

**MINUTES OF THE MEETING OF THE NORTHERN NEW SOUTH WALES LOCAL HEALTH DISTRICT BOARD HELD ON WEDNESDAY 25 MAY 2016 IN ROOMS 1 AND 2, TCERI EDUCATION CENTRE, THE TWEED HOSPITAL, POWELL STREET, TWEED HEADS COMMENCING AT 12.30PM**

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**2.15pm – 3.00pm Mr Max Boyd, former Tweed Shire Council Mayor and Community Advocate addressed the Board Meeting**

Mr Max Boyd, former Tweed Shire Council Mayor and Community Advocate addressed the Board on issues concerning to the Murwillumbah District Hospital.

Mr Boyd tabled a document that outlined background information on the Murwillumbah District Hospital (MDH) and the Murwillumbah area and identified some of the issues that were raised by Mr Boyd during his discussion with the Board.

Issues raised by Mr Boyd included the need to update the MDH Strategic Plan, development of a Renal Dialysis Unit at MDH, the need to replace the self-opening and closing doors at MDH to make entry more accessible for disabled people, consideration of stabilising the soil bank at MDH campus, provision of a Fracture Clinic at MDH, consideration to expand surgical activity at MDH, consideration be given to opening the Children's Ward at weekends and also funds be provided for upgrading of the internal roads on the MDH campus.

Mr Boyd was advised that the acquisition of a state of the art ophthalmic microscope has been made with a significant donation by the Estate of the late Dr Brian Donovan and assisted by the MDH volunteers.

Mr Boyd was also advised that in relation to the MDH Birthing Unit, it is an open self-referral process to utilise the Birthing Unit and a new website outlines how women can undertake a self referral to the Birthing Unit. Ms Bernadette Loughnane, Executive Director Tweed Byron Health Service Group advised that the Maternity Services Clinical Services Plan was signed off by the Maternity Services Steering Committee on 24 May 2016 and it will proceed to the NNSW LHD Board for endorsement in the near future.

Mr Boyd was advised how the Board determines allocation of resources across the LHD taking into account demographics and the competing commitments that need to be considered for all LHD facilities.

The Acting Board Chair assured Mr Boyd that resources continue to be provided to MDH

The Board sought Mr Boyd's view of utilising a greenfield site for a proposed new Hospital for the Tweed and Murwillumbah communities. There was discussion on how this could be of benefit to both communities and Mr Boyd advised he had no major objection to this as a possibility to be explored.

The Acting Board Chair thanked Mr Boyd for taking the time to present to the Board and advised that the tabled document would be referred to the NNSW LHD Planning and Performance Unit for consideration in its planning process for MDH.

**1. PRESENT AND APOLOGIES:**

Mr Malcolm Marshall (Acting Chair), Mr David Frazer, Dr Joe Ogg, Dr Jean Collie, Dr Allan Tyson, Mr Mark Humphries, Dr John Moran, Ms Rosie Kew, Professor Lesley Barclay, Ms Leonie Crayden and Dr Sue Page.

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**In Attendance :** Mr Wayne Jones, Chief Executive  
Mr Murray Spriggs, Ms Jenny Cleaver (Secretariat)  
Bernadette Loughnane, Executive Director Tweed Byron Health Service Group (for discussion with Mr Max Boyd)

**2. Apologies:** Dr Brian Pezzutti, Ms Deb Monaghan.

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

Dr Page advised that she no longer works for Bupa and will shortly be taking up a contract with Northern NSW Local Health District.

The Acting 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.

The Acting Chair welcomed Mr Wayne Jones and congratulated him on his appointment as Chief Executive who was attending his first Board Meeting in this role.

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

The Board Members asterisked Business Arising Agenda Items 6.1, 6.6, 6.7, 6.11 and items with an attachment.

**\*5. Previous Minutes:**

a) The Minutes of the Board Meeting held on 27 April 2016 as circulated were ENDORSED as a true and accurate record of the meeting with an amendment to page 11 Item 6.16 second paragraph to now read "The Board Chair raised concern with the arrangement that was in place at Grafton Base Hospital (GBH) for General Surgeons, Orthopaedic Surgeons and an Obstetrician who are RDA Fee for Service contracts and it was suggested that this arrangement should be changed."

