sue Page indicated that they wish to attend the Board Training in May 2015. Mr Spriggs is to follow-up with these Board Members to undertake the necessary arrangements for these Board Members to attend the Board Training.

Action:

Mr Spriggs is to make the necessary arrangements for Ms Deb Monaghan, Dr Allan Tyson and Dr Sue Page to attend Board Training on 26 and 27 May 2015.

6.13 The Chair is to draft a response to Dr Ingall, Chair LBH Medical Staff Council in response to his letter of 3 March 2015 and is to circulate a copy of the response with the 29 April 2015 Board Meeting Papers for information.

The Board noted the letter from the Board Chair to Dr Chris Ingall, Chair LBH Medical Staff Council dated 13 April 2015 concerning relations between NNSW LHD and the LBH Medical Staff Council.

6.14 Any other Matters Arising from the Board Minutes

7. * Action Table - NNSW LHD Board Resolution & Decision Register.

The Updated NSW LHD Board Resolution and Decision Register from the 1 April 2015 Board Meeting were noted.

The Board was advised that longstanding Item 337 will be removed from the Board Resolution and Decision Register following a presentation of a Patient Story to the Board on the Home Dialysis Service at the 27 May 2015 Board Meeting.

7.1 Changes to Register Items 350, 402 and 407 covered in Item 6 Business Arising.

Noted

7.2 New Register items 409 to 423 were covered in Item 6 Business Arising.

Noted

8. *Chief Executive's Report

Mr Crawford referred to the issues that were covered in the Chief Executive Report to the Board, which included Richmond Network Australian Council on Healthcare Standards Accreditation Survey 13 – 17 April 2015, Dementia Outreach Service (DOS), North Coast NSW Primary Health Network, Grafton Private Hospital, Cross District Flows and Service Planning, ICE Epidemic, Latest Asset Strategic Plan, Capacity Assessment, 2015/16 NSW LHD Budget, Health On A Page, 2014/15 Budget, NEST, NEAT and Triage Results, Capital Works Projects – LBH Stage 3A, Byron Central Hospital, Casino District Hospital Emergency Department (ED) Upgrade, Murwillumbah District Hospital (MDH) Palliative Care Upgrade, TTH Junior Medical Office Lounge, Planning Projects – Ballina District Hospital Operating Theatre and Medical Imaging Upgrade, LBH Stage 3B, The Tweed Hospital (TTH) Stage 4, Bonalbo MPS, Coraki HealthOne Service, LBH Multistorey Carpark, GBH Ambulatory Care Centre and Regional Aboriginal Health and Torres Strait Islander Health Wellbeing Plan and Regional Mental Health Plan, North Coast Radiology Response, Energy Efficiency Program, Ngayundi Cultural Awareness Bus Trip, Local Aboriginal Cultural Awareness On-line Training, Discharge Planning Committee, Quality Awards Ceremony, First End of Life Seminar, Ebola, Patient Perspective On Local Hospitals, Older Persons Mental Health Unit, E-Health, Service Agreement Negotiations, Audit and Risk Committee Membership, ED Utilisation by Patients with Cancer, Specialist Training Program, Pharmacist Staffing Levels, GBH Orthopaedic Surgery Service, Integrated Care Program, Challenge of Attracting Doctors to the Clarence Valley, Rural Research, Workforce Profile, Australian Health Practitioner Agency (APHRA), National Health Performance Authority, NSW Health Dementia Care Competency and Training Network, Asbestos Register and Management Plans, Aboriginal Partnership Meeting, Medicare Payment Freeze Will Hit Regional GPs Hardest, Bureau of Health Information, Interim Replacement of the Clinical Excellence Commission Chief Executive, Social Development Council Support, Authentic Leadership, Nursing Essentials of Care Showcase, Leading for Better Patient Outcomes and New GP in Kyogle.

Mr Crawford reported funding for the DOS will continue until “2017” not “2016” as stated in the Chief Executive Report. Mr Crawford noted the good work that had been undertaken by Ms Vicki Rose, Executive Director, Allied Health and Manager Chronic and Primary Care

Services as well as the advocacy by Mr Kevin Hogan, MP, Member for Page with the result being that the Commonwealth will continue the funding for the DOS until 30 June 2017.

