

MINUTES OF THE MEETING OF THE NORTHERN NEW SOUTH WALES LOCAL HEALTH DISTRICT BOARD HELD ON WEDNESDAY 28 JANUARY 2015 IN THE GROUND FLOOR MEETING ROOM, CRAWFORD HOUSE, HUNTER STREET, LISMORE COMMENCING AT 1.30PM

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1. *PRESENT AND APOLOGIES:

Dr Brian Pezzutti (Chair), Mr David Frazer, Dr Allan Tyson, Mr Malcolm Marshall, Mr Mark Humphries, Professor Lesley Barclay, Dr Joe Ogg, Ms Rosie Kew, Ms Leone Crayden, Dr Jean Collie and Dr John Moran

Via Teleconference: Dr Sue Page (for part of the meeting),

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

2. *Apologies: Ms Deb Monaghan

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

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

The Chair welcomed the two new appointed Board Members, Dr Jean Collie and Dr John Moran to their first NNSW LHD Board Meeting.

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

The Board Members asterisked Agenda Items 6.2, 6.4, 6.5, 6.9, 6.10, 6.12, 6.15, 11.2 and 13.2.

5. *Previous Minutes:

a) The Minutes of the Board Meeting held on 3 December 2014 were ENDORSED as a true and accurate record of the meeting.

Moved: Dr Allan Tyson
Seconded: Mr David Frazer
CARRIED

b) The Abridged Minutes of the 29 October 2014 Board Meeting were APPROVED for placing on the NNSW LHD Internet Site following advice from Mr Crawford that some Commercial in Confidence information concerning UnitingCare Ageing had been deleted to abridge the original Minutes.

Moved: Mr Malcolm Marshall
Seconded: Mr David Frazer
CARRIED

c) Minutes of Community and Stakeholder Meeting held on 3 December 2014 were ENDROSED as a true and accurate record of the meeting.

Moved: Ms Rosie Kew
SECONDED: Mr Mark Humphries
CARRIED

6. Business Arising from the Minutes:

6.1 Mr Chris Crawford is to request that work is undertaken on an economic analysis of data provided by Rebecca Davey, Clinical Nurse Consultant Chronic Care to look at the costings, admissions and bed days of Aboriginal Patients, and what savings can be made, which could be utilised to strengthen the current programs

Mr Crawford reported that a Brief has been prepared by Ms Davey, which he has requested Ms Vicki Rose, Executive Director Allied Health and Chronic and Primary Care Services to review given its relationship to the Integrated Care and Connecting Care Programs. The Brief which will also incorporate any advice received from Ms Rose will be submitted to the 4 March 2015 Board Meeting for consideration.

Action:

Mr Chris Crawford is to submit a brief on costings, admissions and bed days of Aboriginal Patients to identify what savings can be made that can be utilised to strengthen the current programs to the 4 March 2015 Board Meeting for consideration.

***6.2 Mr Crawford is to request Mr James McGuigan, Executive Director of Finance to provide a report to the 28 January 2015 Board Meeting that provides the total number of Pharmacists across Northern NSW LHD, where they are located and the work that they undertake. Information is also to be provided on whether there is a benchmark for the number of Pharmacists that should be employed.**

Mr Crawford tabled a Memorandum from Mr James McGuigan, Executive Director of Finance outlining the number of Pharmacists employed in the Tweed Byron Health Service Group (TBHSG) and the work that is undertaken by these Pharmacists.

Mr Crawford stated NNSW LHD does not have any Community Pharmacists and noted that recruitment is underway for more Clinical Pharmacists at LBH and GBH.

Mr Crawford advised that the information about the Richmond Clarence Health Service Group (RCHSG) Pharmacists has not been submitted by Mr McGuigan to date. However, this information has been requested by 6 February 2015 and when received it will be circulated to the Board Members "out of session" in the week of 9 February 2015, for their information. It will also be placed on the 4 March 2015 Board Meeting Agenda for consideration. Mr Crawford indicated that the delay in receiving this information was not due to any lack of effort on the part of Mr McGuigan. He said Mr McGuigan had found it difficult to solicit a timely response providing the requested information from the RCHSG Pharmacy Departments.

The Board agreed that the Pharmacist information from the RCHSG should be provided in the same format as the TBHSG Pharmacist information was submitted.

Dr Ogg referred to an article in the New England Journal of Medicine about a shortage of some drugs and asked whether this occurs in NNSW LHD Hospitals and if so does the

LHD has a strategy to manage this? Mr Crawford advised that he will take this question on notice and provide a response to the 4 March 2015 Board Meeting.

Action:

Mr Crawford is to make enquiries with the Management of the Health Service Groups as to whether there has been an occasion(s) where there has been a shortage of some drugs at any of their Hospitals due to a lack of normal saline availability and whether the Health Service Groups have a strategy for addressing this problem should it occur and provide a response to the 4 March 2015 Board Meeting.

- 6.3 A report on the potential for the introduction of a Hub and Spoke Model for Chronic Pain Care Services via outreach to The Tweed Hospital and Grafton Base Hospital supported by the LBH Chronic Pain Service via the use of Telehealth is to be provided to the 4 March 2015 Board Meeting.**

Mr Crawford advised that work is being undertaken by Lynne Weir, Executive Director RCHSG and Wayne Jones, Chief of Staff, Chief Executive Unit on the requirements of a Hub and Spoke Model of Chronic Pain Care via a Telehealth Outreach Model to The Tweed Hospital (TTH) and GBH using the LBH Chronic Pain Service as the Hub.

Action:

A report on the potential for the introduction of a Hub and Spoke Model for Chronic Pain Care Services to provide services via a Telehealth Outreach Model to TTH and GBH supported by the LBH Chronic Pain Care Service is to be provided to the 4 March 2015 Board Meeting.

- 6.4 Mr Murray Spriggs is to continue to follow up with the Chair of the Clinical Engagement Advisory Council (CEAC) to seek approval to place the CEAC Minutes onto the NNSW LHD Intranet Site. Mr Spriggs is to provide feedback on this matter from the CEAC Chair to the 28 January 2015 Board Meeting.**

Discussion took place about the purpose of placing the CEAC Minutes on the NNSW LHD Intranet or Internet Site.