Moved: Mr David Frazer

Seconded: Dr Allan Tyson

CARRIED

**Business Arising from the Minutes:**

**\*6.1 The Acting Chief Executive is to submit a report from Ms Lynne Weir, Executive Director Richmond Clarence Health Service Group advising how the International Medical Graduate (IMG) Program has been successful in relation to the differential between the expected savings and actual savings made.**

Dr Collie noted that there may be an additional twelve IMGs to be recruited to Grafton Base Hospital (GBH) and suggested that GBH does not have the capacity to accommodate this number of IMGs.

Mr Jones advised that he has emphasised to Ms Lynne Weir, Executive Director Richmond Clarence Health Service Group that the information requested by the Board on the IMG program showing a level of detail on whether savings have been made is to be made available to the 29 June 2016 Board Meeting.

**Action:**

**Mr Wayne Jones, Chief Executive is to submit a report from Ms Lynne Weir, Executive Director Richmond Clarence Health Service Group advising how the International Medical Graduate (IMG) Program has been successful in relation to the differential between the expected savings and actual savings made to the 29 June 2016 Board Meeting.**

- \*6.2 The Acting 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 take account of models of care now and over the next five years to the 25 May 2016 Board Meeting.**

Mr Jones advised that due to the amount of work required to be undertaken on unmet needs of Allied Health Services including an analysis and needs assessment for areas of acute, sub-acute and community services which is population based and take account of models of care now and over the next five years, a report will be submitted to the 29 June 2016 Board Meeting for consideration.

**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 take account of models of care now and over the next five years to the 29 June 2016 Board Meeting.**

- \*6.3 Mr Jones is to meet with Ms Susan Privalld, Family and Community Services (FACS) on the potential impact of NDIS for NSW LHD and seek guidance on what type of provider NSW LHD should consider and he will provide further information to the NSW LHD Board following this discussion**

The Board noted that Ms Privalld, Chief Executive, FACS is currently on leave. Mr Jones advised that he will contact with Ms Privalld upon her return from leave to seek guidance on what type of provider NSW LHD should consider and he will provide further information to the NSW LHD Board following this discussion.

**Action:**

**Mr Jones is to meet with Ms Susan Privalld, Family and Community Services (FACS) on the potential impact of NDIS for NSW LHD and seek guidance on what type of provider NSW LHD should consider and he will provide further information to the NSW LHD Board following this discussion**

**\*6.4 The Acting Chief Executive is to review the results of the Key Performance Indicator (KPI) Reports for to whether the results are correct to the 25 May 2016 Board Meeting.**

Mr Jones advised that the data provided in the KPI reports on the Emergency Performance Target (ETP) and patient volumes and elective surgery are correct and reflect the NNSW LHD internal data. Mr Jones indicated the NNSW LHD ETP performance is in excess of the 81% target and Lismore Base Hospital (LBH) and GBH are the sites where performance needs to be improved. It is expected that the LBH ETP result will improve following the new LBH Emergency Department being opened. Mr Jones noted that Category 3 surgical activity target will not be achieved this year and advised the Board he has approved additional surgical lists to reduce the current number of overdue Category 3 patients to assist the LHD's in meeting all surgical activity KPI's in 2016/17.

Following a query concerning the use of funding to be used to address the Category 3 surgery, Mr Jones advised that the LHD has advised the Ministry that it is projected that the LHD may not meet budget this financial year to the value of between \$500K - \$1M. Mr Jones advised that a contribution to this budget forecast is the approved additional surgical activity to reduce the number of overdue Category 3 patients.

Mr Jones also advised that Ms Bernadette Loughnane, Executive Director Tweed Byron Health Service Group has been requested to undertake work on a planned approach to increase surgical capacity at the Murwillumbah District Hospital as TTH cannot sustain any further increase in surgical activity and MDH has potential surgical capacity.

**\*6.5 The Chief Executive is to make representation to the Hon Pru Goward, Assistant Minister for Health to seek additional funding to be allocated to continue the Close the Gap Aboriginal Family Health Initiative concerning domestic and family violence funding in the Clarence Valley and to also approach the North Coast Primary Health Network to seek funding support for the program.**

The Board noted the letter to the Hon Pru Goward, MP Assistant Minister for Health, Minister for the Prevention of Domestic Violence and Sexual Assault seeking alternative sources of funding to extend the Close the Gap Aboriginal Family Health Initiative concerning domestic and family violence funding in the Clarence Valley.

Mr Jones reported that he has also contacted NSW Kids and Families who are sympathetic to continuing the funding of the position currently held by Dallas Waters for at least another twelve months.

