

MINUTES OF THE MEETING OF THE NORTHERN NEW SOUTH WALES LOCAL HEALTH DISTRICT BOARD HELD ON WEDNESDAY 27 JULY 2016 IN THE MEETING ROOM, CONFERENCE CENTRE, GRAFTON BASE HOSPITAL, ARTHUR STREET, GRAFTON COMMENCING AT 1.00PM

Page 1 of 14

1. PRESENT AND APOLOGIES:

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

Via Videoconference: Dr John Moran

In Attendance : Mr Wayne Jones, Chief Executive
Mr Murray Spriggs, Ms Jenny Cleaver (Secretariat)

2. Apologies: Mr Mark Humphries, Mr Malcolm Marshall, Dr Sue Page, Professor Lesley Barclay

3. Declaration of Pecuniary and/or Conflicts of Interest

Dr Joe Ogg, declared a potential Conflict of Interest in relation to Item 6.5.

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

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

The Board Members asterisked Business Arising Agenda Items 6.3, 6.4, 6.5, 6.6, 6.7, 6.8, 13.3 and 13.4

***5. Previous Minutes:**

a) The Minutes of the Board Meeting held on 29 June 2016 as circulated were ENDORSED as a true and accurate record of the meeting.

Moved: Mr David Frazer

Seconded: Dr John Moran

CARRIED

Business Arising from the Minutes:

6.1 Mr Wayne Jones, Chief Executive, is to provide to a future Board Meeting information on the unmet needs of Allied Health Services following a further analysis and needs assessment for areas of acute, sub-acute and community services which is population based and takes account of models of care now and over the next five years.

The Board noted that work is underway on the development of a report on the unmet needs of Allied Health Services following assessment for areas of acute, sub-acute and community services which is population based and takes account of models of care now and over the next five years and will be submitted to a future Board Meeting.

Action:

Mr Wayne Jones, Chief Executive, is to provide information on the unmet needs of Allied Health Services following a further analysis and needs assessment for areas of acute, sub-acute and community services which is population based and takes

account of models of care now and over the next five years to a future Board Meeting.

6.2 Mr Jones is to provide a response to the Financial Reporting Review document setting out a way forward in terms of a suite of dashboards on activity, workforce and finance for the Board's consideration

The Board noted that in Agenda Item 8 Chief Executive Report, the Chief Executive reported he is progressing significant changes to the Northern NSW Local Health District (NNSW LHD) budget development process moving from a budget built on "maintenance of effort" to a budget aligned to activity targets and FTE and will require practical and cultural changes to current processes in budget development. It was noted that this change process will incorporate development of dashboards on activity and FTE.

***6.3 Mr Jones is to provide a further Brief to the 27 July 2016 Board Meeting on the standardisation of Patient Safety Officer positions across the LHD.**

Mr Jones spoke to the content of the Brief submitted by Dr David Hutton, Executive Director Clinical Governance that provided information on the status of Patient Safety Officer positions across NNSW LHD.

Mr Jones indicated that to progress the standardisation of Clinical Risk Nurses at Lismore Base Hospital (LBH), The Tweed Hospital (TTH) and Grafton Base Hospital (GBH) will take several months. Therefore, in recognition that the review of roles will progress and the demand upon current Clinical Governance Workforce will be maintained, a commitment has been given to Dr Hutton for a third Patient Safety Officer position and the Brief provided an overview of what the new Patient Safety Officer position would encompass.

The Board noted that there may be a potential risk should a Patient Safety Officer become too familiar with staff who are located within one area. Mr Jones indicated that he would be comfortable for a system to be introduced where a Patient Safety Officer is required to monitor this risk and could be part of the performance appraisal process that would need to be closely managed by the Patient Safety and Corporate Risk Manager, to whom the Patient Safety Officers report.

The Board ENDORSED the appointment of a third Patient Safety Officer position as outlined in the Brief.