The Board requested that Mr Spriggs write to the CEAC Chair advising that as part of a discussion on whether to place the CEAC Minutes on the NNSW LHD Intranet or Internet Site, the Board has requested CEAC to review its current communications strategy and provide advice and feedback on how it can move forward to provide more information to the Community about the work which it undertakes.

Action

Mr Spriggs is to write to the NNSW LHD CEAC Chair advising that as part of a discussion on whether to place the CEAC Minutes on the NNSW LHD Intranet or Internet Site, the Board has requested CEAC to review its current communications strategy and provide advice and feedback on how it can move forward to provide more information to the Community on the work which it undertakes.

- *6.5 Mr Crawford is to request Dr Hutton, Executive Director Clinical Governance provide a report to the July 2015 Board Meeting outlining the changes that have been implemented on Root Cause Analysis (RCA) processes and to confirm the Recommendations that have been implemented, and where Recommendations have not been implemented to automatically seek an explanation on why this has not occurred.**

The Board noted that closing the loop with RCAs being placed on the Intranet was not included in the Brief from David Hutton, Executive Director Clinical Governance on lessons learned from RCA investigations and development of Patient Centred Key Performance Indicators (KPI). Providing information back to Clinicians on the outcome of an RCA process, and possibly to the Clinical Council(s) and respective Medical Staff Councils is an integral part of the RCA process according to the Board.

Ms Kew indicated that she has been assured at the Health Care Quality Committee that Patient Safety Officers provided feedback on RCA recommendations to individual Clinicians.

Mr Crawford advised that Dr Hutton has previously submitted a Brief to the Board that set out the process for feedback of RCA recommendations and Dr Hutton has now set a KPI to ensure that this process is completed by the middle of 2015.

The Board noted the list of proposed KPIs as set out in the Brief. The Board requested that a KPI with a target of 90% or State benchmark is developed for Rapid Response Rates for the HSGs to be included as part of the Executive Director Performance Agreements, so that the HSG Hospitals comply with the Between the Flags Policy.

Mr Crawford advised that he will correspond with Dr Hutton to advise him of the Board's request for inclusion of a KPI for Rapid Response Rates in the Performance Agreements of the HSG Executive Directors and that the Reports he produces in response to the Board's request are to be provided to the Health Care Quality Committee.

Action

Mr Crawford is to correspond with Dr Hutton, Executive Director Clinical Governance advising of the Board's request for inclusion of a Key Performance Indicator (KPI) for Rapid Response Rates for the Health Service Group (HSG) Hospitals and that regular Reports on this KPI are to be provided to the Health Care Quality Committee. Also the requirement to achieve a KPI for Rapid Responses is to be included in the Performance Agreements of the two HSG Executive Directors.

- 6.6 Mr Crawford is to identify potential Facilitators to undertake a Collective Board Evaluation prior to the 28 January 2015 Board Meeting to assist the Board to consider how it operates strategically and how it can improve its performance in 2015.**

Refer Item 12 in the Chief Executive's Report.

- 6.7 Mr Spriggs is to correspond with Central Coast LHD (CCLHD) to ascertain whether NSW LHD is able to utilise the Central Coast LHD Confidentiality Undertaking by rebadging it to become the NSW LHD Confidentiality Undertaking.**

The Board noted the email advice from CCLHD giving permission for NSW LHD to utilise part of the CCLHD Board Confidentiality Undertaking and incorporate it into the NSW LHD Board Confidentiality Undertaking.

- 6.8 Mr Crawford is to correspond with the Commonwealth Department of Social Services to ascertain whether it would be likely to issue NSW LHD with new Residential Aged Care bed licences for the Bonalbo MPS, especially if the LHD can demonstrate that it will provide a service that meets the special needs of the community, such as the needs of the Aboriginal community.**

Refer Item 10(d) in the Chief Executive's Report.

- *6.9 *Mr John Lambert, Manager Assets and Capital Works, is to attend the 28 January 2015 Board Meeting to provide advice on The Tweed Hospital Master Planning Phase Two proposed works.**

Mr Crawford advised that Mr John Lambert, Manager, Assets and Capital Works was unable to attend the Board Meeting due to his being on sick leave.

The Board Chair provided a verbal report on the meetings he attended with Mr Geoff Provest, MP, Member for Tweed and Dr Ian McPhee, Chair TTH Medical Staff Council, which included meetings with the NSW Treasurer and Minister for Health and Medical Research to discuss the need for an urgent allocation of Capital Works funding to undertake TTH Stage 4 Phases 1 and 2.

The Chair advised the second TTH Brief provided in the Meeting Agenda Papers sets out the points which were discussed with the NSW Treasurer, which were around the estimated capital cost of completing TTH Redevelopment by undertaking Phase 3 before the end of 2022.

The Chair indicated that the first TTH Brief as provided in the Meeting Agenda Papers was discussed at the Meeting with the Minister for Health and Medical Research.

The Chair advised that there is an agreement between TTH Clinicians, Chief Executive and himself that a review of TTH Clinical Services Plan will be undertaken to update its clinical priorities. Maureen Lane, Manager Planning and Performance will commence this work in April 2015. This work will inform the clinical priorities which will be implemented as part of Phase 2 of TTH Stage 4 Redevelopment, the Chair said.

The Chair indicated that the Minister for Health and Medical Research has advised that the allocation of additional Capital Works funding to support Stage 4 Phase 2 of TTH Redevelopment is likely to occur.

The Chair advised that both meetings were successful and the assistance of Mr Provest and Dr McPhee was helpful in progressing the advocacy required to be undertaken and

Dr McPhee will work with Ms Lane to produce a TTH Service Statement, which document will update and reprioritise the content of TTH Clinical Services Plan.

Mr Crawford praised the Board Chair for his representations to the NSW Minister for Health and Medical Research and NSW Treasurer and said the NNSW LHD would not have achieved the very positive results that were the outcomes of the meetings held with the NSW Treasurer and Minister for Health and Medical Research without the Board Chair's strong and skilful advocacy.