**\*6.6 Mr Malcolm Marshall will provide a Brief on the development of more meaningful reports for the Executive and Board and how the work on a zero based budgeting model will be developed over the next few months to the 25 May 2016 Board Meeting for consideration.**

The Acting Board Chair referred to the document in the Meeting Agenda papers on a Financial Reporting Review and suggested that a two page dashboard that provides an

“aeroplane view” of the LHD performance on finance and activity is what the Board requires to be able to understand the LHDs monthly position in these areas.

The Acting Board Chair indicated that the quality and level of detail of the data is not in question, however how this information is reported to the Board requires change.

Mr Jones indicated that part of the challenge in producing the reports for the Board is that the LHD does not have an automated system to progress the combination of activity, workforce and budget. Mr Jones advised that he has requested Mr McGuigan, Executive Director of Finance to engage a consultant to finish the final application that will allow the activity so that dashboards become an automated process.

Mr Jones also stated that some Business Managers need to undertake a development program to upskill them to be able to provide greater support and this is being considered as part of the review of the structural process which is being progressed.

The Acting Board Chair suggested that a review of the number of cost centres across the LHD to support the more streamlined delegation process that is being implemented should be considered by the Chief Executive.

The Board suggested that while a zero based budgeting model is the aim of the Board to move to this model it should not be progressed until the dashboard reports are developed across the LHD.

Mr Jones advised that as part of the transition instead of referring to a zero based approach the terminology should be to emphasise we are aligning budget to activity. This is phase one of a transition to a zero based model that could take around three to five years to fully implement. The initial phase of aligning budget to activity through appropriately funding workforce requirements in 2016/17 supports the Board’s request for delegation and accountability to be given to Executive Directors for managing their own budgets.

Mr Jones reported that he has engaged a consultant to undertake reviews on efficiency of some the services and departments across the LHD and the process is identifying historical anomalies that are being redressed as part of the efficiency saving program being implemented.

The Acting Board Chair advised that Mr Jones will respond to the Financial Reporting Review document and noted that many areas identified relate to management responsibility.

**Action:**

**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.**

- \*6.7 Mr Jones is to undertake a cost analysis of the impact of the Rural Doctors Association rates that are in place at Grafton Base Hospital and what the impact would be should these arrangement be ceased and provide a report to the Board for consideration**

Mr Jones indicated that further work needs to be undertaken to incorporate the private revenue benefits the LHD receives under the current RDA payment structure at GBH before any final determination can be made on this matter.

Mr Jones is to progress a more detailed Brief that will be submitted to the 29 June 2016 Board Meeting with additional information that provides a more balanced response for the Board's consideration on RDA rates at GBH.

**Action:**

**Mr Jones is to submit a further Brief on the cost analysis of the impact of the Rural Doctors Association rates that are in place at Grafton Base Hospital and the potential impact of private revenue should the RDA arrangement be ceased and provide a report to the 29 June 2016 Board Meeting for consideration**

- \*6.8 The Chief Executive is to provide advice to the 29 June 2016 Board Meeting of the commencement of the Dental Service at the Yamba Community Health Centre.**  
The Board noted that Oral Health Services at the Yamba Community Health Centre will commence on 30 May 2016.

The Board requested that it receives a report in six months outlining how the Oral Health Service at the Yamba Community Health Centre is progressing and the amount of service being provided from that Service.

**Action:**

**Mr Jones is to provide a report to the NNSW LHD Board in December 2016 outlining how the Oral Health Service at Yamba Community Health Centre is progressing and the amount of services being provided from that Service.**

- \*6.9 The Chief Executive is to provide further information to the 25 May 2016 Board Meeting on what services can be relocated to the Yamba Community Health Centre whether the Renal and Urology Services being provided at Maclean Hospital are for public or private patients and whether a charge is being made for the use of the rooms being utilised.**

The Board noted the information contained in the Brief on the services being provided at Maclean District Hospital and the Yamba Community Health Centre and requested that it receives a comparative report on the services between these sites in December 2016.

**Action:**

**Mr Jones is to submit a comparative report to the December 2016 Board Meeting providing information on comparisons between the services being provided from the Maclean District Hospital and Yamba Community Health Centre.**

- \*6.10 The presentation developed by Dr David Hutton, Executive Director Clinical Governance on unplanned readmissions will be submitted to the 25 May 2016 Board meeting for information. Statistical information prepared by Dr Megan Passey, Northern Rivers University Centre for Rural Health is to also be submitted to the Board Meeting for information.**

The Board noted the excellent information undertaken by Dr David Hutton, Executive Director Clinical Governance on unplanned readmissions.