Mr Crawford indicated that prior to any planning being undertaken with Mid North Coast Local Health District (MNC LHD) a resolution to the Ophthalmology Surgery issues that GBH is experiencing, as a result of the MNC LHD ceasing Ophthalmology Surgery at Coffs Harbour Base Hospital, needs to occur.

Mr Crawford suggested that the Capacity Assessment verification meetings went well and it is expected that the NNSW LHD Report will be satisfactory following the provision of detailed explanations, which provided a context and response to the Capacity Assessment questionnaire responses, being provided to the Capacity Assessment Group by NNSW LHD Board, Executive and Senior Staff.

Mr Crawford reported that he has discussed with the Board Chair the date for a Special Board Meeting to held on 24 June 2015 from 1.30pm to 4.30pm to consider and approve the 2015/16 Budget. This will allow the Executive through the Finance Directorate to issue the 2015/16 Hospital and Service Budgets in late June/early July 2015, which will be one month ahead of the previous Budget being issued. This earlier issuing of budgets is a change NNSW LHD agreed to make arising from the MOH Diagnostic Review of NNSW LHD financial performance which occurred in 2014.

Mr Crawford advised that to enable the Board to have early input into the consideration of issues that are important to the 2015/16 Budget he will provide two presentations, one today and the other to the 27 May 2015 Board Meeting on aspects of the build-up of the 2015/16 Budget. This will allow issues to be raised, items to be added or deleted and the Board to have a greater input into the Budget, as it is being built up. Therefore, when the final presentation is made to the Board on the 24 June 2015 Board Meeting for its consideration and approval, the Budget will reflect the Board's Priorities.

Mr Crawford advised that GBH has been finding it difficult to recruit Specialist Medical Officers, however there may be an opportunity to recruit two Specialist Medical Officers, a Husband and Wife, one who is an Orthopaedic Surgeon and one who is an Obstetrician and Gynaecologist (O&G). Mr Crawford advised that he has discussed this proposal with Dr Sam Martin, GBH Orthopaedic Surgeon and advised that the LHD would not be able to allocate extra funding to the GBH Orthopaedic Service to support a third Orthopaedic Surgeon to the same level as it allocated funding to support the first two Orthopaedic Surgeons, so some reallocation of funding within the GBH Orthopaedic Surgery Service would need to occur to supplement the new funding allocated to support the third Surgeon, if the Board determined that enhancing the GBH Orthopaedic Surgery Service is a priority. Mr Crawford said that the Board will need to determine whether appointing a Third Orthopaedic Surgeon to GBH is a high priority, as even funded at a marginal cost it will be an expensive commitment. However, he did point out that it has the benefit of filling a Specialist vacancy in the O&G Staffing and it would be supporting a Hospital where Specialist Medical Officer Staffing is thin.

Mr Crawford also suggested that some Medical Officer cover is required for GBH Wards and suggested that appointing a Career Medical Officer/Hospitalist for one shift seven days per week would assist to provide cover to the GBH Wards.

Mr Crawford referred to the current challenges that are occurring across the North Coast in relation to the use of ICE and advised that a Symposium is being held on 8 May 2015 co-jointly organised by the Aboriginal Medical Services, North Coast NSW Medicare Local (NCML) and NNSW LHD. The Symposium will identify strategies to address the current problems being caused to the Community by Ice.