- *6.10 Mr Crawford is to request that Dr David Hutton, Executive Director, Clinical Governance provide advice to the Board on how the MOH Nutrition Policy should be rolled out across the LHD and how to utilise a multidisciplinary approach to ensure that the Nutrition Policy is successfully implemented.**

Mr Crawford advised that Dr Hutton will submit advice to the Board on how the Nutrition Policy should be rolled out across the LHD to the 4 March 2015 Board Meeting, as he has to consult with other stakeholders, who have been on leave, before he can provide his advice to the Board.

Action:

Mr Crawford is to submit a Brief from Dr David Hutton, Executive Director, Clinical Governance that provides advice on how the MOH Nutrition Policy should be rolled out across the LHD and how to utilise a multidisciplinary approach to ensure that the Nutrition Policy is successfully implemented to the 4 March 2015 Board Meeting.

The Guide for Local Health District Boards on how to implement the 10 National Quality and Safety Standards is to be included on the Agenda to be considered during the Board's facilitated collective Board evaluation session.

Refer to Board Agenda for the facilitated collective Board evaluation session.

- 6.11 Mr Crawford is to correspond with the MOH seeking advice on whether there should be an observer present when Staff are donning and doffing their Personal Protective Equipment, which is not included in the current Protocols. Further, he is to ask MOH whether this Protocol should be made part of the education and training that is undertaken by Staff about how to treat Ebola Patients.**

Mr Crawford tabled a letter from Dr Jeremy McAnulty, A/Chief Health Officer, MOH dated 22 January 2015 providing a response to his letter concerning the training and education of Staff on how to treat Ebola Patients. The advice from the MOH is that the use of a buddy or observer to supervise the donning and doffing of Personal Protective Equipment is critically important to prevent Infection Control breaches, when managing Ebola Patients and this requirement is included in the MOH Policy.

The Chair noted that eighty NNSW LHD Staff have received extra training to prepare them to safely care for Ebola patients should the need arise.

The Board was advised that TTH will redevelop two specific rooms for the management of Infectious Disease patients, as part of the Stage 4 Redevelopment project and noted that there are Negative Pressure Rooms at LBH and GBH, which could be utilised for the treating of Ebola Patients.

- *6.12 The Board requested that the content of the Chief Executive's Draft Performance Agreement July 2014 – June 2015, be included for discussion as part of facilitated collective Board evaluation session to be held on 28 January 2015.**

Refer to Board Agenda for the facilitated collective Board evaluation session.

Mr Crawford is to provide the assessment he received from the mid-year Development Centre he participated in during June 2014, to the 28 January 2015 Board Meeting for information.

The Board noted the assessment Mr Crawford received from the mid-year Development Centre session that he participated in during June 2014.

- 6.13 Mr Crawford is to draft a letter of response to Ms Hughes, Secretary Coraki Village Voice Inc., for the Board Chair's signature indicating that the former Chief Executive's Cottage on the Campbell Hospital Campus is to be demolished early in 2015 to create a "brownfield" site upon which the Coraki HealthOne Centre will be constructed and that the LHD is happy to engage with the Community on the future utilisation of the Coraki Conference Centre.**

The Board noted the letter to Ms Hughes, Secretary Coraki Village Voice Inc., dated 6 January 2015 indicating that the former Chief Executive's Cottage on the Campbell Hospital Campus is to be demolished early in 2015 to create a "brownfield" site upon which the Coraki HealthOne Centre will be constructed and that the LHD is happy to engage with the Community on the future utilisation of the Coraki Conference Centre.

- 6.14 Mr Crawford is to forward the NNSW LHD Improving Clinician Engagement Paper and Clinician Engagement Action Plan to the Health Education and Training Institute (HETI) with a request that it review both documents in terms of their effectiveness and whether any other strategies need to be included in the documents**

The Board noted the information provided to the Brief in relation to the NNSW LHD Improving Clinician Engagement Paper and Clinician Engagement Action Plan being provided to the HETI Chief Executive with a request that HETI review both documents in terms of their effectiveness and whether any other strategies need to be included in them.

- *6.15 Mr Crawford is to request Dr Richard Buss, Executive Director Mental Health and Drug and Alcohol develop a proposal for the Board's consideration on how health personnel can provide services without re-traumatising or adding to the burden of trauma for the Patient and Carer, which should be submitted to the 28 January 2015 Board Meeting for consideration**

The Board noted the excellent document developed by Ms Mim Weber, Mental Health Program Co-ordinator, on how health personnel can provide services without re-traumatising or adding to the burden of trauma for the Patient and Carer and how this

information could be utilised across the LHD as a protocol. The Board considered that the information was provided in simple and practical terms and that the program should be rolled out as a training exercise across the whole LHD not just across the LHD Mental Health Services.

- *6.16 Ms Janne Boot, Manager Workforce Change and Sustainability Service and Ms Yvette Bowen, Manager, Work Health Safety & Injury Management, Workforce Unit are to be invited to attend the 28 January 2015 Board Meeting to present on the implications for the LHD of the Workers Compensation Hindsight Premium results.** Ms Janne Boot, Manager Workforce Change and Sustainability Service and Ms Yvette Bowen, Manager, Work Health Safety & Injury Management, Workforce Unit gave a verbal update on the strategies that are being implemented to address the NNSW LHD Workers Compensation results, which had deteriorated significantly in 2014.

Ms Boot explained the process that had been undertaken to develop and implement a Work Health and Safety and Injury Management Action Plan that will assist to improve NNSW LHD Workers Compensation performance and reduce the hindsight impact of claims.

Ms Bowen spoke on the strategies that have been identified and implemented, including the Action Plan, to reduce Workers Compensation Claims. These include an early intervention strategy involving the process that is followed to manage Workers Compensation Claims, including case conferences with LHD Staff and key stakeholders. Ms Bowen indicated that the Action Plan which has been implemented also includes education of General Practitioners and other stakeholders, who are involved in the care of an injured worker.

Ms Bowen indicated that under the new legislation there is an incentive for employees to return to work for at least fifteen hours per week, as after twelve weeks their weekly benefit payments reduce. These legislative changes have assisted the LHD to make an improvement in its six monthly return to work rates.

Ms Bowen advised that there are a small number of psychological claims being nine percent of all claims, however these claims are very costly, as they often involve bullying and harassment or grievance management claims, which are more involved and harder to resolve. Ms Bowen advised that the Ministry of Health (MOH) is funding the training and education for Managers about how best to manage psychological issues and the potential for them to lead to the making of Workers Compensation claims.