Mr Jones advised that a report from the MOH from the review of unplanned readmissions across the State is expected to be received in due course.

- \*6.11 Mr Jones is to provide advice on the number of PSOs across the LHD together with comparative numbers of PSOs in other LHDs to the 25 May 2016 Board Meeting.**

Mr Jones advised that he is intending to meet with Dr Hutton and the two Health Service Group Executive Directors to look at the roles of the Clinical Risk Nurses in comparison to the role of the Patient Safety Officer positions to determine whether there is not a duplication of services and to have a standardisation of the Position Descriptions and roles across the LHD and to look at associated clinical risks.

Mr Jones advised that he will provide a further Brief to the Board following this additional work being undertaken and a preferred option will be presented to the Board.

The role of an identified Complaints Officer being available at individual sites was raised and it was suggested that if a complaint or an issue is managed well in the first instance it may not then escalate to a higher level which may then be more time consuming to resolve.

Ms Kew also noted that the Hunter New England LHD has the ability to undertake Root Cause Analysis on SAC 2 incidents which would assist incidents not becoming SAC 1 events.

Mr Jones advised that following the further piece of work being undertaken with Dr Hutton a report will be submitted to the 27 July 2016 Board Meeting for consideration.

**Action:**

**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.**

- \*6.12 Mr Jones is to ascertain the requirement for volunteers for Mental Health Services to be nominated via another organisation such as a Non-Government Organisation and provide feedback to the 25 May 2016 Board Meeting.**

The Board noted the information from Dr Richard Buss, Executive Director Mental Health and Drug and Alcohol Services and advice from Mr Jones that a third party recommendation from a Non-Government Provider is not required to be put forward as a volunteer for Mental Health Services.

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Mr Jones advised that Dr Buss is reviewing the current Volunteer Policy which will proceed through the Health Care Quality Committee in due course.

**\*6.13 Mr Jones is to provide feedback to the 25 May 2016 Board Meeting on what is being undertaken to address outage issues associated with EMR2 and how this is being addressed across the LHD.**

Mr Jones advised that the LHD has responded to EMR2 outages noting that the rollout of HWAN is continuing which increases network bandwidth, in conjunction with eHealth NSW, NNSW LHD has installed a "gigastor" system which provides a detailed analysis of any outage issues and one PC in every ward has had "724" installed which stores the EMD of patients in that unit on the local hard-drive which can be accessed in the event of a server/network outage.

**\*6.14 The Board Chair is to forward a letter to Mr Craig McNally, Patient Safety and Corporate Risk Manager commending him on his work in improving the NNSW LHD Risk Register reporting.**

The Board noted the letter from the Acting Board Chair to Mr Craig McNally, Patient Safety and Corporate Risk Manager commending him on his work in improving the NNSW LHD Risk Register reporting.

**\*6.15 Any other Matters Arising from the Board Minutes**

- Professor Barclay referred to a previous Board meeting where there was discussion concerning sterile water and following advice from the Professor who is running the trial from the Mater Hospital which has ethical approval from sixteen Ethics Committees in New South Wales and Brisbane, should NNSW LHD wish to be part of the trial, he would welcome the LHD's involvement. Cathy Adams, CMC has reviewed the trial protocols and advised that the LHD should be assured that the trial is being undertaken with all the necessary rigours and checks in place.

The Board supported the involvement of NNSW LHD in the sterile water clinical trial being conducted by the Mater Hospital.

- Mr Jones advised that he has scheduled a teleconference meeting with Mr Gary Forrest, Chief Executive, Justice Health and Forensic Mental Health Network (JH&FMHN) to discuss the establishment of a Liaison Officer position for the development of the Grafton Gaol and the potential impact on NNSW LHD services.

The Board discussed the importance of ensuring that there is appropriate capital funding made available to the LHD for infrastructure that may be required to be built to accommodate patients from Grafton Gaol and the need to engage with the relevant private providers that will be engaged by JH&FMHN for the Grafton Goal.

Mr Jones advised that he will provide feedback to the Board on his discussions with Mr Forrest.



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

The Updated NNSW LHD Board Resolution and Decision Register from the 27 April 2016 Board Meeting was noted.

