

12.30pm – 1.30pm

Presentation by Ms Elizabeth Koff, Deputy Secretary, Strategy and Resources, NSW Ministry of Health (MOH)

Ms Elizabeth Koff, Deputy Secretary, Strategy and Resources, MOH provided a short presentation outlining the responsibilities of her role as the Deputy Secretary, Strategy and Resources, MOH.

Ms Koff explained that the State Plan 2021 has been replaced by Premier's Priorities and State Priorities, which include three Health Priorities. The two Premier's Priorities relate to 81.0% of Emergency Patients having been treated and exited from Emergency Departments within four hours and Child obesity and overweightness being reduced by 5.0% over ten years and the State Priority for health relates to the Elective Surgery targets of 100%, 97% and 97% being met for Elective Surgery Categories 1,2 and 3 respectively.

The State Health Plan will continue but it will be distilled and refined into its core priorities. Currently work is underway to distil what the priorities are for the NSW Health System to get a collective understanding of what will be the non-negotiable deliverables.

The Board Chair noted that in the State Health Plan the words "equity and access" were not included. Ms Koff responded that more explicit wording will need to be included to take account of "equity and access" issues.

Ms Koff then explained the Key Priorities for 2015/16 for the Strategy and Resources Division. Ms Koff advised that the Strategy and Resources Branch is responsible for strategic health policy development, inter-jurisdictional negotiations and funding strategies, system-wide planning of health services, Integrated Care, Mental Health and Drug and Alcohol Services and the Whole of Government Strategy for Women. The Strategy and Resources Division also supports the Australian Health Minister's Advisory Council, NSW Health Ministerial Committee and NSW Response to health issues before the Council of Australian Governments (COAG).

The Branches that make up the Strategy and Resources Division include the ABF Taskforce, Government Relations, Health Systems Planning and Investment, Integrated Care, Mental Health and Drug and Alcohol Office and Women NSW.

The Strategy and Resources Division works with Northern NSW Local Health District (NNSW LHD) to develop and progress work related to the Asset Strategic Plan and Ms Koff noted that the NNSW LHD top five Capital Works priorities, are the LBH Redevelopment Stage 3B, The Tweed Hospital Stage 4A Redevelopment and Grafton Base Hospital Ambulatory Care Centre development, Coraki HealthOne Centre and the Bonalbo Multipurpose Service.

The Mental Health Commission Strategic Plan was released in December 2014 and \$115 million has been announced in response as a Mental Health Reform Program. The process for finalising allocation letters advising of the funding that is being allocated to LHDs from this funding source is currently underway, Ms Koff said.

The Mental Health Strategic Plan includes the deinstitutionalisation of long term Patients, commencement of increased Community Mental Health Services and living support for Patients. Also consideration is being given to the better distribution of Mental Health investment as part of the Reform Program with the challenge being not to diminish the acute care programs and to ensure that there is an appropriate level of support for Mental Health Patients, Ms Koff stated. Ms Koff did note that Health is likely to have an ongoing role of providing support for some long term Mental Health Patients.

There are three critical areas of Mental Health and Drug and Alcohol Reform, including the National Disability Insurance Scheme (NDIS), shifting the balance of care to the community and addressing the increased use of Methamphetamine, Ms Koff said.

The Board discussed the problem of some Mental Health Patients not wanting to be classified as being eligible to receive services from the National Disability Insurance Service as they wish to remain in the health system as they trust the health service and are comfortable with their current care provision.

In relation to shifting the balance of care to the community, it was noted that there is a need to work in partnership with other agencies including the Department of Justice, Family and Community Services (FACS), the Police and the Non-Government Agencies. It is important to get buy-in from other Agencies as some Mental Health problems cannot be addressed by a Health System response alone.

It was also noted that Domestic Violence also requires a Multi-Agency response with Departments such as Justice and Family and Community Services having key roles to play alongside health. The Board suggested that the Department of Education should also be involved as it could provide assistance to the other Agencies in shifting the balance of care into the community. Ms Koff noted that there is a need to understand how the social issues are currently being managed so as to make appropriate investments.

Ms Koff referred to the implementing of the Methamphetamine election commitment with a comprehensive package being announced to assist in addressing the increasing use of Methamphetamines, including the expansion of the Stimulant Treatment Program (STP) to new areas including Ballina, Clarence, Lismore, Casino and Tweed Heads. There will also be enhancement of existing STP facilities in Newcastle and the St Vincent's Hospital Network in Sydney, Ms Koff said.

A Safer Pathway Program is now being rolled out across sites at Bankstown, Parramatta, Broken Hill, Tweed Heads, Orange and Waverley that will provide support to women, who have experienced domestic violence. Also a Domestic Violence Scheme is to be rolled out, which will enable a partner or family member to go to a Police Station to obtain information to ascertain if there are any domestic violence reports against this person's partner. Mr Crawford suggested that privacy issues would need to be taken into account with this type of information being made available. Ms Koff indicated that the relevant legislation will need to be changed to accommodate some of the proposed changes that are being considered.

The issue of safe houses in rural and remote areas was raised with a query as to how these will be implemented, as distance and time are huge factors in rural areas. Ms Koff responded noting that there is a need to oversight the whole program to make sure the capacity and availability of women's refuges are appropriate and these matters are being considered as part of the rollout. Ms Koff also noted that the role of the perpetrator and how rehabilitating that person can be best addressed is also being considered in relation to how domestic violence can be better managed.

The Board Chair raised concerns about NNSW LHD having a much smaller investment of its budget into community based services. He indicated to Ms Koff that NNSW LHD needs to be given a special recurrent allocation of \$20 million to invest into Community Health and Community Mental Health Services.

Ms Koff advised the Board that she had enjoyed her visit to TTH and she had appreciated the collegial culture and welcoming approach of TTH Staff.

The Board Chair thanked Ms Koff for visiting TTH and meeting with the Management and staying on to present to the Board and advised that NNSW LHD looks forward to working more closely with Ms Koff and the Strategy and Resources Division into the future.

1. ***PRESENT AND APOLOGIES:**

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

In Attendance : Mr Chris Crawford (Chief Executive), Mr Murray Spriggs, Ms Jenny Cleaver (Secretariat)

2. ***Apologies:** Dr John Moran and Dr Sue Page.