6.4 Mr Jones is to discuss the request of further information to be provided with Ms Vicki Rose, Executive Director Allied Health and Manager Chronic and Primary Care on her role at a state level especially on projects and strategic opportunities that are occurring at state level including benchmarking of allied health workforce. A Brief outlining this information is to be submitted to the 27 July 2016 Board Meeting.

Mr Jones spoke to the content of the Brief provided by Ms Vicki Rose, Executive Director Allied Health and Manager Chronic and Primary Care outlining her role at a State level and how this translates across NNSW LHD.

Mr Jones reported that NNSW LHD is considering participation of allied health and workforce planning on Health Rounds Tables that involves the benchmarking of relevant data.

Mr Jones is to consider the role of former Senior Discipline Leads and what the potential benefit would be for the LHD if these were reintroduced and provide feedback to the 27 July 2016 Board Meeting.

Mr Jones advised that currently there are only two senior discipline lead roles and he is participating in discussions with Mid North Coast LHD (MNCLHD) to ascertain if there is any value in reintroducing Senior roles for some disciplines. It was agreed that the roles be reviewed which will be undertaken by Ms Bronwyn Chalker from MNCLHD. Mr Jones advised he will provide feedback to the Board following the completion of the review.

- 6.5 Mr Jones is to undertake negotiations to implement the decision of the Board in relation to Allied Health Clinical Placements and to train local students irrespective of the university with the first preference for Allied Health Student Clinical Placements for students who reside in the local area no matter what university they are from. Second preference is for local universities and the third preference being for any spaces that are identified and could be given to other universities to maximise the number of training opportunities that are available.**

Mr Jones reported that he has advised the Executive Director Allied Health and Manager Chronic and Primary Care that whatever the current Student Placement Agreements are, they are to be reviewed so there is no disadvantage to our local primary partners including Northern Rivers University Centre or Rural Health (NCUCRH), Southern Cross, Bond and Griffith Universities. A meeting is also being held with the key stakeholders from the NRUCRH concerning the development of future Student Placement Agreements. Additionally, a meeting is being held with Dr Michael Douglas, Acting Director NRUCRH and the Chief Executive to ensure that Student Placement Agreements are being developed as per the Board's request.

Mr Jones noted that Student Placement Agreements will be implemented in mid-2017.

- 6.6 An invitation is to be extended by the North Coast Primary Health Network (NCPHN) and NNSW LHD to Mr Martin Bowles, Secretary, Commonwealth Department of Health, to discuss the Heads of Agreement between the Commonwealth and States and Territories on how assistance could be provided to the PHN to fund some of the gaps for regional and rural health services as well as being paid appropriately for any additional work that LHDs undertake that are over their allocated National Weighted Activity Units (NWAUs).**

Mr Jones advised that Mr Vahid Saberi, Chief Executive, NCPHN will be progressing an invitation to Mr Martin Bowles, Secretary, Commonwealth Department of Health to visit the NCPHN to discuss the Heads of Agreement between the Commonwealth and States and Territories to receive a presentation that details the partnership between NNSW LHD and the PHN in improving access, effectiveness and value of health care. This presentation would facilitate a discussion on other programs/gaps that the

Commonwealth could consider funding to further enhance the integration of care being developed across the North Coast.

An invitation is to be extended to Professor Debora Picone, Chief Executive, Australian Council of Quality and Safety in Healthcare to present to the NNSW LHD Board on the Australian Atlas on Healthcare Variation

The Board noted the letter of invitation dated 6 July 2016 to Professor Debora Picone, Chief Executive, Australian Council of Quality and Safety in Healthcare to present to the NNSW LHD Board on the Australian Atlas on Healthcare Variation.

Mr Jones is to provide feedback to the 27 July 2016 Board Meeting on whether there are Last Days End of Life Home Support packages in the Clarence Network.