The Board raised the following issues:

- Following a query concerning a decrease in performance compared to the previous year in Triage Categories Four and Five, Mr Crawford advised that the main EDs are treating increased volumes of Patients without much additional resourcing, which needs to be taken into account in assessing their performance against the Triage targets.
- The Board Chair advised that he will write a letter of thanks to Ms Vicki Rose, Executive Director Allied Health and Manager Chronic and Primary Care Services and to Mr Kevin Hogan, MP, Member for Page for their efforts in getting the Commonwealth DOS funding extended until 30 June 2017.
- The Board Chair advised that a letter is to be sent to Ms Lynne Weir, Executive Director, RCHSG congratulating the Richmond Network on its being granted full Accreditation status following on from its recent Accreditation Survey.
- The Board Chair advised that a letter is to be sent to Dr David Hutton, Executive Director Clinical Governance and Ms Pam Mitchell, Clinical Quality Manager thanking them for their assistance and guidance to the RCHSG in the lead up to and during its Accreditation Survey.
- A request was made that a ten year Asset Strategic Plan for Minor Works be developed for the LHD.
- Strategies which support improved communication with Clinical and Non-Clinical Staff, especially in relation to financial literacy and management were requested. Dr Ogg noted that such strategies would build on the process that Mr McGuigan is establishing for provision of information to the Board, which require input from frontline Managers.
- Mr Crawford is to request Mr McGuigan to provide information to the Board on how the LHD will fund the cost of undertaking the extra activity that is required to be undertaken to achieve NEAT and NEST.

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- The Discharge Planning Committee is to undertake engagement with Junior Medical Officers (JMO) and a General Practitioner (GP) is to be added to the Membership of the Discharge Planning Committee. Mr Crawford advised that Ms Lynne Weir, Executive Director RCHSG has nominated a JMO who will be added to the membership of the Discharge Planning Committee. Mr Crawford said that the NCML will be asked to nominate an appropriate GP to join the Discharge Planning Committee.
 - Mr Crawford advised that he will endeavour to quickly progress the recruitment to the two Pharmacist positions, an 0.7 FTE at TTH and an 0.5 FTE for the Lismore Inpatient Mental Health Service.
 - The Chair requested that a senior Manager is identified as the point of contact for the process of recruitment to the additional GBH Orthopaedic Surgeon position should a decision be made by the Board to recruit to a third GBH Orthopaedic Surgeon.
 - The Board noted the disappointing reply from Ms Karen Crawshaw, MOH concerning the performance of the Australian Health Practitioner Regulation Agency (AHPRA) and that Mr Crawford has forwarded further correspondence to Ms Crawshaw on this matter disputing some of the content of her reply. This matter is to be raised by the Board Chair and Mr Crawford at a meeting with Mr Kevin Hogan, MP Member for Page on 30 April 2015.
 - A Dashboard Report on Work Health and Safety KPIs is to be submitted to the Board on a quarterly basis. Mr Crawford advised that he will request Ms Yvette Bowen, Manager Work Health and Safety and Injury Management to develop a Dashboard Report for submission to the Board on a quarterly basis.

Action:

The Board Chair is to forward a letter of thanks to Ms Vicki Rose, Executive Director Allied Health and Manager Chronic and Primary Care Services and to Mr Kevin Hogan, MP, Member for Page for their efforts in getting the Commonwealth DOS funding extended until 30 June 2017.

The Board Chair is to forward a letter to Ms Lynne Weir, Executive Director, Richmond Clarence Health Service Group congratulating the Richmond Network on its being granted full Accreditation status.

The Board Chair is to forward a letter to Dr David Hutton, Executive Director Clinical Governance and Ms Pam Mitchell, Clinical Quality Manager thanking them for their assistance and guidance to the Richmond Clarence Health Service Group in the lead up to and during its recent Accreditation Survey.

Mr Crawford is to request Mr John Lambert, Manager Assets and Capital Works to develop a ten year Asset Strategic Plan for Minor Works for NNSW LHD.

Mr Crawford is to request Mr McGuigan provide information to the Board on how the LHD will fund the over target activity it needs to undertake to achieve NEAT and NEST.

Mr Crawford is to ensure that a Junior Medical Officer and a General Practitioner are appointed to the Discharge Planning Committee, as part of its Membership.

Mr Crawford is to identify an appropriate Senior Manager as the point of contact for the process of recruitment to the additional Grafton Base Hospital (GBH) Orthopaedic Surgeon position, once the Board has decided to fund the appointment of a third GBH Orthopaedic Surgeon as part of the Budget setting process.