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

Dr Jean Collie advised that she had a potential Conflict of Interest in relation to an item on the Agenda over which NNSW and Mid North Coast (MNC) LHD are in conflict as she would be working as locum Director Clinical Services for the Coffs Harbour Network, MNC LHD from 6 October 2015 to 30 October 2015.

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

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

The Board Members asterisked Agenda Items: 6.3, 6.7, 6.9, 6.12, 13.3, 14.1 and 14.3.

5. ***Previous Minutes:**

MINUTES OF THE MEETING OF THE NORTHERN NEW SOUTH WALES LOCAL HEALTH DISTRICT BOARD HELD ON WEDNESDAY 30 SEPTEMBER 2015 IN THE EDUCATION ROOM, LEVEL 4, THE TWEED HOSPITAL, POWELL STREET, TWEED HEADS COMMENCING AT 12.30PM

Page 4 of 23

a) The Minutes of the Board Meeting held on 2 September 2015, as circulated were ENDORSED as a true and accurate record of the meeting.

Moved: Mr Malcolm Marshall
Seconded: Mr David Frazer
CARRIED

b) Minutes of the Board Budget Meeting held on 24 June 2015, as circulated were ENDORSED as a true and accurate record of the meeting.

Moved: Ms Deb Monaghan
Seconded: Ms Leone Crayden
CARRIED

Business Arising from the Minutes:

- 6.1 Mr Crawford is to submit a further Brief outlining what the process is when Public Inpatients receive Specialist Services from an external service provider that are not available in the acute facility and whether the NNSW LHD is charged for the Specialist Service or whether it is charged to Medicare.**

The Board noted that a Memorandum has been forwarded to the Executive Directors of both Health Service Groups requesting further information outlining what the process is when Public Inpatients receive Specialist Services from an external facility that are not available from the acute facility and whether the NNSW LHD or Medicare is charged for the Specialist Service. Information is to be provided to the 28 October 2015 Board Meeting on this matter.

Action:

Information is to be submitted to the 28 October 2016 Board Meeting outlining what the process is when Public Hospital Inpatients receive Specialist Services from an external service provider that are not available in the acute facility and whether the NNSW LHD is charged for the Specialist Service or whether it is charged to Medicare

- 6.2 Mr Crawford is to submit a further Brief to the 28 October 2015 Board Meeting responding to specific issues raised by the Board concerning the potential to have solar panels for the heating of hot water placed on specified roof spaces identified by the Board.**

The Board noted that a further Brief is to be submitted to the 28 October 2015 Board Meeting responding to specific issues raised by the Board concerning the potential to have solar panels for the heating of hot water placed on specified roof spaces identified by the Board.

Action:

A further Brief is to be submitted to the 28 October 2015 Board Meeting responding to specific issues raised by the Board concerning the potential to have solar panels for the heating of hot water placed on specified roof spaces identified

by the Board.

- *6.3 The Chief Executive is to submit a Report on how the Recommendations from the meeting between Drs Sare and Ingall and nominated Board representatives have been incorporated into the Clinician Engagement Action Plan prior to a meeting being convened with Drs Sare and Ingall and the nominated Board representatives and to review the implementation of the Recommendations arising from the initial meeting between Drs Sare and Ingall and the nominated Board representatives in six months.**

The Chair advised that he has received a letter from Dr Sare, Chair, Medical Staff Executive Council requesting that he attend the next Board Meeting that is scheduled to be held in Lismore to discuss Clinician engagement. Mr Crawford noted that Drs Sare and Ingall, Chair, Lismore Base Hospital Medical Staff Council have suggested that proformas for reporting Clinician engagement activities by the Chief Executive and Executive Members are developed in line with the agreed actions arising from the meeting with the Board representatives.

The Board agreed that Drs Sare and Ingall, should be invited to attend the first 2016 Board Meeting, which is to be held in Lismore at which time discussion will be undertaken on the draft proformas, for reporting on Clinician engagement.

Action:

The Board Chair is to forward a letter to Drs Sare and Ingall advising that proformas for reporting on Clinician engagement are to be developed and a copy of these will be forwarded for their consideration and discussion at the first Board Meeting to be held in Lismore in 2016.

- 6.4 Mr Crawford is to correspond with the Secretary, NSW Health suggesting that consideration is given to an Activity Based Funding weight being applied to Patients who live alone as this situation is most relevant in rural communities and a longer hospital stay is legitimate in such circumstances**

The Board noted the letter dated 23 September 2015 to Dr Mary Foley, Secretary, NSW Ministry of Health (MOH) suggesting that consideration is given to an Activity Based Funding weight being applied to Patients who live alone as this situation is most relevant in rural communities and a longer hospital stay is legitimate in such circumstances.

- 6.5 A letter is forwarded to the Editor of the Grafton Examiner emphasising that NNSW LHD is concerned about the recent suicides that have occurred in the Clarence Valley and expressing the LHD's sympathy to the families involved and also providing advice on the services that are available in the Clarence Valley for people suffering Mental Illness.**

The Board noted that a letter is still to be forwarded to the Editor of the Grafton Examiner emphasising that NNSW LHD is concerned about the recent suicides that have occurred in the Clarence Valley and expressing the LHD's sympathy to the families involved and also providing advice on the services that are available in the Clarence Valley for people suffering Mental Illness. The delay in forwarding the requested letter is due to the issue of

the recent suicides being quite raw for some members of the Clarence Valley Community and therefore upon the advice of the Editor of the Grafton Examiner it was considered that some time should be allowed to elapse before a letter about this matter is forwarded to him.

Action:

A letter is forwarded to the Editor of the Grafton Examiner emphasising that NNSW LHD is concerned about the recent suicides that have occurred in the Clarence Valley and expressing the LHD's sympathy to the families involved and also providing advice on the services that are available in the Clarence Valley for people suffering Mental Illness, after an appropriate period of time has elapsed between the suicides and the sending of the letter.

- 6.6 A copy of the letter from Mr John Roach, Chief Finance Officer MOH concerning NNSW LHD performance issues is circulated to the Board for information.**
The Board noted the letter from Mr John Roach PSM, Chief Financial Officer, MOH dated 13 July 2015 concerning NNSW LHD performance issues.