Mr Jones reported that there are no Silver Chain Last Days End of Life packages being provided in the Clarence Network. Mr Jones advised that he has requested that discussion be undertaken between NNSW LHD, MOH and Silver Chain to increase the number of packages being provided to NNSW LHD or transfer some of the packages to the Clarence Network. Mr Jones advised that any service to Clarence would be to the northern end of the region to support access to specialist workforce located in the Richmond Valley.

The Board Chair requested that Mr Jones investigate whether support can be obtained from the Coffs Harbour area for the Clarence Network. Mr Jones responded that he will add this item to the planning meeting agenda with Mid North Coast LHD on Coffs Clarence specific issues.

A letter of congratulations is to be forwarded to Mr Kevin Gunn, Manager EMR2 Implementation Team, thanking him and the EMR Team for the well organised and seamless way the EMR2 implementation has occurred.

The Board noted the letter dated 6 July 2016 to Mr Kevin Gunn, Manager EMR2 Implementation Team, thanking him and the EMR Team for the well organised and seamless way the EMR2 implementation has occurred.

6.7 Mr Wayne Jones, Chief Executive, is to submit a copy of the Midwifery Group Practice at The Tweed Hospital document to the MOH Chief Nursing Officer suggesting that this model could be used as an exemplar for the development of similar Midwifery Group Practices.

The Board noted the letter dated 7 July 2016 to Ms Susan Pearce, Deputy Secretary, System Purchasing and Performance, MOH enclosing a copy of the Midwifery Group Practice at TTH document.

Following a query from Dr Collie, Mr Jones is to provide feedback to the Board on whether consideration is being given to introduce a Midwifery Group Practice Model in the Clarence Network to ensure that women in the Clarence have the same birthing choices that are offered in other regions of the LHD.

Action:

Mr Jones is to provide feedback to the Board on whether consideration is being given to introduce a Midwifery Group Practice Model in the Clarence Network to ensure that women in the Clarence have the same birthing choices that are offered in other regions of the LHD.

6.8 The Chief Executive is to forward a memorandum to the members of the Health Care Quality Committee (HCQC) reminding them of the importance to attend each HCQC Meeting.

The Board noted the Memorandum to all Members of the HCQC dated 15 July 2016 concerning the importance of attending HCQC Meetings.

***6.9 Any other Matters Arising from the Board Minutes**

- The Board Chair referred to information that was provided by Dr Collie that had been developed by the North Coast Primary Health Network (NCPHN) on the population of the NCPHN specifically in Northern NSW. Mr Jones advised that in conjunction with NCPHN, NNSW LHD will be developing a "Day in life of health" document/compendium that provides a concise overview of NNSW LHD.

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

The Updated NNSW LHD Board Resolution and Decision Register from the 29 June 2016 Board Meeting was noted.

7.1 Changes to Register Items 546 and 554 covered in Item 6 Business Arising.
Noted

7.2 New Register items 556 and 562 were covered in Item 6 Business Arising.
Noted

8. *Chief Executive's Report

Mr Jones referred to the issues that were covered in the Chief Executive's Report to the Board, which included 2016/17 Service Agreement, 2015/16 Budget, Elective Surgery and Emergency Patient results, Capital Works Projects and Planning Projects – TTH Stage 1, LBH Stage 3A, LBH Multi-storey Carpark, Coraki HealthOne and GBH Ambulatory Care Centre, Murwillumbah Dental Clinic, NNSW LHD Tagline, Review of Executive Leadership Team, Clarence Valley Mental Health and Wellbeing Program, NNSW LHD Integration Strategy, Health Literacy Program, NNSW LHD Response to Royal Commission's Consultation Paper: Institutional Response to Child Sexual Abuse in Out-of-Home Care, Premier's Priorities, Last Days of Life Home Support, Rural Health Minor Works Submission – Murwillumbah Satellite Renal Unit \$00,000, Lismore Older Persons Mental Health Unit upgrade \$100,000, Murwillumbah Embankment Remediation and Stabilisation Works \$300,000, Grafton Community Mental Health \$200,000 and Performance Reports.