Mr Crawford is to request Ms Yvette Bowen, Manager Work Health and Safety and Injury Management develop a Dashboard Report on Work Health and Safety KPIs for submission to the Board on a quarterly basis.

Mr Crawford provided information relating to progress that has occurred on Transformational Strategies, Challenges Framework, Potential Savings Strategies, Revenue Enhancement Opportunities, Potential Enhancement Growth Funding Bids and what the next Steps are to develop the 2015/16 Budget.

Mr Crawford noted that he has not provided detailed costings on the proposed savings and revenue strategies at this stage, as he is asking the Board to identify the key priority areas to be considered as part of the Budget build-up process. Following the inclusion of the items identified by the Board, costings would then be provided on the proposed strategies both for expenditure savings and revenue enhancement as well as for the new priority services, which are to be funded.

The Board Chair asked that the Board Members consider other potential priorities that should be considered as part of the 2015/16 Budget process.

Dr Ogg reported that in relation to the changes that are occurring for the ratios of Senior:Junior Nursing mix, there is concern being expressed by some Junior Medical Officers that there are less experienced Nurses on some Wards. Dr Ogg indicated that there are a lot more calls and referrals to the Intensive Care Unit now, which may be a result of having less experienced Nurses on some Wards. Dr Ogg stated that it was important to ensure that savings are not being made in a way that diminishes the high standard of the Clinical Services. Mr Crawford advised that he will provide this feedback to Ms Annette Symes, Executive Director of Nursing and Midwifery.

Dr Tyson commented that at GBH the experience has been that by initially having more junior Nursing Staff they are interested in undertaking education, which assists the Hospital in the medium and long term, as they are more knowledgeable and proactive in carrying out their Nursing duties.

Ms Monaghan enquired as to whether there will be an enhancement to the education budget and Mr Crawford advised that the NSW Government is committed to providing funding for more Nurse Educators and more Nurse Practitioners over the next four years.

Dr Collie suggested that a redesigning of some processes needs to occur as this would both improve the quality of the care provided and would make savings at the same time.

Mr Crawford thanked the Board for its feedback and advised that he will bring more detailed information, including some costings on the 2015/16 Budget to the 27 May 2015 Board Meeting for consideration.

The Board Chair suggested that the Chief Executive's Report should be circulated more widely to assist with the engagement of LHD Clinicians and Staff, which will assist them to become more knowledgeable and literate about what is occurring across the LHD. The Board agreed that Mr Crawford and Mr Marshall should meet to consider how the content of the Chief Executive's Report can be circulated more widely within the LHD.

Action:

Mr Chris Crawford and Mr Malcolm Marshall are to meet to consider how the content of the Chief Executive's Report can be circulated more widely within the LHD to inform Clinicians about what is occurring within the LHD, as part of the process of Management and the Board more actively engaging with Clinicians.

The Board ENDORSED the Chief Executive's Report.

***9. Strategic and Planning Items**

There were no Strategic and Planning Items for consideration.

***10. Minutes – Governance Committees**

10.1 *Finance and Performance Committee Meeting (F&PC)

Mr Marshall referred to the written Summary Report of the FPC Meeting held on 23 April 2015 that was circulated in the Board Meeting Agenda papers. Mr Marshall also noted that the Budget result information was covered in the Chief Executive's Report.

Mr Marshall advised that in conjunction with Mr James McGuigan, Executive Director of Finance, he is intending to develop a Report that provides better activity data in conjunction with information about the LHD's Budget position.

Mr Marshall indicated that he has requested Mr McGuigan to consider areas where the LHD can obtain additional funding of around \$2-3 million. Areas such as the impact of increased Queensland population accessing NNSW LHD services, which is an area where good evidence based information can be produced, which is required to convince the MOH and Minister of Health that the LHD is underfunded.

Mr Frazer suggested that any requests to the MOH or Minister of Health for additional funding need to be based on good evidence especially in relation to the areas of Mental Health, Community Mental Health and Community Health.

The unconfirmed Minutes of the FPC Meeting held on 23 April 2015 were noted.