- *6.7 The Chief Executive is to advise on how the 36 Strategic Priorities identified at the Board Strategic Priorities Workshop are to be monitored by the Board and how the remaining 68 Strategic Priorities for management will be progressed and managed and should be reported to the Board, including advice on the proposed Scope of Works Approach and Fees submitted to facilitate a Workshop on the Writing of Better Board Papers as part of the Chief Executive's advice to the Board.**
Mr Crawford spoke to the information contained in the Brief proposing how to manage the 36 Strategic Priorities to be monitored over the next twelve months, 68 Priorities for management to work on to progress over two – four years and 16 Priorities to be delegated to management and not to be monitored by the Board as they are operational. Mr Crawford also indicated that to improve information being submitted to the Board in the Papers that are included in the Board Meeting Agendas, he recommended that a workshop is held for the Executive on the writing of better Board Papers following negotiations with Effective Governance Pty Ltd on a possible reduction in its proposed charge for contributing to such a workshop.

Ms Crayden indicated that she will provide the names of other organisations, which may be able to submit a price to undertake a similar workshop and to provide a point of reference in terms of comparative costs for contributing to such a workshop.

The Board endorsed the four Recommendations contained in the Brief and for the workshop on the writing of Better Board Papers to be held in early 2016 following the commencement of the new LHD Chief Executive.

- 6.8 The next four page Community and Clinician insert in Northern Exposure is to include information on the Board's commitment to the 36 Strategic Priorities and a summary of these priorities is to be included in handouts circulated at the December 2015 Annual Community and Stakeholder Conference.**

The Board noted the next four page Community and Clinician insert will include information on the Board's commitment to the 36 Strategic Priorities and a summary of these Priorities is to be included in handouts circulated at the December 2015 Annual Community and Stakeholder Conference.

- *6.9 Mr Crawford is to provide advice to the Board on the potential ramifications where a person has a Power of Attorney who is not nominated as the Next of Kin or the Significant or Principle Person by the Patient and is to seek clarification of the LHD's legal position in this situation.**

Dr Collie suggested that for a future Board Meeting a presentation be provided by a representative of the Guardianship Board on legislation relating to the "Person Responsible" and the distinction between the "Person Responsible" and a "Next of Kin" and suggested that it is important that the Board understand any differences in the Legislation.

The Board was also advised that some of the current forms for admission are out of date as they use the Next of Kin terminology and education needs to be provided to Admissions and Hospital Clerical Staff on the correct terminology to be used and the relevant legislative requirements.

Mr Crawford responded that he will seek advice from Dr David Hutton, Executive Director Clinical Governance on the legislative requirements in relation to "Person Responsible" and "Next of Kin". Mr Crawford will also make contact with the Guardianship Board requesting that a representative attend a future Board Meeting to provide the Board with a briefing on the relevant legislative requirements relating to Guardianship.

Action:

Mr Crawford is to seek advice from Dr David Hutton, Executive Director Clinical Governance on the legislative requirements in relation to "Person Responsible" and "Next of Kin" and to contact with the Guardianship Board requesting that a representative attend a future Board Meeting and provide a briefing on the legislative requirements in relation to Guardianship.

- 6.10 Mr Crawford is to correspond with the NSW Ministry of Health requesting that consideration be given to the inclusion of the wording "equity" in relation to equitable distribution of resources on page two of future Attestation Statements**
The Board noted the letter to Ms Karen Crawshaw, MOH dated 3 September 2015 enclosing the signed NNSW LHD Attestation Statement and requesting that consideration be given to the inclusion of the wording "equity" in relation to equitable distribution of resources on page two of future Attestation Statements.
- 6.11 Mr Crawford is to consider the last page of the MBM Report on the Efficiency Review of Hospital Support Services in relation to Murwillumbah District Hospital (MDH) being referred to as a C1 Hospital whereas throughout the remainder of the document MDH is referred to as a C2 Hospital and provide feedback to the 30**

September 2015 Board Meeting on whether this impacts on the Recommendations in the Report

The Board noted that the last page of the MBM Report on Efficiency Review of Hospital Support Services in relation to MDH was correct indicating that MDH is a C1 Hospital and throughout the remainder of the document MDH is incorrectly defined as a C2 Hospital and a request has been made to MBM to amend the Report to indicate that MDH is a C1 Hospital. Advice has been received that this correction will not change the substance of the Report.

***6.12 Mr Murray Spriggs is to include an item on the next Community Engagement Advisory Council (CEAC) Meeting Agenda for discussion on the potential for renaming some of the LHD Hospitals to recognise the Aboriginal Nation areas of the LHD, while maintaining the name of the town in which the Hospital is situated.**

Mr Humphries reported that at the most recent CEAC meeting there was not a resoundingly positive reaction to the proposal to rename some LHD Hospitals to recognise the Aboriginal Nation areas of the LHD, while maintaining the name of the town in which the Hospital is located. Mr Humphries indicated that more clarification of the rationale for the proposed change and consultation about it needs to occur to enable a more informed decision on the proposal to be made.

Ms Monaghan also noted that consultation on this proposal will take place at the next meeting of the Nyagundi Aboriginal Health Council.

Mr Crawford suggested that a short Briefing Note be developed proposing how consultation should take place with the Aboriginal and Non-Aboriginal Communities, including the parameters set by the Minister of Health, which is to maintain the name of the town where the Hospital is located. This Brief is to be submitted to the 28 October 2015 Board Meeting for consideration.

Action:

Mr Crawford is to develop a short Briefing Note proposing how consultation should take place with the Aboriginal and Non-Aboriginal Communities about the naming of NNSW LHD Hospitals, including the parameters of the Minister of Health, which is to maintain the name of the town where the Hospital is located and is to also include the Aboriginal Nation areas within which the Hospital is located, that is to be submitted to the 28 October 2015 Board Meeting for consideration.

6.26 Any other Matters Arising from the Board Minutes

There were no other matters arising from the Board Minutes.

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

The Updated NNSW LHD Board Resolution and Decision Register from the 2 September 2015 Board Meeting were noted.