The Board discussed the following matters:

MINUTES OF THE MEETING OF THE NORTHERN NEW SOUTH WALES LOCAL HEALTH DISTRICT BOARD HELD ON WEDNESDAY 27 JULY 2016 IN THE MEETING ROOM, CONFERENCE CENTRE, GRAFTON BASE HOSPITAL, ARTHUR STREET, GRAFTON COMMENCING AT 1.00PM

Page 6 of 14

- 2015/16 Service Agreement Key Performance Indicators were met with expenditure and revenue being favourable, small creditors achieved 100% and recurrent trade creditors greater than 45 days was zero and liquidity was maintained at \$2.3 million.
- The Board was informed that following work undertaken by James McGuigan, Executive Director of Finance NNSW LHD was able to pay the Visiting Medical Officers June accounts in June 2016 and not be held over until the new financial year, which had not occurred for some years.
- A recent meeting was held with representatives from the Lismore City Council (LCC) to discuss the LBH Multistorey carpark where the LHD encouraged LCC to continue its strategy to maintain paid parking across the LBH Campus as patients, carers and visitors can now easily obtain parking close to the Hospital. The LCC has been requested to amend the timing for paid carparking in Hunter Street from 6pm finish to a 3.30pm finish to support the introduction of a store value card with a \$5 per day value for staff to park in the Mental Health carpark.
- A Community Open Day is being held on 30 July 2016 for the community to tour the new LBH Emergency Department and Renal Unit.
- Funding has been made available for the GBH Ambulatory Care Centre Project to undertake the final architectural design and to go out to tender.
- The Board requested that it undertake a tour of the LBH ED and Renal Unit prior to the 31 August 2016 Board Meeting.
- The Board ENDORSED the amended tagline Option 3 wording of "Your Health – Our Team – We Care" and the original wording for the Vision Statement Option 2 of "Better Health; Excellence in Care". The Board noted that a Survey Monkey tool will now be undertaken with staff, clinicians and stakeholders to obtain feedback on the options for a tagline and wording of the Vision Statement.
- Discussions are to continue on the unresolved issues of HealthShare charges for warehousing and food as noted in the letter from the Board Chair to the MOH on the 2016/17 Service Agreement.
- HealthShare is continuing to undertake work on whether NNSW LHD is able to purchase products from Southern Queensland which would save the LHD significant transport costs.
- Following discussions with Gary Forrest, Chief Executive, Justice Health and Forensic Health Network (JH&FHN) and contact made with Brad Astill from MOH, a Terms of Reference is under development for a Health Steering Committee with membership from NNSW LHD, JH&FHN, FACS and Local Government in relation to the managing the

impact on these services following the establishment of the Grafton Gaol. Mr Jones advised that he will provide an update to the 31 August 2016 Board Meeting.

- The Board Chair requested that Mr Jones draft a letter to Ms Elizabeth Koff, Secretary, MOH concerning how GBH is required to provide care for prisoners from Grafton Gaol.

Action:

Mr Jones is to draft a letter to Ms Elizabeth Koff, Secretary, MOH concerning how GBH is required to provide care for prisoners from Grafton Gaol.

- The Chief Executive is to closely monitor the NSW LHD result of Patients receiving life threatening surgery within 15 minutes following a result of 70% being achieved in May 2016.
- Dr Ogg spoke on the need for improved integration between different levels of management and staff within NSW LHD. Mr Jones advised that the current LHD structure allows a silo approach and the review of the Executive Leadership Team (ELT) is based upon function and he has already challenged the ELT about some LHD wide issues to facilitate a broader LHD approach to service delivery.

The Board Chair noted the Board has determined that all LHD Services are available to all NSW LHD residents, and it is not determined as to where they reside.