Ms Boot referred to a two page document that has been prepared for Managers that outlines the process that is to be adhered to when a workplace grievance is lodged involving psychological issues. It also sets out how to manage difficult workplace situations in a manner which is most likely to avoid or provide a defence to the lodging of Psychological Workers Compensation Claims.

The Board was advised that workshops for Managers and Staff will be held across the LHD about the management of Workers Compensation Claims in the coming months. Additionally, performance management and the managing of grievances and reducing and then eliminating bullying and harassment will be a major focus of the Workplace Change and Sustainability Service in 2015, Ms Boot said.

Ms Bowen advised that following receipt of the 2014 Premium Renewal Presentation a detailed strategy has been put into place to reduce the next Hindsight Premium deficit result and this has assisted to reduce active Hindsight Premium claims and monthly reviews are held with QBE on all of these claims. Weekly claim reviews are also held to assist Staff to return to work more quickly, which can involve being placed into a similar job in a different section of the LHD, Ms Bowen said.

Ms Bowen indicated that there has been a significant reduction in claims at Lismore Base Hospital in the last twelve months and a number of the strategies that have been put into place by LBH Management have assisted to bring about this reduction. There were around fifty less claims overall in 2014 and the NSW LHD average weekly benefits are currently lower than State average weekly benefits.

The Board noted that Manual Handling claims still account for the largest number of Workers Compensation Claims. A Train the Trainer Model for Manual Handling Co-ordinators is in place across the LHD and LBH and TTH Management are both very supportive of ensuring that Staff are trained in programs that assist with managing and reducing Work Health and Safety issues, Ms Bowen said.

Dr Ogg noted that Security is also an issue in relation to Work Health and Safety, especially in relation to the zero tolerance policy and aggression and sometimes violence in the workplace can cause a lot of psychological stress for Staff. Dr Ogg referred to a recent incident that had occurred at TTH that involved the need for Security to be called and where the proper escalation process had not occurred. Mr Crawford advised that he will follow this matter up with Bernadette Loughnane, Executive Director, TBHSG and provide feedback to the 4 March 2015 Board Meeting about it.

The Chair stated that it is important when Staff are returning to work they are placed in an appropriate Return to Work position. They need to have the necessary skills to perform the duties required, the Chair stated. Ms Bowen indicated that it is important that she and the Return to Work Co-ordinators are provided with feedback about the performance of Staff, who are placed into Return to Work positions.

Mr Crawford indicated that quarterly Work Health and Safety Reports will be submitted to the Health Care Quality and Finance and Performance Committees in February 2015.

The Board thanked Ms Boot and Ms Bowen for attending the Board Meeting and providing an update on the work being undertaken to reduce Worker Compensation costs and requested that they attend the July 2015 Board Meeting to provide a further Workers Compensation performance update.

Action:

Ms Janne Boot, Manager Workforce Change and Sustainability Service and Ms Yvette Bowen, Manager, Work Health Safety & Injury Management, are to be invited to attend the 1 July 2015 Board Meeting to provide the Board with a further Workers Compensation performance update.

Mr Crawford is to follow-up on a security incident that occurred at TTH as explained by Dr Ogg to ascertain why TTH Security did not better manage this incident and why the Escalation process was not activated in response to this incident and provide feedback to the 4 March 2015 Board Meeting.

- 6.17 Mr Crawford is to draft for the Board Chair's signature, a strong reference for the Medicare Local North Coast NSW (NCML), as part of its application to become the North Coast Primary Health Network, which reference should indicate that NNSW LHD has a good working relationship with the NCML.**

The Board noted the Letter of Reference to the Commonwealth Department of Health, dated 16 December 2014 setting out the strong working relationship between NNSW LHD and the NCML.

6.18 Any other Matters Arising from the Board Minutes

- 6.18.1 Advice on the scheduling of meeting between the Byron Shire Council Mayor and General Manager and NNSW LHD Board Chair and Chief Executive**

The Board noted that a meeting has been scheduled on 17 February 2015 between the Byron Shire Council Mayor and General Manager and NNSW LHD Board Chair and Chief Executive.

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

The Updated NNSW LHD Board Resolution and Decision Register from the 3 December 2014 Board Meeting was noted.

- 7.1 Changes to Register Items 350, 360, 370, 377 and 378 covered in Item 4 Business Arising.**

Noted

- 7.2 New Register items 383 to 390 were covered in Item 5 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 Integrated Care Submission Wins Approval, Visit by Secretary of the Commonwealth Department of Health, Commonwealth Funded Programs, Capacity Assessment Project, Health On A Page, MOH Financial Diagnostic of NNSW LHD, 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, Planning Projects – Ballina District Hospital Operating Theatre and Medical Imaging Upgrade, LBH Stage 3B, The Tweed Hospital (TTH) Stage 4, Bonalbo Multipurpose Services (MPS), Coraki HealthOne Service, LBH Multistorey Carpark, GBH Ambulatory Care Centre and Regional Aboriginal Health and Wellbeing Plan and Regional Mental Health Plan, Proposed Memorandum of Understanding between NSW LHD and LBH Medical Staff Council, Clinician Engagement, Facilitated Collective Board Evaluation, Individual Board Member Performance Reviews, E-Health Developments, 2015/16 MOH/NNSW Service Agreement, Commonwealth Health Policies, Mental Health Developments, Cross Border Developments, Summer Strategies, Casino Aboriginal Medical Service, Cancer Council Campaign, NNSW LHD Community Engagement Conference, Healthy Outlook : NSW Hospitals Deliver Enhanced Patient Care, Risk Management Forum, New Board Member Appointments, \$1 Billion “Rebuilding NSW” For Health, Tweed Headspace, Northern Rivers University Centre for Rural Health, Health “Waste”, Issues of Concern to the Community, Complex Cancer Surgery, Increase in Minor Works/RM&R Budget, Asset Refurbishment Replacement Program, Visit By Minister Rowell, Minister for Mental Health and Healthy Lifestyles, End of Life Issues, Half Day Work Health and Safety and Injury Management Workshops, New Helicopter Retrieval Networks Announced, New Murwillumbah District Hospital Paediatric Clinics Commence, NNSW LHD Chief Executive Appointments, HealthShare Chief Executive Departs, Clown Doctors, ACI Strategic Plan Review and Health Education and Training Institute Chief Executive Retires.