**7.1 Changes to Register Items 470 and 481 covered in Item 6 Business Arising.
Noted**

7.2 New Register items 483 to 492 were covered in Item 6 Business Arising.

Noted

8. *Chief Executive's Report

Mr Crawford referred to the issues that were covered in the Chief Executive's Report to the Board, which included the Visit by the NSW Minister for Health, Chief Executive Performance Agreement Outcomes, Executive Director Performance Reviews, NNSW LHD Performance Assessment, Chief Executive Retirement, Positive Patient Survey, Staff Survey Results Disappointing, MDH Maternity Services, New Grafton Gaol, National Disability Insurance Scheme, Aboriginal and Torres Strait Islander Health and Wellbeing Plan, Co-payment for most Section 100 Drugs To be Removed, MOH/NNSW LHD Service Agreement, Risk Management, Clinician Engagement, 2014/15 Budget, 2015/16 Budget, Elective Surgery and Emergency Patient Treatment Results, Capital Works Projects - LBH Stages 3A and 3B, Byron Central Hospital, LBH Multistorey Carpark, Murwillumbah District Hospital (MDH) Carpark Upgrade, Planning Projects - Ballina District Hospital Operating Suite and Medical Imaging Upgrade, TTH Stage 4A, Bonalbo Multipurpose Service, Coraki HealthOne Service, GBH Ambulatory Care Centre, MDH Satellite Renal Dialysis Unit, Pathology North – Tweed Laboratory Upgrade, Casino Aboriginal Medical Services - new Dental Clinic, Regional Mental Health Plan and Aboriginal and Torres Strait Islander Reconciliation Action Plan, Energy Performance Contract, Joint NNSW and Mid North Coast LHD Meeting, Cleaning Services, Business Plan, Cross Border Arrangements, Maclean District Hospital Rehabilitation Unit, Our House, Fred's Place and Tweed Headspace Visit, Integrated Clinical Training Network, Northern Rivers Family Care Centre Under New Management, Submission to MOH, North Coast GP Training, Focus on Stroke, Pain Management Enhancement, Crystal Methamphetamine (ICE), Staff Health, National Quality and Patient Safety Standards – Second Version, Rural e-Health Upgrades, NCPHN, New Doctor for Coraki, Falls Main Reason for Hospitalisation, Administrative Staffing Levels, NNSW LHD Asset Strategic Plan, Employee Assistance Program, Lismore Prospectus, Expansion of SilverChain In Home End Stage of Life Palliative Care Service to Tweed, Audit and Risk Committee Membership, New Deputy Secretary, Strategy and Resources, Lismore Nurse Wins State-wide Excellence Award and Director System Relationships and Whole of Health Program Resigns.

The Board discussed the following issues:

- The Board suggested that in relation to the establishment of a two chair Dental Clinic at the Casino Aboriginal Medical Service and the additional funding provided by MOH/NNSW LHD, this is an LHD Hospital avoidance strategy to develop better integrated and primary health care for local Aboriginal Communities and this should be noted in the relevant LHD documentation.
- The Board requested that an invitation be extended to the NSW Mental Health Commissioner John Feneley and Mr Ken Wyatt, MP, Commonwealth Assistant Minister for Health to the launch of the Regional Mental Health Plan.

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Page 10 of 23

Mr Crawford advised that he will contact Mr Vahid Saberi, Chief Executive, North Coast Primary Health Network (NCPHN) as the NCPHN is the Lead Agency for the development of the Regional Mental Health Plan with a request that these invitations be issued to Commissioner Feneley and Mr Ken Wyatt, MP.

- The Board was advised that when the fulltime Occupational Therapist (OT) position is appointed and commences duties then the Maclean District Hospital (McDH) Rehabilitation Unit will be opened.

The Board suggested that Mr Crawford make contact with Southern Cross University which has OTs on staff and ask if it may be able to provide Locum OT assistance to the McDH Rehabilitation Unit so the Unit can be opened in advance of NNSW LHD recruiting a permanent OT to work in the Unit.

- The Board queried the age requirement for admissions to the Riverlands Detoxification Unit and whether patients sixteen and under are able to be admitted to the Unit? Mr Crawford advised that he will take this question on notice and provide an answer on it to the Board.
- The Board requested that the Executive Director of Allied Health be invited to attend a Board meeting in 2016 to present on the NNSW LHD Falls Prevention Programs that are currently being implemented and those are being planned.
- The Board noted the issue of the co-payments for Section 100 Drugs and the Government's Election Commitment to eliminate them and that LBH has historically not been charging a co-payment for these drugs. The Board requested that it receive a report on existing inequities and differences between TTH and LBH arrangements to a future Board Meeting.
- The Board commended the content of the email from Ann Scheffe, Director of Nursing and Midwifery, The Tweed and Murwillumbah District Hospitals that provided practical examples of Clinician engagement that she has undertaken and acknowledged that her activities are an illustration of the work undertaken by Management at many of the NNSW LHD Hospitals.
- The Board Chair reassured the Board that in relation to the LBH Redevelopment Stages 3A and 3B that consultation is occurring and is being actively pursued by Health Infrastructure (HI).
- The Board Chair noted that he has indicated to Mr Sam Sangster, Chief Executive, HI, that he is not pleased with the progress of the LBH Multistorey Carpark development and that he has reminded Mr Sangster that the Board will not allow the LBH Emergency Department to be opened until the Multistorey Carpark is operational.

- The Board noted that three NSW LHD Nurses were honoured for their outstanding contributions to health care in NSW at the Statewide Nursing Excellence Awards.

Ms Crayden left the meeting.

Actions:

Mr Crawford is to contact Mr Vahid Saberi, Chief Executive, North Coast Primary Health Network (NCPHN) to request the NCPHN to issue letters of invitation to Commissioner Feneley and Mr Ken Wyatt, MP, Commonwealth Assistant Minister for Health to attend the launch of the Regional Mental Health Plan.

Mr Crawford is to contact the Southern Cross University to ascertain whether one of its Occupational Therapist (OT) Educators may be able to provide Locum OT assistance to the Maclean District Hospital Rehabilitation Unit to work at the Unit while NSW LHD recruits to the permanent OT position, up until the permanent OT commences, so as to enable the Unit to open in advance of the permanent OT taking up that role.