7.1 **Changes to Register Items 540, 541, 543, 545, 546, 548, 549 and 550 covered in Item 6 Business Arising.**

Noted

7.2 **New Register items 551 and 553 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 the appointment of Ministry of Health Staff, 2016 Purchasing Model and negotiation on Activity Targets, NNSWLHD HIV Strategy Dashboard, 2015/16 Budget, Elective Surgery and Emergency Patient results, Capital Works Projects and Planning Projects – Byron Central Hospital, The Tweed Hospital Stage 1 and Bonalbo MPS, Health Roster External Audit Report, EHealth Strategy for NSW Health 2016-2016, Non-Admitted Funding Brief, National Disability Insurance Scheme, EMR2 Outage Concerns, Review of NNSW LHD Executive/Function Structure, NNSW LHD Education and Training Strategic Plan and Clinician Engagement.

The Board discussed the following matters:

- Mr Jones will be on annual leave from 6 to 17 June 2016 and will not be present at the 15 June 2016 Board Budget Meeting, however Ms Annette Symes, will be in attendance as Acting Chief Executive.
- Negotiations with the MOH in relation to the 2016/17 activity targets continues. Mr Jones emphasised the concern from the Ministry on the under target results YTD in areas including Mental health Non-Admitted and Sub-Acute activity. Mr Jones emphasised that data quality with the introduction of systems such as CHOC have created significant activity data concerns and he is arguing for a status quo position on activity for 2016/17.
- In addition to activity targets for 2016/17 negotiations continue on growth required for NNSWLHD for next financial year. Based on the current negotiations noting that the State NWAU Price needs to be advised, NNSW LHD is looking at approximately \$19 million in growth for 2016/17 noting this includes the funding for "Older Persons Mental Health".
- The Board budget presentation on 15 June 2016 will provide more detail and confirmation of activity targets, State Price impacts and growth allocation.

- Faults in the messaging software program which includes duress response are causing delays in the opening of BCH, which are similar to the issues that occurred at Kempsey Hospital and caused a delayed opening. It is likely that the opening will be around the second week in June 2016.
- Mr Jones updated the Board on the outcomes of both the Value Management Study and the meeting between the Minister of Health, Executive members of TTH MSC, Dr Joe Ogg, Board Member, Sam Sangster Chief Executive HI and himself that was organised in response to concerns from the MSC in relation to TTH Capital program. The key outcomes of note were a commitment from the Minister of Health to fund the full scope of capital works identified in TTH CSP and that HI have been asked to review the option for a greenfield site for TTH Redevelopment.
- Following further work on the Bonalbo Multipurpose Service costing an amended cost has been identified at approximately \$24 million. The design will now be presented to Bonalbo staff and the SOS Committee on 27 May 2016 with the plan to progress so early works can commence before the end of 2016.
- In relation to delegations, discussions have been held with the Executive Directors and advised that budget will be moved out of reserve to appropriately fund the agreed workforce to deliver on the activity targets set within the NSW LHD Service Agreement. Wayne emphasised to the Executive Directors that they will have delegated authority to operationalise the management of these funds, noting that accountability for management of these funds will sit with the Executive Directors.
- The Board asked what role the Executive Director Allied Health and Manager Chronic and Primary Care is at a state level and how information from a state level is fed down to the LHD Allied Health Service. The Board asked to receive a Brief to the 29 June 2016 Board Meeting outlining how information is fed down from State level to local Allied Health services and staff.

**Action:**

**Mr Jones is to request Ms Vicki Rose, Executive Director Allied Health and Manager Chronic and Primary Care to provide a brief outlining her role at a state level and how information from a state level is fed down to the LHD Allied Health Service and staff to the 29 June 2016 Board Meeting.**

- The Board noted that the refocusing of engagement with Clinicians to include activity, budget and workforce is crucial in ensuring sustainable and effective future clinician engagement. The Board asked that greater involvement of Information Technology staff in clinical meetings may also be beneficial for both clinicians and IT Staff.
- The Board suggested that the Internal Audit (IA) Unit need to undertake efficiency

audits which will assist with work processes of management and staff, Wayne advised that he is currently reviewing the staffing levels of IA as he believes greater investment is required to ensure the Corporate Governance requirements of the Board are being met.