- Ms Crayden suggested that the Integration Plan should have the patient at the centre with other services around them. Currently it seems to be focussed on NSW LHD and NCPHN and does not identify the LHD internal alliances.

The Board ENDORSED the Chief Executive's Report.

***9. Strategic and Planning Items**

9.1 NSW LHD Board Members Skills Matrix – For discussion

The Board Chair reported that the Minister of Health is seeking to refresh some LHD Boards and is wanting to change Board Members terms from eight to ten years and to also reduce the number of Clinicians who are on Boards as well as reducing the size of some Boards.

The Board discussed the qualities and skills of people coming onto the NSW LHD Board in terms of its future needs. It was suggested that a self-assessment process is a good start but noted the results are not always reflective of available skills and experience as it is important that Board members need to have knowledge and experience in the implementation of strategic thinking.

The Board suggested that it is important that the Board consider succession planning in the replacement of Board members prior to the completion of their terms. In addition, consideration needs to be given to the next Chairperson and the possibility of the current Chair remaining on

the Board following his term as Chair concluding, to ensure continuity and knowledge is available to the full Board.

The Board indicated that future NNSW LHD Board Member skills should include expertise in fields the Board does not currently have, however it was noted that the Board is able to seek expertise in specific areas that Board Members do not have, to inform the Board, as required.

The Board Chair suggested that a refreshed Board may include members with accounting and economics skills and legal expertise. Murray Spriggs advised that the MOH has sought nominations from the Medical Staff Executive Council and that the MSEC supported the reappointments of Dr Tyson and Dr Ogg.

The Board noted that new Board appointments are expected to be advised in December 2016.

The Board also considered that the existing process of current Board members not being able to nominate potential new Board Members did not always get the best candidates for Board members.

9.2 Updated NNSW LHD Quarterly Risk Register – For endorsement

Mr Frazer spoke on the development of the NNSW LHD Quarterly Risk Register and advised that the new document is a much improved document. Mr Frazer noted that Risk Number One Risk Target should be rated Q not O, and this change will be made prior to forwarding to the MOH. Mr Frazer also advised that two monthly updates on the NNSW LHD Quarterly Risk Register is to be provided and the process has now commenced.

Mr Frazer noted the amount of work that was undertaken in developing the Risk Register to the current level and the good document that is now available and commended the Risk Register to the Board for endorsement and forwarding to the MOH.

Dr Jean Collie proposed that Risk 10 would be best progressed if dual ownership was applied. The Board agreed that Risk 10 should have a joint Risk Owner with Janne Boot and the Executive Medical Director, given the content of the risk.

The Board ENDORSED the NNSW LHD Quarterly Risk Register with the above changes.

9.3 Reports from the NNSW LHD Executive on the thirty six Board High Strategic Priorities

Mr Jones advised that there has been movement on all of the thirty-six Board High Strategic Priorities.

The Board Chair made the following observations that Strategic Objective 201 should refer to unwarranted clinical variation not inappropriate clinical variations, on Strategic Objective 4 ensure good stewardship and leadership through strong corporate and clinical governance, there needs to be a concentration on clinician leadership training with a requirement to get leading clinicians to undertake training including the Clinical Excellence Commission Clinical Leadership Program, especially senior Clinicians and Registrars. It is important to ensure the

monitoring of the Keep Them Safe Program funding continues beyond June 2017 and whether this may become a strategic risk in the future. Mr Jones responded that the Child Protection component of the Keep Them Safe and Out of Home Care Programs are work that will need to continue.

The Board asked that Mr Jones consider whether funding available from University of Wollongong that was to support students could be accessed to upgrade the education facility at Maclean District Hospital for Allied Health and Nursing students. Mr Jones advised that he will investigate whether the funding from the University of Wollongong can be accessed to fund this work and he will provide feedback to the 30 August 2016 Board Meeting.