Mr Crawford is to provide advice to the Board on the age requirement for admissions to the Riverlands Detoxification Unit and whether patients sixteen and under are able to be admitted to the Unit.

Mr Crawford is to invite the Executive Director of Allied Health to attend a Board meeting in 2016 to present on the NSW LHD Falls Prevention Programs that are being implemented and that are being planned.

Mr Crawford is to provide a report on existing differences between TTH and LBH to a future Board Meeting.

The Board ENDORSED the Chief Executive's Report.

***9. Strategic and Planning Items**

9.1 Ballina District Hospital (BDH) Role Delineation Review

A query was raised by the Board as to where the NSW LHD Health Services Plan (HSP) fits in with other planning matters that are considered by the Board and whether the HSP is isolated from other planning that is underway.

The Board was advised that the HSP is not "isolated" as it is reported upon to the Health Services Development Committee as part of the regular updates that are received about the implementation of LHD Plans. The BDH Role Delineation Review follows the strategic decision that was made by the Board to move more surgery, particularly some ENT Surgery to BDH, which is consistent with the decision of the Board to expand the BDH

Operating Suite so as to enable an expansion of the amount of Surgery, which is undertaken at BDH.

Mr Crawford advised that in future information contained in Briefs seeking approvals relating to planning for capital upgrades and service changes, will include information on how the proposed upgrades/changes relate to the NSW LHD HSP.

The Board ENDORSED the BDH Role Delineation Review document with a change to page 6 "Anaesthetics" second paragraph with the words "Ballina District Hospital" to be replaced with the words "Richmond Network".

Moved: Mr Malcolm Marshall
Seconded: Dr Joe Ogg
CARRIED

9.2 Letter from Elizabeth Wood, Acting Director, System Relationship and Frameworks Branch, MOH concerning response to NSW LHD draft 2015/16 Service Agreement

The Chair raised concern that the response from Ms Elizabeth Wood, MOH to the Board Chair's letter of 21 August 2015 concerning the draft 2015/15 Service Agreement did not address the specific issues that were raised by the Board.

Mr Frazer reported that he had raised the specific concerns of the Board in relation to the draft 2015/16 Service Agreement at the 28 September 2015 quarterly Performance Meeting with the MOH representatives.

Mr Crawford reported that Mr John Roach, Chief Finance Officer, MOH has advised that the MOH is concerned that NSW LHD not having signed the 2015/16 Service Agreement, due to the potential ramifications of this delay in signing the Service Agreement as the Commonwealth is only obliged to provide funding in response to a signed Service Agreement. Mr Roach has indicated that he would like NSW LHD to sign its Service Agreement, so that it does not risk Commonwealth funding to NSW LHD being ceased until the Service Agreement is signed. Mr Roach asked NSW LHD to consider signing its 2015/16 Service Agreement and then continuing its negotiations with the MOH about its concerns.

The Board requested that the Board Chair provide a response to the Secretary indicating that the response from Elizabeth Wood is perfunctory and that it does not appropriately respond to the LHD's concerns. The letter should indicate that the Board understands the MOH's urgency in having the Service Agreement signed and is happy to discuss the issues raised at its convenience.

The Board agreed that the Board Chair, Mr Crawford and Ms Moira Waters, Planning Officer should meet to prepare a draft response to the MOH reiterating the LHD's concerns about the 2015/16 Performance Agreement. The Board also suggested that it may be beneficial to request a teleconference meeting with Ms Susan Pearce, Acting Deputy

Secretary, System Purchasing and Performance following the submission of the Board Chair's further letter to the Secretary to discuss the content of the response.

The Board **MOVED** that the Board Chair sign the 2015/16 Service Agreement, if a positive response is received from the MOH, prior to the next Board Meeting scheduled to be held on 28 October 2015.

Moved: Mr David Frazer
Seconded: Mr Malcolm Marshall
CARRIED

Action:

The Board Chair, Mr Crawford and Ms Moira Waters, Planning Officer will meet to prepare a response to the MOH's reply to the LHD's concerns about the 2015/16 Performance Agreement raised by the Board in correspondence sent to Ms Elizabeth Wood.

***10. Minutes – Governance Committees**

10.1 Finance and Performance Committee Meeting (F&PC)

Mr Marshall spoke to a written summary of the key issues discussed at the F&PC Meeting held on 23 September 2015, which were provided in the Board Meeting Agenda Papers.

Mr Marshall reported that year to date Admissions had increased by 1.5%, but year to date surgery was 2.9% below target with Emergency Department attendances 5.2% above target and the FTE level is higher than at the same time in the previous year by 65 FTE. Mr Crawford noted that the increase in FTE has been significantly impacted by the recruitment of funded temporary Staff to implement the Rural LHD eHealth Program.

Mr Marshall also noted that the overtime hours were up by 7.4% from 2014/15 and there was a reduction in sick leave of 13.9% compared to the same time in the previous year and with VMO payments continuing to increase at a higher rate than can be justified by Award rises alone. The Operating result is over budget by around \$700K for the first two months.

Mr Crawford indicated that the reduction in VMO payments strategy is taking more time than expected to gain traction with VMO payments continuing to increase more than predicted.

The recent lack of night Medical Officer cover at BDH was referred to. Mr Crawford explained that there had been a lot of effort made to engage Locum Medical Officers at BDH for the night shift without success. Two local Senior VMOs who live nearby BDH were placed on-call and could have attended the BDH ED at short notice and an additional FLEC trained Frontline Emergency Department Nurse was also added to the roster to work in the ED on the nights when there was no Medical Officer coverage. Dr Katherine Willis-Sullivan attended BDH on two occasions and supervised the International Medical Graduates (IMGs), who worked alone on the evening shift, during this time and the Board

was reminded that the NSW Ambulance Service has BDH on "bypass" for some critical illnesses that require urgent treatment, such as trauma and heart attacks. Very few Patients attended BDH overnight during these five nights and it should be noted that over the previous eighteen months there were only four nights where Medical Officer cover was not available at BDH.