- Audit NSW have undertaken an audit of HealthRoster and a number of issues have been identified as potentially significant. A Working Group is undertaking work on the audit report findings and recommendations to ensure we are proactively addressing the concerns that we as an LHD can impact and to also identify the application and system challenges that need to be escalated as appropriate.

The Board ENDORSED the Chief Executive's Report.

**\*9. Strategic and Planning Items**

**9.1 Brief proposed of a review of current NNSW LHD Hospital, Clinical and Medical Staff Executive Councils**

Mr Spriggs spoke to the brief and provided an explanation of proposed review of current NNSW LHD Hospital, Clinical and Medical Staff Executive Councils.

It was suggested that some small hospital groups who do not have a clinical council needs to be considered as this also sits with the Chief Executive's goal to improve clinical engagement and needs to be considered as part of the proposed process.

The Board resolved to ENDORSE the Recommendations that a review of current NNSW LHD Hospital, Clinical and Medical Staff Executive Councils is undertaken as identified in the Brief.

Moved: Dr John Moran  
Seconded: Ms Rosie Kew  
CARRIED

**\*10. Minutes – Governance Committees**

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

The unconfirmed Minutes of the 18 May 2016 F&PC Meeting Minutes were tabled.

The Acting Board Chair reported the LHD is currently around 939 National Weighted Activity Units (NWAUs) below target however work continues to be undertaken to address this result.

Mr Humphries referred to the Long Service Leave estimates and advised that the Visiting Medical Officer payments are continuing to increase.

Mr Jones advised that the end of financial year result is expected to be between \$500K to \$1 million unfavourable which is dependant on end of year adjustments. Mr Jones also

advised that the new Chief Executive of the NSW Ambulance Service has committed to looking at the way transport costs are invoiced.

The unconfirmed Minutes of the FPC Meeting held on 18 May 2016 were endorsed.

### **10.2 Health Care Quality Committee (HCQC)**

Ms Kew provided a verbal report on the HCQC Meeting held 12 May 2016.

Ms Kew advised a Patient story on Surgical Venous Thromboembolism at LBH was presented to the HCQC by Sarah Lawty, Quality and Safety Manager.

Feedback was received around rapid response barriers, and a number of forums have been held as to why the data indicates that staff are in compliance with rapid response requirements under the Between the Flags Program. An action plan has been developed which was well received, and it appears sections of staff do not understand the need to document the rapid response incidents, this incorrect understanding is being addressed through nursing and medical facility management. Ms Kew advised there has been signification improvement on Rapid Response compliance rates at TTH and LBH compliance has also increased. Ms Kew also noted that it is expected to see an increase in rapid response compliance with the introduction of EMR2.

Ms Kew reported that Dr David Hutton presented information from the Directors of Clinical Governance Meeting from the University of Chicago on predicting poor outcomes of the deteriorating patient which has detected a number of factors to consider including respiratory rate and bicarb levels within a twenty four period and this will be considered in future with the Between the Flags program and may include automatic observations being available in future hospital developments.

The unconfirmed Minutes of the HCQC Meetings held on 12 May 2016 were noted.

### **10.3 Medical and Dental Advisory Appointments Committee (MDAAC)**

Dr Tyson provided a verbal report on the MDAAC Meeting held on 12 May 2016.

Dr Tyson noted that MDAAC recommended that letters are forwarded from the Board to Dr Colin McDonald and Dr Michael Pelmore who have both resigned from their VMO/GP positions.

Dr Ian McPhee was appointed as a Consultant Emeritus Status for TTH and MDH.

Mr Jones advised that the appointment of Dr Ken Marr, Palliative Care Specialist is being progressed.

The unconfirmed Minutes of the MDAAC Meeting held on 12 May 2016 were noted.

### **10.4 Health Services Development Committee (HSDC)**

The Board requested that the Minutes of the 14 April 2016 HSDC Meeting are to be resubmitted to the 29 June 2016 Board Meeting for the Board Chair to provide feedback on.

#### **10.5 Audit and Risk Committee (ARC)**

Mr Frazer provided a verbal report of the ARC Meeting held on 14 April 2016.

Mr Frazer indicated that the ARC Meeting was to ensure that processes are in place to finalise the NSW LHD accounts for end of year 30 June 2016 and it was clear all tasks and requirements have been undertaken to ensure that deadlines are met.

The ARC endorsed the early close financial statement from 1 July 2015 to 30 March 2016 and is confident that processes are in place for preparation of the financial report for the full year.