10.2 *Health Care Quality Committee (HCQC)

Ms Kew tabled a written summary report on the HCQC Meeting held on 14 April 2015.

Ms Kew advised that good presentations were received, being a Patient Story involving a Patient journey about a Patient who was referred to the LHD from the Magistrates Early Referral Into Treatment Program and an overview of the 2014 Quality Systems Assessment results.

There were five Procedures and Policies endorsed for submission to the Chief Executive for approval, Ms Kew reported.

Ms Kew indicated that there had been a lot of discussion on Root Cause Analysis (RCAs) investigation processes. The Recommendations Directory, which is a traffic light system to highlight outstanding recommendations awaiting implementation, has now been developed and a search engine for this Directory is currently under development, Ms Kew said.

Ms Kew also advised that the good results achieved by the Richmond Network in achieving full Accreditation status were also discussed.

Ms Kew noted that in relation to the filling of the second Patient Safety Officer (PSO) position, Mr Crawford has indicated that more Staff are being trained, so that they obtain the PSO skills, so that they are available to provide back up for the PSOs, when they are absent for extended periods.

The Chair requested that the Chief Executive correspond with the Tweed Shire Council requesting that the street signage directions to TTH be improved and made more prominent. Mr Crawford also indicated that he will discuss all NSW LHD signage with Mr Tony Beashel, Manager Corporate Services to ensure that all signage in NSW LHD Facilities is up-to-date.

Action:

Mr Crawford is to correspond with the General Manager, Tweed Shire Council requesting that the street signage directions to TTH be improved.

Mr Crawford is to request Mr Tony Beashel, Manager, Corporate Services ensure that all NSW LHD Facility signage is up-to-date.

Mr Frazer referred to the Mental Health RCAs and queried whether they have been managed sufficiently well and if there are serious issues identified due to staff negligence or risky conduct, are these referred to the Executive Director, Mental Health and Drug and Alcohol Service for consideration and to take appropriate action, as required? Mr Crawford

advised that there is a robust process for managing RCAs, as has been discussed previously with the Board. Ms Kew also noted that on the RCA Directory most of the Mental Health and Drug and Alcohol Service RCA Recommendations have been implemented.

Following discussion, Mr Crawford suggested that he will request Dr Buss, Executive Director, Mental Health and Drug and Alcohol Service to attend the 27 May 2015 Board Meeting to present to the Board on how the Mental Health Service is being managed, especially in relation to Mental Health Incidents and subsequent RCAs that have occurred in the last year and relating to Staff, who were required to be disciplined.

Action:

Mr Crawford is to invite Dr Buss, Executive Director Mental Health and Drug and Alcohol Service to the 27 May 2015 Board Meeting to present to the Board on how Mental Health Service is being managed, especially in relation to Mental Health Incidents and subsequent RCAs that have occurred in the last year and relating to Staff, who were required to be disciplined.

The unconfirmed Minutes of the HCQC Meetings held on 10 February 2015, 24 March 2015 and 14 April 2015 were noted.

10.3 *Medical and Dental Advisory Appointments Committee (MDAAC)

Mr Crawford provided a verbal report on the MDAAC Meeting held on 9 April 2015.

Mr Crawford advised that a key decision made was the rescinding of the approval provided at the 9 April 2015 MDAAC Meeting of an application for the Deputy Director of Medical Services within TBHSG to be recommended to be elevated to Senior Staff Specialist status.

The unconfirmed Minutes of the MDAAC Meeting held on 9 April 2015 were noted.

10.4 *Health Services Development Committee (HSDC)

The Board noted that the Minutes of the HSDC Meeting held on 9 April 2015 will be submitted to the 27 May 2015 Board Meeting for noting.

10.5 *Audit and Risk Committee (ARC)

Mr Frazer provided a verbal report on the ARC held on the 17 April 2015.