The Chair noted the high level of Locum payments being made to CMOs and Mr Crawford explained that Prince of Wales has not allocated to NNSW LHD the full number of Junior Medical Officers (JMOs) that LBH should have received. Also the Queensland Health System is recruiting more Health Staff and their wages are higher than the wages which Medical Officers, both permanent and Locum, receive within the NSW Health System. Mr Crawford stated that he has raised this with Ms Elizabeth Koff, that NNSW LHD should be allowed to recruit more JMOs and new graduate Nursing Staff to TTH from Queensland, because TTH's sphere of engagement for University Students and Staff is both the Tweed Shire and the lower-mid Gold Coast areas.

The Chair also asked why the Richmond Clarence Health Service Group Productive Staff result was 27.0 FTE compared to the Tweed Byron Health Service Group, which was 12.3 FTE and why there had been an increase of 39.0 FTE in Corporate Staff? Mr Crawford advised that he would take this query on notice and provide a response about it to the next Board Meeting.

The Board asked where is the strategy that was to be developed to respond to very significant late notice Staff/Consultant shortages, such as occurred with the Medical Officer coverage on the night shift at BDH and with regard to Obstetric Services on two occasions at GBH?

Mr Crawford responded that Dr Ian Fielding, Executive Medical Director and Lynne Weir, Executive Director Richmond Clarence Health Service Group are continuing to negotiate with Senior Medical Consultants/Staff to develop an Emergency Contingency Plan for the Richmond Clarence Health Service Group in relation to late notice Consultant/Staff shortages. Mr Crawford advised that he will request a report on where this work is up to and what the Contingency Plan is for the whole LHD, when such a situation arises and provide an update to the 28 October 2015 Board Meeting about this matter.

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

Action:

Mr Crawford is to provide advice to the 28 October 2015 Board Meeting on why the Richmond Clarence Health Service Group Productive Staff result was 27.0 FTE compared to the Tweed Byron Health Service Group which was 12.3 FTE and why there had been an increase of 39.0 FTE in Corporate Staff.

Mr Crawford is to provide an update to the 28 October 2015 Board Meeting on what progress is being made towards putting into place a Contingency Plan for when a Clinician, in particular a Medical Officer, is not available at short notice at a Facility

within the NNSW LHD and what is the Contingency Plan when this type of situation arises.

10.2 Health Care Quality Committee (HCQC)

Dr Collie provided a verbal report on the 8 September 2015 HCQC Meeting.

A presentation was received on the Standard Precautions Audit Results Summary January to June 2015 by Robyn Donnellan, Clinical Nurse Consultant Infection Control, which raised discussion about the demands on the organisation in relation to the clinical auditing requirements, noting the significant impact it has on Staff.

Five new Procedures were endorsed and in relation to the Adult Inpatients Minimum Standards for Care Procedure, Nursing is progressing a significant review on the number of Procedures that have been developed in the LHD, which are duplicates to amalgamate these into one Procedure.

During the Health Service Groups Quality and Safety Reports there was discussion on the Antibiotic Therapeutic Guideline for Standards for Prophylactic Administration of Antibiotics prior to Surgery and more information has been requested by the Board Chair to be received by the HCQC about this matter.

Mr Wayne Jones, Chief of Staff, Chief Executive Unit is to provide information on the GBH and TTH Unplanned Hospital Readmission results.

Dr Collie advised that two RCAs were discussed, which involved potential End of Life issues which are important for the Board to consider in relation to future planning and open disclosure arrangements.

The issue of Simulation Training was discussed in relation to the funding requirements to maintain the Simulation Training and Mr Wayne Jones, Chief of Staff, Chief Executive Unit is undertaking work on this matter and will provide a Brief to the Finance and Performance Committee on funding for Simulation Training.

Dr Collie suggested that it would be beneficial for NNSW LHD to develop an Education and Training Strategic Plan which incorporates Simulation training and also identifies strategies to assist students to work locally following completion of their training.

Professor Barclay indicated that the Northern Rivers University Centre for Rural Health (NRUCRH) has developed a Business Case with GBH to support a continuation of the Simulation Centre at GBH and there is a Business Case for the NRUCRH Simulation Centre at Lismore, which involves charging for courses.

Professor Barclay also suggested that there is a need to work with the MOH to have any penalties in relation to superannuation for older staff eliminated to enable them to step down to part-time work, thereby allowing more graduate staff to be employed by NNSW LHD, especially as Nurses.

Mr Crawford noted that there is a minimalist business model for the NRUCRH Simulation Centre in place and advised that he will look into the operation of all four Simulation Centres across the LHD and provide advice to the 28 October 2015 Board Meeting about them. Mr Crawford also indicated that he will request Wayne Jones, Chief of Staff, Chief Executive Unit, to undertake work to draft up an outline of how an Education and Training Strategic Plan for NNSW LHD could be developed.

The unconfirmed Minutes of the HCQC Meeting held on 8 September 2015 were noted.

Action:

Mr Crawford is to look into the operation of all four Simulation Centres across the LHD and provide advice about them to the 28 October 2015 Board Meeting, including identifying how they can be provided with additional support.

Mr Crawford is to request Mr Wayne Jones, Chief of Staff, Chief Executive Unit, to undertake work to draft up an outline of how an Education and Training Strategic Plan for NNSW LHD could be developed.

10.3 Medical and Dental Advisory Appointments Committee (MDAAC)

Dr Tyson provided a verbal report on the MDAAC Meeting held on 10 September 2015.

Dr Tyson referred to the appointment of a VMO/General Practitioner from Maclean, who has been appointed as a Surgical Assistant at GBH.

The unconfirmed Minutes of the MDAAC Meeting held on 10 September 2015 were noted.

10.4 Health Services Development Committee (HSDC)

The Board Chair provided a verbal report on the HSDC Meeting held on 13 August 2015.

The Board Chair advised that an interesting Patient story had been provided to the meeting on rebuilding trust with an Aboriginal Patient.

The GBH Ambulatory Care Service Plan was discussed and endorsed and the Asset Strategic Plan was discussed noting that the first five priorities have been funded and therefore the NNSW LHD needs to focus its advocacy on the next five priorities.

The unconfirmed Minutes of the HSDC Meeting held on 13 August 2015 were noted.

10.5 ARC

Mr Frazer advised that he had provided a verbal report on the ARC Meeting held on 26 August 2015 at the 2 September 2015 Board Meeting.

The Unconfirmed Minutes of the ARC Meeting held on 26 August 2015 were noted.