The unconfirmed Minutes of the ARC Meeting held on 14 April 2016 were noted.

#### **10.6 NSW LHD Clinical Council (CC)**

Mr Jones provided a verbal report of the CC Meeting held on 3 May 2016.

Mr Jones indicated that there was a lot of discussion on the role of the Clinical Council and the role of the people who present to the Clinical Council. There was discussion concerning developing a template that would assist the presenter on how to structure their presentation and also clarify what role they expect the Clinical Council to undertake in hearing their presentation.

Mr Jones also reported that there had been discussion on general counselling availability for children under 12 years of age following a request from a staff member that the Clinical Council consider his concerns. The Council discussed if it is appropriate that matters such as these be tabled by members on behalf of staff. Mr Jones reported that it was his view that the first point of referral for these types of matters is the relevant service manager and Executive Director and if following this process members still wished matters to be considered by the Council that this would be appropriate.

As part of the discussion on counselling for children under 12 it was suggested that the LHD needs to consider what the LHD's core business is and for services that support core business that the LHD needs to engage more actively with partner agencies such as North Coast Primary Health Network (NCPHN) to negotiate an alternate service provider that compliments respective agencies core business. It was agreed that the Chief Executive would progress discussion on the provision of general counselling for children under 12 with the NCPHN.

The Board suggested that consideration be given to obtain short term funding to engage a commissioning officer to progress how the LDH will accommodate NDIS and other commissioning/brokerage models that are being introduced. The proposal for developing shared models of staffing between the two agencies could also be considered as part of

this work. Mr Jones responded that he will discuss a commissioning project officer with Mr Saberi from the NCPHN.

There was also discussion around membership and recruitment of Board members and how this would be progressed. It was agreed this would be further discussed at the meeting set down for the 15<sup>th</sup> June 2016.

The unconfirmed Minutes of the NSW LHD CC Meeting held on 3 May 2016 were noted.

**10.7 Community Engagement Advisory Council (CEAC)**

The Board noted that the next meeting of the CEAC is scheduled on 27 June 2016.

**10.8 Medical Staff Executive Council (MSEC)**

The Board noted the next meeting of the MSEC Meeting is scheduled on 16 June 2016.

**10.9 NSW LHD Interim Aboriginal Partnership Meeting (APM)**

The Board noted the next meeting of the APM is scheduled on 4 July 2016.

**10.10 NSW LHD Mental Health Forum (MHF)**

The Board noted the next meeting of the MHF is scheduled on 20 June 2016..

**10.11 Health Education Workforce Research Forum (HEWRF)**

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

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

Dr Page provided a verbal report of the DACAC Meeting held on 14 April 2016.

Dr Page noted that there are no community representatives from the Clarence Valley on the DACAC and asked that consideration is given to nominations of people from NGOs or consumers with a lived experience who may be interested in being on DACAC.

The unconfirmed Minutes of the DACAC Meeting held on 14 April 2016 were noted.

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

**11.1 Letter from Tracey McCosker, Chief Executive, NSW Health Pathology and offer to provide a Contestability presentation to the Board**

The Board noted the letter from Tracey McCosker, Chief Executive, NSW Health Pathology offering to provide a Contestability presentation to the Board.

The Board agreed that it would like to accept the invitation from Ms McCosker and receive a presentation on Contestability at its August or September 2016 Board Meeting.

**11.2 Recommendation from MDAAC for letter of appreciation from the Board be forwarded to Dr Michael Pelmore who retired from Mullumbimby Hospital on 17 May 2016**

The Board ENDORSED the signing of a letter by the Acting Board Chair to Dr Michael Pelmore thanking him for his years of service at Mullumbimby District Hospital following his retirement on 17 May 2016.

The Board also asked that the Acting Board Chair forward a letter of thanks to Dr Colin McDonald following his recent retirement from Ballina District Hospital.

**Action:**

**The Acting Board Chair forward a letter of thanks to Dr Colin McDonald following his recent retirement from Ballina District Hospital.**

**11.3 Approval to apply the NSW LHD Seal to the letter of offer and Deed of Variation for the Indigenous Australians' Health Program Funding extension**

The Board ENDORSED the application of the NSW LHD Seal to the Deed of Variation for the Indigenous Australians' Health Program Funding extension until 30 September 2016.