Mr Frazer advised about the reporting requirements to MOH and to the NSW Auditor-General are known and NNSW LHD is meeting the milestones for reporting to the MOH and the Chief Executive has ensured that the advice to the Auditor General is undertaken efficiently and effectively. This Reporting relates to the activities that need to be pursued which lead to the production of the LHD's year end Financial Statements and their being audited by the Auditor-General's representatives. Interhealth Reconciliation was considered following queries from the Auditor-General and it was noted that there had been Statewide improvements made with NNSW LHD performing well, Mr Frazer said. Other items which were considered included the Auditor-General's queries relating to the end of the 2013/14 Financial Year and all major issues were discussed at length, Mr Frazer

reported. Mr Frazer advised that an analytical review was undertaken of the Income and Expenditure Statement Financial Position as at 31 March 2015.

The unconfirmed Minutes of the ARC Meeting held on 17 April 2015 will be submitted to 27 May 2015 Board Meeting for noting.

10.6 *NNSW LHD Clinical Council (CC)

The unconfirmed Minutes of the CC Meeting held on 24 March 2015 were noted as a verbal report about this meeting had been provided to the 1 April 2015 Board Meeting.

10.7 *Community Engagement Advisory Council (CEAC)

Mr Spriggs noted that following amendment to pages 10 and 11 of the 23 March 2015 CEAC Meeting Minutes, which should read:

“The Government has committed to allocate \$115 million of funding to NSW Mental Health Services over a three year period in response to the release of the Mental Health Commission’s Strategic Plan. Of this \$115 million, \$2.5 million has been allocated to support the introduction of a tele-psychiatry system for the Hunter New England, Mid North Coast and Northern NSW Local Health Districts.”

The unconfirmed amended Minutes of the CEAC Meeting held on 23 March 2015 were noted as a verbal report on that meeting had been provided to the 1 April 2014 Board Meeting.

10.8 *Medical Staff Executive Council (MSEC)

Dr Tyson advised that a MSEC Meeting was held on 16 April 2015 and Dr David Sare from Ballina District Hospital was elected as the MSEC Chair at the end of that Meeting.

Dr Tyson reported that there had been robust discussion at the MSEC Meeting concerning the draft Memorandum of Understanding (MOU) proposed between the NNSW LHD Board and the LBH Medical Staff Council (MSC) by Dr Ingall, Chair LBH MSC. The Board Chair has responded to Dr Ingall indicating that the LBH MSC should engage with Ms Lynne Weir, Executive Director RCHSG to establish the more formal Clinician engagement arrangements that the LBH MSC is seeking. The MSEC has decided that the draft MOU will be circulated to all NNSW LHD Hospital MSCs for their consideration and feedback which feedback will be provided to the next Meeting of the NNSW LHD MSEC.

Dr Tyson also suggested that a copy of the letter to Dr Ingall from the Board Chair be circulated to the MSCs for their information, following agreement being obtained from Dr Ingall that the letter is able to be circulated to the other MSCs.

Dr Tyson reported on a meeting held between himself, Dr Sare and Mr Crawford on 29 April 2015 as part of the handover process of the MSEC Chair. Dr Tyson noted that Dr Sare as MSEC Chair is a mandated invitee to all NNSW LHD Board Meetings.

The Board noted that the unconfirmed Minutes of the MSEC Meeting held on 16 April 2015 will be submitted to the 27 May 2015 Board Meeting for noting.

10.9 NSW LHD Interim Aboriginal Partnership Meeting (APM)

The Board noted that the Minutes of the APM Meeting held on 1 April 2015 will be submitted to the 27 May 2015 Board Meeting for noting.

10.10 *NSW LHD Mental Health Forum (MHF)

The Board noted the unconfirmed Minutes of the MHF Meeting held on 27 April 2015 will be submitted to the 27 May 2015 Board Meeting for noting.

10.11 Health Education Workforce Research Forum

The Board noted that the unconfirmed Minutes of the Health Education Workforce Research Forum held on 12 February 2015 will be submitted to the 27 May 2015 Board Meeting for noting.

***11. Items for Decision/Resolution**

11.1 Consideration of a Facilitator to assist the NSW LHD Board to Undertake a Strategic Direction Setting Session

The Board considered the information contained in the Brief from the Chief Executive advising of the progress made towards selecting a Facilitator to assist the Board to undertake a Strategic Direction Setting Session.