10.6 NNSW LHD Clinical Council (CC)

The Board noted that the unconfirmed Minutes of the CC Meeting held on 8 September 2015 will be circulated to the 28 October 2015 Board Meeting.

Mr Spriggs reported that an update on EHealth developments by Matt Long, Chief Information Officer and an update from the Chief Executive on the Discharge Planning Committee were provided to the meeting. A combined NCPHN and NNSW LHD CC Meeting followed the CC with Ms Jenny Johnson, from ACI leading a discussion about Pain Management and Dr Tony Lembke providing an update on the work being undertaken between NNSW LHD Clinicians and Managers and General Practitioners to advance the Integrated Care Program.

10.7 Community Engagement Advisory Council (CEAC)

The Board noted that the unconfirmed Minutes of the CEAC Meeting held on 21 September 2015 will be circulated to the 28 October 2015 Board Meeting for noting.

Mr Spriggs reported that the CEAC Meeting was a good meeting with a report being provided on the Murwillumbah District Hospital Birthing Services risks and proposed changes by the Chief Executive and Sally Cusack, Community representative. Both Health Service Group Executive Directors provided overviews of work currently underway in the Tweed Byron and Richmond Clarence Health Service Groups. Dr Richard Buss, Executive Director Mental Health and Drug and Alcohol Service reported on the recent developments in the Mental Health Service including the Peer Support Workers, the Byron Central Hospital (BCH) Mental Health Unit and the changes that will occur at the Lismore Adult Mental Health Unit to create an Older Persons Mental Health Unit. An informative discussion was led by Christine Minkov, from NCPHN, on substance abuse and a report was given on the recent activities of the Substance Abuse Forum.

Mr Humphries reported that the annual NNSW LHD Community and Stakeholder Conference will be held on 3 and 4 December 2015 and Layla Hallam, Consumer Advocate from Sydney, has agreed to be the Keynote Speakers at the Conference.

Dr Ogg spoke about a recent Patient story that he presented, which was delivered from a Family perspective. Dr Ogg advised that he had received many positive comments about this Patient Story and suggested that there may be some benefit in providing more Patient stories from the Patient, Family and Carer perspective.

The Board requested that Dr Ogg present his Patient story to the 28 October 2015 Board Meeting.

Action:

Dr Ogg is to present his Patient story to the 28 October 2015 Board Meeting.

10.8 Medical Staff Executive Council (MSEC)

The Board noted that a verbal report on the MSEC Meeting held on 18 June 2015 was provided to the 2 September 2015 Board Meeting.

Mr Spriggs provided a verbal report on the 18 September 2015 MSEC Meeting advising that there had been a presentation on the Rural EHealth Rollout Program made by Dr John Lambert, Chief Clinical Information Officer, EHealth NSW.

The unconfirmed Minutes of the MSEC Meeting held on 18 June 2015 were noted.

10.9 NSW LHD Interim Aboriginal Partnership Meeting (APM)

The Board Chair advised that the APM Meeting was held on 18 September 2015.

The Board Chair reported that the APM had been a positive meeting with good discussion being held on the management of Methamphetamine and its effect on frontline services and Mr Steve Blunden has been requested to assist the Jabulum Land Council to complete its Business Plan, so a submission can be made to the Commonwealth to provide around \$1.0 million to support the development of a new Health Post on vacant land that has been set aside by the Land Council for this purpose.

It was noted that at the next APM a new Partnership Agreement is to be signed, with the signing process needing to be completed prior to the end of December 2015.

The unconfirmed Minutes of the APM meeting held on 19 September 2015 are to be submitted to the 28 October 2015 Board Meeting for noting.

10.10 NSW LHD Mental Health Forum (MHF)

The Board noted the next meeting of the MHF is scheduled to be held on 12 October 2015.

10.11 Health Education Workforce Research Forum (HEWRF)

The Minutes of the HERF Meeting held on 29 September 2015 will be circulated to the 28 October 2015 Board Meeting for noting.

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

The Board noted that the next Meeting of the DACAC was scheduled on to be held on 7 October 2015.

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

11.1 a) Rotating Minute on recommendation to amalgamate the MDH and TTH Caesarean Section Birthing Services

Refer to information contained in 11.1(b)

b) Brief on proposed reorganisation of MDH Maternity Services

Mr Crawford spoke to Item 11.1 (a) concerning the Rotating Minute and advised that he had since developed a further more detailed Briefing Note that provides more context to the proposal to amalgamate the MDH and TTH Caesarean Section Services and to expand the undertaking of day only Gynaecology Surgery at MDH, as

an alternative use of the Operating Theatre sessions, within which Caesarean Section births are currently delivered.

Mr Crawford stated that there is a small Caesarean Section Service at MDH and there has been a decrease in births at both MDH and TTH, which provides the capacity and opportunity to amalgamate the MDH and TTH Caesarean Section Services and therefore more day only Gynaecology surgery can be undertaken in the MDH Operating Theatres.

The issue of the loss of the MDH Medical Officer Neonatal on-call coverage is proposed to be addressed with a new mechanism having been developed to allow the reintroduction of the low risk caseload births at MDH, upon the basis of the proposal put forward by the MDH Maternity Services Steering Committee, which was accepted by the Board at its last meeting. Birthing is proposed to resume at MDH on 19 October 2015.

Mr Crawford said the proposed changes are part of a process that commenced some years ago when the Medical model was changed, however the Nursing model only partially changed at that time. Should the Board agree to the recommendations these changes will also provide the opportunity to progress the implementation of the Renal Dialysis Unit at MDH. Mr Crawford reported that the Minister for Health has agreed to match the \$350K that NNSW LHD has allocated from its Rural Minor Works Program funding allocation to develop a Renal Dialysis Unit at MDH.

Professor Barclay stated that the proposal before the Board is for an evidence based service which is to be operated in association with TTH and with the support of the Tweed Network Director of Obstetrics in association with Registrars, who will provide the Gynaecology Clinics and who will review any TVMGP pregnant women who the Midwives have concerns about, noting that any moderate or high risk women are transferred to birth at TTH. Professor Barclay also indicated that undertaking the Caesarean Section births at TTH is much more consistent with evidence available for a low risk service not to be associated with a Caesarean Section birthing service at a Hospital such as MDH and the Operating Theatres will be well utilised by more day only Gynaecology Patients being operated upon.