Mr Crawford advised that the NNSW LHD Integrated Care submission was successful and \$535K will be received in 2014/15 to implement this project followed by over \$1 million in each of the following two years, which funding is contingent on the LHD meeting its benchmark targets. Although the Integrated Care Program is commencing in the Richmond Network the Program will be rolled out across the whole LHD over time, Mr Crawford said. The main reasons for commencing the Integrated Care Program in the Richmond Network are due to there being more gains to be made at LBH, as the NCML is better able to galvanise the support of the General Practitioners in the Richmond Network and as there are three Aboriginal Medical Services (AMS) in the Richmond Network, which will be partner organisations to NNSW LHD in implementing the Program. In addition, it was noted that other Programs will come under the umbrella of the Integrated Care Program, such as Hospital in the Home, Connecting Care, Health Pathways and the NNSW LHD/GP Practice Co-location Pilot Project.

The Home and Community Care (HACC) Service Nursing changes will now take place from 1 July 2017, so these positions will continue to be funded for another two and half years. However, the Community Options Program funding will still cease in mid-2015 and work is well underway to manage this change and arrange for most of the Staff to be placed into other funded positions within NNSW LHD. Mr Kevin Hogan, MP, Member for Page continues to advocate for the Dementia Outreach Service (DOS) to retain its Commonwealth funding and remain in its current form and the proposed change to the DOS has been pushed back to October 2015. The Commonwealth Department of Health is also relooking at this decision and there may be the potential for NNSW LHD to

reclassify the DOS Service from being classified as providing case management to providing a direct care service, which should enable it to retain its current funding.

Mr Crawford indicated that the 2014/15 Budget result on the General Fund as at end December 2015, is around \$1.5 million in deficit but of this amount the combined deficit on the Hindsight and Deposit Workers Compensation Premiums is around \$2.2 million year to date (YTD). Therefore, if there was no deficit on Workers Compensation Premiums the LHD YTD budget result would be a surplus of around \$600,000. All NNSW LHD Managers have been advised that they are to continue work hard to support a reduction in the LHD Workers Compensation Hindsight Premium result.

NNSW LHD met all of the NEAT, NEST and Triage benchmarks for the 2014 calendar year, which is a good result for the LHD, Mr Crawford said.

Mr Crawford reported that he and the Board Chair will be meeting with the Byron Shire Council Mayor and General Manager on 17 February 2015 to discuss the Byron Central Hospital (BCH) developments, especially in relation to the concerns relating to the financing of the sewage system for the BSC.

The Market testing for a Private Day Surgery Unit co-located next to the BCH has found there is real interest from genuine Private Sector Health Providers. NNSW LHD will now work with Health Infrastructure on the Tender document, including to determine what type and how much surgery will be purchased for Public Patients. Ms Maureen Lane has commenced work on making this assessment. The proposed volume and price of the Public Patient Surgery episodes to be purchased by NNSW LHD will be a key inclusion within the Tender document.

Mr Crawford reported that the Murwillumbah District Hospital Palliative Care upgrade will now not be completed until April 2015 instead of being completed in February 2015 as set out in his written Report. The work is taking longer to complete as the builder Greg Clark Constructions is undertaking the work more slowly in such a way as to cause minimum disruption to the operation of the Medical Ward within which the Palliative Care Rooms are being developed.

A Brief will be submitted to the March 2015 Board Meeting on the upgrade of the Ballina District Hospital Operating Theatre Suite and Medical Imaging Department, as there is a difference between the available Capital Works budget and the cost to appropriately carry out the upgrade works.

There is active planning underway for the Bonalbo Multipurpose Service (MPS). A workshop is being held in February 2015 between the Architects and the Planning Committee, which includes Community representatives, which workshop will assist the Architects to accurately document the input of the Planning Committee Members in the building designs that they produce. Most of the designs recommend that a completely new building should be constructed, which would mean that there would be a shopfront health

service utilised during the time it takes to complete the development of the new MPS Building. The community continues to be consulted on the Bonalbo MPS Project.

The Board raised the following issues:

- Ensure that more funding becomes available, from the \$30 million funding allocation to support the Mental Health Reform process, to NNSW LHD to enhance its Community Mental Health Services.
- Only one member from Lismore has been allocated a place on the proposed new Northern Region Westpac Helicopter Board and the Board Chair has requested that representations are made to the Westpac Helicopter Service Newcastle Board asking it to include three Lismore representatives on the proposed new Northern Region Westpac Helicopter Board, which will soon take over the responsibility for the operation of the Lismore Helicopter Service.
- The good work and excellent consultation being undertaken by NNSW LHD Capital Works and LBH Redevelopment Staff were noted and they were complimented on their excellent work on the ongoing LBH Redevelopment.
- Ms Maureen Lane is to be requested to update the GBH Clinical Services Plan so that the LHD is ready to undertake work on a GBH Master Plan should funding become available for this purpose.
- A letter of congratulations is to be forwarded from the Board Chair to LBH and TTH ED Directors thanking them and their Staff for their excellent work during the Christmas/New Year period, especially considering there was a considerable increase in attendances to these EDs during this period.
- The Minor Works and Equipment items to be funded from property sales and the nine proposed Asset Refurbishment Replacement Program projects sought to be funded from a NSW Ministry of Health allocation were noted.
- The Honeywell Energy Efficiency Program has been delayed due to other more urgent projects needing to be progressed more quickly. A \$10 million loan is available to be repaid over eight years and Honeywell's analysis of the LHD's potential energy efficiencies indicates that the savings will repay the loan within this timeframe. So NNSW LHD will benefit from these infrastructure upgrades at no cost to its budget. In the long term, once the loan is paid off, the savings will become available to NNSW LHD to invest into supporting the provision of extra Clinical Services

Ms Crayden declared a conflict of interest in relation to the sales of the LHD properties listed in the letter to Mr John Roach, MOH, as she is the Chief Executive of OnTrack, which has been involved in the acquisition of one of the properties.

- The Chief Executive was requested to consult with the Health Service Group

Executive Directors to ensure that the proposed use of funds from the property sales is on projects that they regard as high priorities.