Mr Jones indicated that strategic issues in relation to education and research in the future will be managed in the portfolio of a new position, Director of Research which is being progressed and discussions are underway with NRUCH on whether they would be interested to have a joint appointment for this position which will liaise with Universities and other stakeholders.

The Board Chair indicated that any similar questions concerning operational matters relating to the Board's High Strategic Priorities need to be raised with the Chief Executive outside of Board meetings.

Action:

Mr Jones is to consider whether the funding available from University of Wollongong to support students could be accessed expended to upgrade the education facility at Maclean District Hospital for Allied Health and Nursing students and provide feedback to 30 August 2016 Board Meeting.

9.4 NSW LHD Asset Strategic Plan

Mr Jones advised that the Asset Strategic Plan is undertaken every five years and identifies the top five NSW LHD Projects.

The Board Chair queried the Health Infrastructure Costing Template and asked the Chief Executive to provide clarification of how the table is utilised.

Mr Jones reported that he has now been approached by the MOH to remove TTH Stage 1A off the priority list as funding has been allocated for the project and the Minister has requested that projects where dedicated funding has been announced be removed for Asset Strategic Plan project lists. As a result of this request from the MOH, the top five projects will be TTH Stage B, TTH Stage 2, GBH remainder of the site, LBH Stage 3C and Urbenville Multi-Purpose Service Redevelopment.

The Board noted that the GBH scope of work does not include any development to accommodate the secure unit for prisoner patients from the new Grafton Correctional Centre. The Board Chair requested that Mr Jones advise the MOH that the scope of work for GBH will need to include the secure unit to accommodate the needs associated with the development of a 1,700 bed prison to be built by 2019.

MINUTES OF THE MEETING OF THE NORTHERN NEW SOUTH WALES LOCAL HEALTH DISTRICT BOARD HELD ON WEDNESDAY 27 JULY 2016 IN THE MEETING ROOM, CONFERENCE CENTRE, GRAFTON BASE HOSPITAL, ARTHUR STREET, GRAFTON COMMENCING AT 1.00PM

Page 10 of 14

The Board Chair sought advice on whether he should pursue a review of the initial costings and scope of work of TTH Redevelopment compared to the costings and scope of work provided through Health Infrastructure to determine the differences between the two costings. Mr Jones stated that to undertake this type of review would be very expensive and may distract the focus of TTH redevelopment.

Dr Moran suggested that this matter could be raised at the Council of Board Chairs meeting for discussion among the other Board Chairs.

Following discussion, the Board RESOLVED that it should not proceed to undertake a review of TTH Redevelopment as it considered the issue has now been raised with the Minister and MOH who were not supportive of a review being undertaken.

Moved: Mr David Frazer
Seconded: Dr Alan Tyson
CARRIED

Action:

Mr Jones, Chief Executive is to clarify how the Health Infrastructure Costing Template and Algorithm is utilised and provide feedback to the 31 August 2016 Board Meeting

The Board noted the amount of work that has been undertaken in 2014/15 under the Asset Refurbishment and Replacement Program and suggested that some of the information should be included in the NSW LHD Board Report, Staff Newsletter and the LHD Annual Report. The Board also asked that a media strategy is undertaken to inform the community on what has been achieved on asset refurbishment and associated costs in 2015/16 and what is planned in 2016/17.

Mr Jones suggested that he will discuss a media strategy with the Acting Media Co-ordinator on the best way to release positive media releases on what has been expended by the LHD over 2015/16 on asset refurbishment including providing the information to local Members of Parliament for inclusion in their community newsletters.

The Board ENDORSED the NSW LHD Asset Strategic Plan June 2016 with the removal of TTH Stage 1A and replacing it with TTH Stage B as the Number One priority

Action:

Mr Jones is to discuss a media strategy with the Acting Media Co-ordinator on the best way to release positive media releases on what has been expended by the LHD over 2015/16 on asset refurbishment including providing the information to local Members of Parliament for inclusion in their community newsletters.