Moved: Dr Sue Page  
Seconded: Dr Allan Tyson  
CARRIED

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

- Ms Kew stated that she recently undertook a one hour webinar education session with the Australian Institute of Company Directors on techniques for chairing successful meetings. Ms Kew requested that a copy of the slides from the training be forwarded to Board Members for their information. The education also provided information on how Board meetings should be structured.

Ms Crayden suggested that when papers are submitted to the Board for consideration the inclusion of titles indicating whether they are for decision, noting, recommendation for endorsement would be most helpful for Board Members and would assist the Board to be more productive. Ms Crayden also proposed that the Board consider development of a decision-making framework to enable the Board to determine what it needs to make decisions on and not to consider more operational matters.

The Acting Board Chair advised that he will meet with the Board Chair and Chief Executive to discuss a more streamlined approach with the drafting of Board papers and the management of Board meetings.

- Dr Moran referred to previous discussions on student allied health placements access to the LHD and that the LHD should be promoting access from allied health students from local universities and also specifically for local students, either at local or distant universities. Dr Moran noted that there is now a significant push from the Northern Rivers University Centre for Rural Health (NRUCRH) to double the number of allied health students coming into the local area and he queried whether there is a problem should this occur.

Mr Jones advised that following advice from clinicians that the level of supervision requirement was causing concern a review of the Student Placement Agreement (SPA) model was undertaken which resulted in a reduction of SPAs being available but emphasised the current SPA model has a focus on supporting local students and local universities (NSW & QLD) but did not exclude local students undertaking courses at more distant universities. Mr Jones advised that he is meeting with Dr Michael Douglas, Acting Chief Executive, NRUCRH and he will discuss the need to support local students and local universities and not waste opportunities that are available. Mr Jones advised he will report back to the Board following his discussion with Dr Douglas.

- Mr Jones advised that in relation to the Education and Training Strategic Plan it has been determined that a needs assessment is required to identify gaps across the LHD as a first step and he apologised that this has not progressed. Mr Jones advised that once the budget/activity/service agreement negotiations are completed he will progress this matter.
- Professor Barclay indicated that the Sydney Morning Herald may be running an article on inequity with rural and remote health underfunding compared to metropolitan LHDs.
- Mr Jones reported that in relation to the changes requested by the Board concerning the Board support against family and domestic violence, the change to the wording on the banners to be used in the Clarence Valley will read "Domestic Violence is foul play" and all other banners across the LHD will read "Everyone has a right to live a life free from violence". The Board adopted this approach.

**13. Items for Noting**

**13.1 Letter from Dr Graham Truswell, Chair, Byron District Hospital Medical Staff Council responding to Board Chair's letter of 23 February 2016 concerning the need to improve Rapid Response rate results.**

Following a query concerning Rapid Response calls process at Byron District and Mullumbimby District Hospitals and what role the on-site nurse has in a rapid response call, the Board was advised that a clinical escalation response can be done by a Nurse Manager however a rapid response requires involvement of a medical officer.

Mr Jones stated that following discussion concerning medical staffing at the Emergency Department (ED) at Byron Central Hospital (BCH), he has given an in principle agreement to proceed for senior Career Medical Officer appointments which will support provision of a core workforce for the BCH under the management of Dr Rob Davies, ED Director TTH.

**13.2 Brief on update of the disposal of the Mullumbimby and Byron Bay Hospital sites**  
Noted

**14. Items for Information:**



**MINUTES OF THE MEETING OF THE NORTHERN NEW SOUTH WALES LOCAL HEALTH DISTRICT BOARD HELD ON WEDNESDAY 25 MAY 2016 IN ROOMS 1 AND 2, TCERI EDUCATION CENTRE, THE TWEED HOSPITAL, POWELL STREET, TWEED HEADS COMMENCING AT 12.30PM**

**14.1 Article from the Sax Institute concerning the role of Accreditation Attachment Noted**

**15. Close of Meeting**

There being no further official business, the Chair declared the meeting closed at 4.37 pm.

**16. Date and Time of next Board Meeting**

**Board Budget Meeting**

**Wednesday, 15 June 2016 1.30pm – 3.30pm Ground Floor Meeting Room Crawford House, Hunter Street, Lismore**

**Wednesday, 29 June 2016 in the Ground Floor Meeting Room, Crawford House, Hunter Street, Lismore commencing with Board Workshop at 8.30am**

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

Signed  .....

Date 20/7/16 .....

Mr Malcolm Marshall  
Acting Board Chair  
Northern NSW Local Health District