- The Chief Executive is to request that Health Infrastructure to provide a Brief on what its process is in considering the use of renewable energy sources and energy efficiencies, when building new infrastructure across the LHD.
- The Board Chair is to write to Ms Heather Gray, former Chief Executive, Health Education and Training Institute recognising her achievements and wishing her well in her retirement.
- Cleansed Readmission data has been submitted to MOH following its agreeing that NNSW LHD should undertake the required data cleansing work on the Unplanned Readmission data for MOH's consideration. Should MOH accept the cleaned-up Readmission data, then it is anticipated that it will release the \$1.040 million of withheld funding to NNSW LHD, which was withheld on the basis that NNSW LHD Readmissions were higher than the State average readmissions of 7.5% in 2013/14.
- The Board congratulated Mr Crawford for being reappointed to the Health Ministerial Advisory Committee.

Action:

Mr Crawford is to request Health Infrastructure to provide a Brief on what its process is in considering the use of renewable energy and energy efficiencies, when building new infrastructure across the LHD.

Mr Crawford is to make representations to the Westpac Helicopter Service Newcastle Board on behalf of the NNSW LHD Board to ascertain whether the new Northern Region Westpac Helicopter Service Board, when established, is able to have more than one Member from Lismore on it.

A letter is to be drafted for the Board Chair's signature to Ms Heather Gray, former Chief Executive, Health Education and Training Institute recognising her achievements and wishing her well in her retirement.

A letter of congratulations is to be drafted for the Board Chair's signature to the LBH and TTH Emergency Department Directors thanking them for their leadership and the excellent work of their teams during the Christmas/New Year period when high quality timely services were delivered despite a higher number of patients presenting to the EDs.

The Board ENDORSED the Chief Executive's Report.

***9. Strategic and Planning Items**

9.1 Process for prioritising capital expenditure in 2015/16.

The Board noted the information provided on the process for the prioritising of Capital Expenditure in 2015/16, as set out in the NNSW LHD Asset Strategic Plan 2014 – 2023.

9.2 Annual Review of NNSW LHD Strategic Risk Register

Mr Crawford stated that following feedback he had received from some NNSW LHD Board Members prior to the Board Meeting, he would like to withdraw the Brief and NNSW LHD Quarterly Strategic Risk Register, as submitted in the Board Meeting Papers. Mr Crawford advised that he will resubmit a revised Quarterly Risk Register to the Executive for consideration at the 4 March 2015 Board Meeting.

The Board agreed that Mr Frazer is authorised to attend the annual workshop that is held by NNSW LHD Management to undertake a thorough review of NNSW LHD Risks and how they should be managed. Mr Crawford said that Mr Frazer would be most welcome to attend this meeting and he will issue him with an invitation to attend the NNSW LHD 2015 Risk Management Workshop.

Action:

The NNSW LHD Quarterly Strategic Risk Register is to be resubmitted to the 4 March 2015 Board Meeting for consideration.

***10. Minutes – Governance Committees**

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

Mr Marshall provided a verbal report on the FPC Meeting held on 21 January 2015 referring to his written summary report of the key matters dealt with by the FPC Committee Meeting that had been circulated to the Board Members.

Mr Marshall indicated that an additional Staff Member has been appointed to improve the budgeted coding capacity at TTH.

In relation to a query relating to targeted Sub-Acute Admitted ABF Activity of 2,281 National Weighted Activity Units, with no actual activity being recorded, it was noted that the lack of ABF Sub-Acute activity was due to a data collection problem. Mr Crawford advised that an experienced Officer will take up the Health Service Redesign position on a temporary six month contract in March 2015 to undertake work specifically aimed at increasing the Sub-Acute activity type-changing and to prepare the LHD for the introduction of the new Sub-Acute service arrangements from 1 July 2015.

The unconfirmed Minutes of the FPC Meeting held on 21 January 2015 were noted.

10.2 *Health Care Quality Committee (HCQC)

Ms Kew read a summary report that was provided by Ms Hazel Bridgett, former NNSW LHD Board Member, who had chaired the HCQC Meeting held on 9 December 2014. The items raised in the summary report from Ms Bridgett included whether the Between the Flags recording tool is becoming a problem for Staff and suggested that this issue may need to be discussed with the Nursing Staff and the Clinical Excellence Commission to

identify a solution. Also a suite of Policies and Procedures to manage some of the care issues in the Acute Mental Health Units were endorsed.

The Chair suggested that Ms Gina Francis, Community representative, undertake more work to engage with young people within the LHD. As well, the Chair proposed that Ms Francis undertake some liaison work for the NSW LHD with young people to obtain their feedback on the provision of health services. Mr Spriggs indicated that he had provided a Brief for the Board's consideration setting out what processes are currently in place and how these processes may be enhanced to engage with young people.

The Chair raised the low Rapid Response Rates at LBH and TTH. The Board requested that Dr David Hutton, Executive Director Clinical Governance provide a Brief to the 4 March 2015 Board Meeting on Statewide benchmark data for Rapid Response Rates comparing NSW LHD with other LHDs and providing a comment on whether the tool needs to be reviewed if it is not being utilised as intended. Ms Kew noted that this matter will continue to be considered at HCQC Meetings.

Action:

Dr David Hutton, Executive Director Clinical Governance, is to provide a Brief to the 4 March 2015 Board Meeting on Statewide benchmark data for Rapid Response Rates comparing NSW LHD with other LHDs and providing a comment on whether the tool needs to be reviewed, if it is not being utilised as intended

Mr Murray Spriggs is to provide a Brief for the Board's consideration setting out what processes are currently in place and how these processes may be enhanced to engage with young people to improve health services.

The unconfirmed Minutes of the HCQC Meeting held on 9 December 2014 were noted.

10.3 *Medical and Dental Advisory Appointments Committee (MDAAC)

Dr Tyson provided a verbal report on the MDAAC Meeting held on 11 December 2014, which Ms Bridgett had chaired.

Dr Tyson advised that the supervision requirements of the Australian Health Practitioners Regulation Authority for overseas Medical Officers, who are appointed to GBH requiring a supervisor who is resident at Grafton, make it difficult for appointments to be made if no GBH Medical Officers resident in Grafton, are available to provide supervision to the overseas Medical Officer (e.g. Specialist Physician) requiring this level of supervision.