10. Items for Decision/Resolution

There were no items for Decision/Resolution.

***11. Minutes – Governance Committees**

11.1 Finance and Performance Committee Meeting (F&PC)

Mr Jones provided a verbal report of the F&PC Meeting held on the 20 July 2016.

Mr Jones advised the 2015/16 Service Agreement Key Performance Indicators were met.

Mr Jones reported that energy costs are being closely monitored as there appears to be a stabilisation of energy costs occurring across the LHD when energy costs were anticipated to rise.

Currently the major issue is the building up of the 2016/17 budget with meetings held with relevant Executive Directors and James McGuigan, Executive Director of Finance with discussion concentrated on aligning budgets to FTE and activity. Mr Jones noted that the F&PC Chair had commented that the narratives are improving.

Mr Jones noted that the dashboard information has not yet been finalised due to the work in ensuring that the budgets are loaded by the end of August 2016. However, work is underway on a "QLIK app" for activity that will allow dashboards for workforce, funding and activity.

Mr Jones reported that volume coding is up to date to the end of April 2016 and Pavilion Health is undertaking work with the education of coders on the structure of how to code more effectively. Mr Jones indicated that he is confident that the LHD will see a marked improvement in coding results. There was discussion on the need to provide incentives for staff to consider undertaking education to become coders and to consider Return to Work staff, especially clinical staff, being placed in coding positions.

The unconfirmed Minutes of the FPC Meeting held on 20 July 2016 were noted.

11.2 Health Care Quality Committee (HCQC)

Ms Kew noted that the Minutes of the HCQC Meetings held on 17 June and 12 July 2016 were not available and will be submitted to the 31 August 2016 Board Meeting for noting.

Ms Kew advised that the NNSW LHD Quality Awards are being held on 27 July 2016 at Yamba.

The new draft of the National Safety and Quality Standard 2 has been released for comment. Early feedback from the Clinical Governance Unit is that even with a lot of resources being provided to achieve the higher target, the LHD may still not achieve the new targets. However, there are a number of options on how to rollout the new standards that are being considered by NNSW LHD Clinical Governance Unit and will provide advice to the Executive on options for the LHD.

The Board noted that the unconfirmed Minutes of the HCQC Meetings held on 17 June and 12 July 2016 will be submitted to the 31 August 2016 Board Meeting for noting.

11.3 Medical and Dental Advisory Appointments Committee (MDAAC)

Dr Tyson provided a verbal report on the MDAAC Meeting held on 14 July 2016.

There were a number of resignations noted in the Richmond Clarence Health Service Group as well as a number of appointments in the Tweed Byron Health Service Group. There were ten Career Medical Officer appointments made for the Byron Central Hospital Emergency Department.

The Board noted an amendment to page 5 of the MDAAC Minutes Item 13.2 should read "will be eligible for CMO status...."

The unconfirmed Minutes of the MDAAC Meeting held on 14 July 2016 were noted.

11.4 Health Services Development Committee (HSDC)

The Board noted that a verbal report of the 9 June 2016 HSDC Meeting was provided at the 29 June 2016 Board Meeting.

The unconfirmed Minutes of the HSDC Meeting held on 9 June 2016 were noted.

11.5 Audit and Risk Committee (ARC)

The Board noted that a verbal report of the ARC Meeting held on 8 June 2016 was provided to the 29 June 2016 Board Meeting.

Mr Frazer advised that the ARC Financials Sign Off Meeting was held on 14 July 2016 and a subsequent meeting is scheduled on 25 August 2016.

The Board noted the excellent results that have been achieved in the annual workers compensation premium being decreased by approximately \$1.3 million with further projected decreases noted.

The unconfirmed Minutes of the ARC Meeting held on 8 June 2016 were noted.

11.6 NSW LHD Clinical Council (CC)

The Board noted the unconfirmed Minutes of the CC Meeting held on 26 July 2016 will be submitted to the 31 August 2016 Board Meeting for noting.