The Board ENDORSED that the scheduling of a Strategic Direction Setting Session not occur until after the 2015/16 Budget is approved and the Strategic Direction Session be held on the morning prior to the 29 July 2015 Board Meeting.

The Board also requested that the three previously nominated potential Facilitators are advised of the new date of 29 July 2015 for the Strategic Direction Setting Session. Also the other potential Facilitator, who did submit a response to the Expression of Interest (EOI) call is to be advised that his EOI will be carried forward and he will be considered along with any of the other potential Facilitators, who submit responses to the new EOI call, to be selected as the Facilitators of the Board Strategic Direction Setting Session. Should the nominated Facilitators not submit a suitable response to the EOI, then Mr Mick Reid is to be requested to submit an EOI to facilitate the Strategic Direction Setting Session.

12. *Items Without Notice/Late Business

- Dr Ogg referred to the earlier discussion concerning the quality of Reports that are being presented to the Board for consideration and suggested that it is important for the Board to have confidence in the information that is being presented to it. Dr Ogg suggested that it may be of assistance for the Chief Executive to co-sign all reports that are being submitted to the Board to confirm the veracity of the content of the Report.

Mr Marshall suggested that performance indicators are developed so that the reporting to the Board becomes more regular, and thereby trends are able to be identified.

Dr Moran indicated that it is up to the Board to ensure that it asks the right question/s of the Chief Executive so he can then accurately relay to the Executive Director(s) who would be

responsible for gathering and preparing the information for the Board, the exact information which the Board wants.

Mr Crawford responded that much of the information the Board requests on financial and activity data is provided in the Narrative to the MOH, which is provided to the FPC Meeting each month.

Mr Marshall indicated that there needs to be good activity and performance reporting and it needs to be well linked to the financial reporting that Mr McGuigan has been asked to develop for the Board, which should clearly set out this information.

The Board asked that the Chief Executive counter-sign all Reports that are submitted to the Board for consideration. Should the Board consider that the information is not correct then the Chief Executive can be asked by the Board if he is confident that the information is correct and whether the information needs to be clarified.

13. Items for Noting

13.1 Revised Schedule of Board Meetings for 2015

Noted

13.2 Letter from Dr Tony Lembke, Chair, North Coast NSW Medicare Local (NCML) advising of the NCML's successful bid to be appointed as the North Coast Primary Health Network

Noted

13.3 Letter to Dr Tony Lembke, Chair North Coast NSW Medicare Local (NCML) from NNSW LHD Board Chair congratulating NCML on its successful bid to become the North Coast Primary Health Network

Noted

13.4 Letter from Ken Whelan, MOH, to NNSW LHD Board Chair Concerning Privately Referred Non-Inpatients (PRNIs)

Noted

Mr Crawford advised that Ms Lynne Weir, Executive Director RCHSG and Mr McGuigan, Executive Director of Finance are soon to meet with Dr Howard Hope to discuss progressing the Staff Specialist PRNI model at LBH.

14. Items for Information:

There were no Information Items.

15. Close of Meeting

There being no further official business, the Chair declared the meeting closed at 5.14pm.

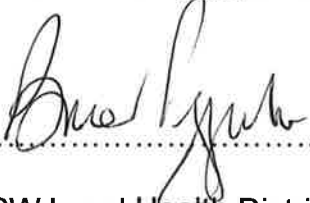
17. Date and Time of next Board Meeting

MINUTES OF THE MEETING OF THE NORTHERN NEW SOUTH WALES LOCAL HEALTH DISTRICT BOARD HELD ON WEDNESDAY 29 APRIL 2015 IN FUNCTION ROOM 1, BALLINA RSL CLUB, RIVER STREET, BALLINA COMMENCING AT 1.30PM

Wednesday 27 May 2015 in the Ground Floor Meeting Room, Crawford House, Hunter Street, Lismore commencing at 1.30pm.

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

Signed



Dr Brian Pezzutti

Chair, Northern NSW Local Health District

Date

18/6/15