The unconfirmed Minutes of the MDAAC Meeting held on 11 December 2014 were noted.

10.4 *Health Services Development Committee (HSDC)

The Board noted that Ms Bridgett chaired the HSDC held on December 2014. The unconfirmed Minutes of the HSDC held on 11 December 2014 were noted.

Mr Humphries left the meeting.

10.5 *Audit and Risk Committee (ARC)

Mr Frazer provided a verbal report on the ARC Meeting held on the 18 December 2014.

Mr Frazer advised that there had been some concern raised by the ARC about the findings arising from the Kyogle MPS Audit, especially in terms of leave forms, time sheets not being signed off by Managers and no Position Descriptions for some positions.

The unconfirmed Minutes of the ARC Meeting held on 18 December 2014 were noted.

10.6 *NNSW LHD Clinical Council (CC)

Mr Spriggs provided a verbal report on the CC Meeting held on the 25 November 2014.

Mr Spriggs advised that Mr Matt Long, Chief Information Officer, provided a detailed presentation on e-health to the meeting and a report was also provided to the CC about the NNSW LHD submission to MOH on Integrated Care.

The Chair also noted that the reports made about the continuing implementation of the Whole of System Program at LBH and TTH were very informative.

The unconfirmed Minutes of the CC Meeting held on 25 November 2014 were noted.

10.7 *Community Engagement Advisory Council (CEAC)

Mr Spriggs provided a verbal report on the CEAC Meeting held on 24 November 2014.

Mr Spriggs advised that the CEAC Meeting on 24 November 2014 was held in conjunction with the first Community and Stakeholder Conference, which was very successful. So it is now planned for the Conference to become an annual event.

Mr Spriggs reported that following the NNSW LHD Board's endorsement the CEAC is now the community engagement forum for both NNSW LHD and the NCML.

The unconfirmed Minutes of the CEAC Meeting held on 24 November 2014 were noted.

10.8 *Medical Staff Executive Council (MSEC)

The Board noted that the next MSEC Meeting date is to be advised.

10.9 NNSW LHD Interim Aboriginal Partnership Meeting (APM)

The Minutes of the APM Meeting held on 10 November 2014 were tabled.

Mr Crawford advised the development of the new Casino Aboriginal Medical Service building incorporating a new Dental Clinic was discussed. The new building requires some additional funding for furniture and fittings and a letter has been forwarded to the MOH Secretary seeking an allocation of funding for this purpose in 2015/16. Separately, funds are being sought to develop a three Chair Dental Clinic in the new Casino AMS Building. Approaches have been made to the MOH Centre for Oral Health Strategy and to Mr Chris

Gulaptis, Member for Clarence, to look for extra funds within areas of the Government outside of the NSW Health System, to gain extra funding to develop this expanded AMS Dental Clinic.

A new Health Post at Tabulam was also discussed, as well as the possibility of the Lismore Aboriginal Medical Service evolving to become a full AMS with Commonwealth support, Mr Crawford said.

The unconfirmed Minutes of the APM Meeting held on 10 November 2014 were noted.

10.10 *NNSW LHD Mental Health Forum (MHF)

Mr Frazer provided a verbal report on the MHF Meeting held on 15 December 2014.

Mr Frazer indicated that the MHF had held a discussion about the correct term to be used to describe "Patient" and it was agreed that the word "Patient" will continue to be used until a better word is identified.

Mr Frazer also advised that there had been discussion on Peer Workers and that he would like to champion the case for Peer Workers being appointed to positions within the NNSW LHD Mental Health Service and has suggested that a Business Case needs to be developed to support the recruitment of Peer Workers for the Board's consideration.

The Chair reported that Dr Richard Buss, Executive Director, Mental Health and Drug and Alcohol Service has indicated that it is planned to employ Peer Workers, who will be required to hold a minimum qualification of Certificate Four. Ms Crayden stated that the National Mental Health Commission has commissioned the Mental Health Co-ordinating Council to introduce an accredited Peer Worker qualification.

The unconfirmed Minutes of the MHF Meeting held on 15 December 2014 were noted.

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

***11.1 Approval to release NNSW LHD Board Minutes for the last three Board Meetings to the two newly appointed NNSW LHD Board Members**

The Board ENDORSED the release of the NNSW LHD Board Minutes for the last three Board Meetings to the two newly appointed NNSW LHD Board Members

Moved: Dr Allan Tyson

Seconded: Dr Joe Ogg

CARRIED

***11.2 Letter from Dr Chris Ingall, Chair, LBH Medical Staff Council (MSC) concerning the development of a Memorandum of Understanding (MOU) with the NNSW LHD Administration**

The Chair spoke on the positives of developing a MOU between LBH Management and the LBH MSC only and noted that the MOU would not be with the LHD Executive or Board.

Dr Tyson indicated that the proposal for an MOU between LBH Management and the LBH Clinicians provides the opportunity to re-engage with this group of Clinicians.

The Board discussed the potential implications of an MOU and it was suggested that a Letter of Agreement may be a more appropriate way of recording any formal agreements reached between LBH Management and the LBH MSC.

Mr Crawford advised that the NNSW LHD Executive is considering the proposed content of an MOU as set out by Dr Ingall and is seeking advice on whether an MOU can be established if there is already another relationship that exists with the individual Medical Officers either as employees or as contractors. Further advice will be provided to the Board following this work being completed, Mr Crawford said.

Action:

Mr Crawford is to provide an update to the 4 March 2015 Board Meeting on the outcome of work being undertaken by the NNSW LHD Executive about a proposed Memorandum of Understanding with the LBH Medical Staff Council.

12. *Items Without Notice/Late Business

- **A List of proposed Office-Holder and Board Committee Suggested Appointments was tabled for consideration.**

The Board requested that Mr Crawford make enquiries with representatives from Southern Cross University as to whether they still maintain an objection to Board Members, who have other University appointments, such as Dr Joe Ogg and Dr John Moran, being appointed as members of the Health Education Workforce and Research Forum. Mr Crawford stated that he will discuss the matter with the Vice-Chancellor of Southern Cross University.

Professor Lesley Barclay nominated Mr Malcolm Marshall, as Deputy Chair of the NNSW LHD Board. Mr Marshall accepted the nomination.