11.7 Community Engagement Advisory Council (CEAC)

The unconfirmed Minutes of the CEAC meeting held on 27 June 2016 were noted.

11.8 Medical Staff Executive Council (MSEC)

The Board noted the next MSEC meeting is scheduled on 15 September 2016.

11.9 NSW LHD Interim Aboriginal Partnership Meeting (APM)

The Board noted the unconfirmed Minutes of the APM held on 21 July 2016 will be submitted to the 31 August 2016 Board Meeting for noting.

11.10 NNSW LHD Mental Health Forum (MHF)

The Board noted that a verbal report of the MHF Meeting held on 20 June 2016 was provided to the 29 June 2016 Board Meeting.

The unconfirmed Minutes of the MHF held on 20 June 2016 were noted.

11.11 Health Education Workforce Research Forum (HEWRF)

The Board noted that the next HEWRF meeting is still to be scheduled.

11.12 Minutes of the Drug and Alcohol Community Advisory Committee (DACAC)

The Board noted that a verbal report of the DACAC Meeting held on 9 June 2016 was provided to the 29 June 2016 Board Meeting.

The unconfirmed Minutes of the DACAC Meeting held on 9 June 2016 were noted.

***12. Items Without Notice/Late Business**

- Ms Kew queried why NNSW LHD is not considering solar energy opportunities for the LHD.

Mr Jones responded that for some smaller capital projects solar is considered as part of the project, such as the energy supply for the Bonalbo Multipurpose Service.

Mr Jones also advised that the LHD is establishing a Contract and Leasing Officer role which will be located in the Finance Directorate and will also have major input from the Chief Executive Unit. It is expected that this position will ensure that contracting and leasing across the LHD will be undertaken in a more structured and systematic manner.

- The Board was reminded that the Combined Board Meeting with the North Coast Primary Health Network has been scheduled for 28 September 2016 prior to the Board Meeting and will be held at Tweed Heads, at a venue to be advised.

13. Items for Noting

- 13.1 Letter from Dr Brian Pezzutti, Board Chair to Mr Max Boyd AM responding to issues raised by Mr Boyd at the 25 May 2016 Board Meeting.**

Noted

- 13.2 Letter from Pru Goward, MP Minister for Mental Health dated 17 June 2016 concerning the NNSW LHD representations for the continuation of the Clarence Valley "Domestic Violence is Foul Play program"**

Noted

- *13.3 Letter from Susan Pearce, Deputy Secretary, System Purchasing and Performance responding to NNSW LHD's concerns with the Surgical Dashboard Report data.**

MINUTES OF THE MEETING OF THE NORTHERN NEW SOUTH WALES LOCAL HEALTH DISTRICT BOARD HELD ON WEDNESDAY 27 JULY 2016 IN THE MEETING ROOM, CONFERENCE CENTRE, GRAFTON BASE HOSPITAL, ARTHUR STREET, GRAFTON COMMENCING AT 1.00PM

Noted

The Board Chair advised that he will be seeking further clarification from Ms Pearce in relation to the Surgical Dashboard Report data.

***13.4 Letter from Mr Max Boyd, AM to the Board Chair in response to his letter of 4 July 2016**

The Board noted the excellent response from Mr Max Boyd, AM, to the letter from the Board Chair dated 4 July 2016.

14. Items for Information:

There were no items for information.

15. Close of Meeting

There being no further official business, the Chair declared the meeting closed at 4.15 pm.

16. Date and Time of next Board Meeting

Wednesday, 31 August 2016 in the Ground Floor Meeting Room, Crawford House, Hunter Street, Lismore commencing with Domestic and Family Violence Training commencing at 8.30am.

The Board Meeting is scheduled to commence at 1.30pm

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

Signed



Date

16/07/16

Dr Brian Pezzutti
Board Chair
Northern NSW Local Health District