Moved: Professor Lesley Barclay
Seconded: Dr Joe Ogg
CARRIED

The Office-Holder and Committee Appointments were ENDORSED as follows unless Board Members contact the Board Chair requesting changes to be made to any of them by 30 January 2015:

FINANCE AND PERFORMANCE

Mr Malcolm Marshall (Chair), Mr Mark Humphries and Dr John Moran (Members)

HEALTH CARE QUALITY COMMITTEE

Ms Rosie Kew (Chair), Dr Joe Ogg, Dr Jean Collie (Members)

HEALTH SERVICE DEVELOPMENT COMMITTEE

Dr Brian Pezzutti (Chair), Ms Deb Monaghan, Dr John Moran (Members)

AUDIT AND RISK COMMITTEE

Mr David Frazer (Member)

MEDICAL AND DENTAL APPOINTMENTS ADVISORY COMMITTEE

Dr Allan Tyson (Chair), Professor Lesley Barclay (Member)

HEALTH EDUCATION WORKFORCE AND RESEARCH FORUM

Dr Sue Page (Member)

NNSW LHD MEDICAL STAFF EXECUTIVE COUNCIL

To be elected

NNSW LHD CLINICAL COUNCIL

Ms Rosie Kew (Attendee)

NORTH COAST COMMUNITY ENGAGEMENT ADVISORY COUNCIL

Mr Mark Humphries (Attendee)

NGAYUNDI ABORIGINAL HEALTH COUNCIL

Ms Leone Crayden, Ms Deb Monaghan (Attendees)

NNSW MENTAL HEALTH FORUM

Ms Deb Monaghan (Chair), Mr David Frazer, Dr Sue Page (Members)

NNSW LHD DRUG AND ALCOHOL COUNCIL

Dr Sue Page (Chair), Ms Rosie Kew (Member)

DISASTER PLANNING COMMITTEE: COMMUNITY ENGAGEMENT ADVISORY COMMITTEE

Ms Leone Crayden (Member), Dr John Moran (Attendee)

ABORIGINAL HEALTH AND WELLBEING PLAN

Ms Deb Monaghan (Chair)

Action:

Mr Crawford is to make enquiries with representatives from Southern Cross University as to whether they still maintain an objection to Board Members who have other University appointments, such as Dr Joe Ogg and Dr John Moran being appointed as Members of the Health Education Workforce and Research Forum and provide feedback to the 4 March 2015 Board Meeting.

13. Items for Noting

13.1 Letter to Dr Mary Foley, Secretary NSW Ministry of Health signed by NNSW and Mid North Coast LHD Board Chairs concerning Keep Them Safe Funding

Noted

***13.2 Letter from Hon Jillian Skinner, MP Minister for Health and Medical Research advising that NNSW LHD has been successful in obtaining funding from the Integrated Care Planning and Innovation Fund**

Noted. This item was discussed as part of Item 8 Chief Executive's Report.

13.3 Letter from Dr Brian Pezzutti dated 12 January 2015 to Mr Don Page, MP Member for Ballina thanking Mr Page for being the Guest Speaker at the NNSW LHD Annual Community and Stakeholder Meeting on 3 December 2014

Noted

14. Items for Information:

There were no items for information.

15. Mr Thomas George, MP, Member for Lismore joined the Board Meeting

The Chair welcomed Mr George to the Board Meeting.

Mr George advised that he is seeking updates on the current situation with regard to the Bonalbo MPS and the Murwillumbah District Hospital (MDH).

Mr Crawford reported on three activities that are underway or have been completed at MDH. Palliative Care Rooms on the Medical Ward are being steadily developed but are taking a little longer than expected. This delay has been caused by the builder, Greg Clark, programming his work on the Palliative Care Rooms in a way that does not disrupt the provision of care on the Medical Ward.

Also the Tweed Shire Council has been paid to undertake upgrade work on the MDH driveway, which will commence in early February 2015. The work includes bitumen being re-laid on the driveway to ensure that its surface is flat and consistent with any potholes having been filled in.

A new air-conditioning chiller was installed at MDH in December 2014 and is now fully operational and it will be much more effective and efficient. Also NNSW LHD has applied to the NSW MOH for \$1 million funding to undertake some backlog maintenance work, including a further air-conditioning upgrade at MDH. It is anticipated that the LHD will receive at least \$700,000 of funding to undertake this backlog maintenance work.

Mr Crawford advised that at Bonalbo the MPS is being actively planned, including the design of the new building. Several meetings have taken place with the Architects to ensure that they get the design right. However, currently the plans are not meeting expectations and a workshop is to be held between the Architects, Health Infrastructure and the Planning Committee, which includes community representatives, to agree on the design for the MPS.

Currently, it is proposed to demolish all the Hospital buildings on the site and build an entirely new facility. This would involve opening an interim “shop-front” health facility for around twelve months, while the new MPS is being built. The Community and HI are in agreement with this approach. Ms Lynne Weir, Executive Director Richmond Clarence Health Service Group has located a potential “shop-front” in the Bonalbo township, that may be suitable for use as a health facility during the construction period.

Mr Crawford also indicated that the Community had raised concern about “cook-chill” meals being served at the MPS and Ms Weir has arranged for some members of the Community to visit the Kyogle MPS to taste the “cook-chill” meals which are served to residents at that MPS, to allay any concerns that they may have about the cook-chill meals.

Mr George thanked the Board for giving him the opportunity to attend the Board Meeting to obtain updates on health issues at the Murwillumbah and Bonalbo Hospitals, two Health Facilities within his Lismore Electorate.

16. Close of Meeting

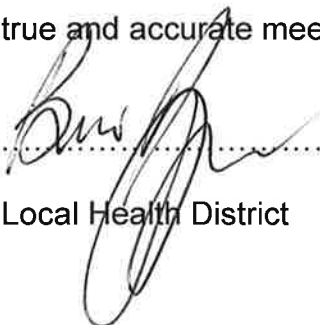
There being no further official business, the Chair declared the meeting closed at 5.25pm.

17. Date and Time of next Board Meeting

Wednesday 4 March 2015 in the Marie Smith Meeting Room, Murwillumbah District Hospital, Ewing Street, Murwillumbah 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 17/4/15