The Board discussed the content of the Brief and suggested that the Chief Executive request Bernadette Loughnane, Executive Director Tweed Byron Health Service Group to review other surgery, that is currently undertaken in TTH Operating Theatres which could be transferred to be undertaken in the MDH Operating Theatres.

The Board noted that the two Community representatives on the MDH Maternity Services Steering Committee are supportive of the proposed changes and they have been part of the decision-making process.

Mr Crawford also reported that a Maternity Health Services Plan for the TBHSG will be developed within the next six months.

The Board RESOLVED to ENDORSE the five Recommendations put forward in the Briefing Note relating to the proposed changes to the MDH Maternity Services.

Moved: Mr Malcolm Marshall
Seconded: Dr Allan Tyson
CARRIED

11.2 Brief with recommendations relating to the Grafton Base Hospital Orthopaedic Surgery Service

The Board RESOLVED to ENDORSE the two Recommendations contained in the Brief with the Board Chair and Mr Frazer noting their concerns that the GBH Orthopaedic Surgery Service is becoming a costly service and stating that the costs of this Service need to be closely monitored.

Moved: Dr Joe Ogg
Seconded: Professor Lesley Barclay
CARRIED

11.3 Brief to approve the commencement of an Expression of Interest Process to solicit interest from Private Health Providers in developing a Private Day Surgery Unit (PDSU) on the Byron Central Hospital (BCH) Campus

The Board ENDORSED the two Recommendations contained in the Briefing Note.

Moved: Mr David Frazer
Seconded: Mr Mark Humphries
CARRIED

11.4 Proposed Schedule of NNSW LHD Board Meeting Dates for 2016

The Board ENDORSED the proposed Schedule of Board Meetings for 2016 with the following amendments:

3 February 2016 Board Meeting is to be held in Lismore

2 March 2016 Board Meeting is to be held at The Tweed Hospital

The final 2016 Board Meeting is to be held on 7 December 2016 followed by the Annual Community and Stakeholder Meeting.

Moved: Mr Malcolm Marshall
Seconded: Professor Lesley Barclay

11.5 CONFIDENTIAL ITEM – NNSW LHD Chief Executive Recruitment process

12. * Items without Notice/Late Business

- The Board commended Dr Pezzutti on being conferred with the title of Associate Professor by the University of Sydney.

- Ms Kew advised that she is undertaking a short course at Harvard Business School "Governing Not For Profit Excellence" from 21 – 24 October 2015. The Board requested that Ms Kew submit an application for consideration by the Board Chair under delegation from the Board to receive both some financial support and some study leave days allocated to her in recognition that the undertaking of this course will upskill Ms Kew, which will enable her to make a more knowledgeable contribution in her role as a Board Member. .
- Following a query concerning the Mental Health Beds at the new BCH, Mr Crawford advised that a Brief will be submitted to the 28 October 2016 Board Meeting setting out the proposed model of care for the Mental Health Beds at BCH
- Mr Humphries and Ms Deb Monaghan expressed interest in attending the Rural Health and Research Congress being held in Armidale in November 2015. The Board also suggested that some representatives from the Mental Health Forum may wish to attend the Congress. Professor Barclay advised that representatives from the NRUCRH will be attending the Congress and Mr Crawford reported that a good representation of NNSW LHD Staff will also attend the Congress.
- The Board Chair reported that he has received a letter from Professor Ken Hillman seeking funding to support research being undertaken on Palliation/Palliative Care. The Board Chair proposed that that correspondence be sent to all Board and Pillar Chairs seeking funding support from each LHD and Pillar for this important research. This proposed approach was agreed to by the Board.

13. Items for Noting

13.1 Letter to Mr Roy Mundine OAM offering congratulations on his appointment as the Australian Army's inaugural Indigenous Elder

Noted.

13.2 Chief Executive 2014/15 Performance Agreement with outcomes Included

Noted. The Chair indicated that together with Mr Marshall, Mr Frazer and Ms Crayden he had prior to the Board Meeting conducted a Performance Appraisal with the Chief Executive based on the results set out in the Performance Agreement with Outcomes Column document and rated his performance highly. This advice was accepted by the Board.

***13.3 Monthly High Level Risk Reports and Reports on High Level Risks 5 – 17 as requested at the 29 July 2015 Board Meeting**

Mr Frazer advised that he has discussed with the Chief Executive the Briefing Notes that were provided on the High Level Risks 5 – 17 and that much of the content is not satisfactory as it does not indicate when the relevant High Level Risks will be reduced. Mr Frazer said that in his discussion with the Chief Executive he had proposed a list of

questions to which responses need to be provided and these should be provided to the November 2015 Risk Management Workshop. Mr Frazer indicated that the management of risk needs to be embedded in the performance management structure and he also suggested that advice is sought from the MOH on what risks it expects to be reported to it and whether High Risks need to be reported, as well as Extreme Risks? He indicated that he favoured only reporting to the MOH on Extreme Risks.

Mr Crawford indicated that a report will be provided to the 2 December 2015 Board Meeting on the outcomes of the Risk Management Workshop to be held on 20 November 2015.

Dr Ogg referred to a presentation he had prepared that provides constructive comments about some Information contained in the Briefing Notes relating to work being undertaken to address High Level Risks and to implement the Minster's Core Values and whether these could be included in the strategies to reduce the High Level risks. Mr Crawford suggested that the presentation also be discussed at the 20 November 2015 Risk Management Workshop. Dr Orr provided Mr Crawford with a copy of the presentation.

14. Items for Information:

***14.1 Update Brief on the progressing of the changes to the MDH Paediatric Model**

The Board noted the excellent progress that has occurred to implement the changes to the new MDH Paediatric Service model.

14.2 Brief from Richard Buss, Executive Director Mental Health and Drug and Alcohol Service on Mental Health Consumer Perceptions and Experience of Service Report

Noted

14.3 Correspondence to Dr Mary Foley, Secretary, Ministry of Health raising concerns about residents of Coffs Harbour and Surrounds seeking to have their Ophthalmology Surgery at GBH

Noted

The Board Chair indicated that he expects a response from the MOH on this matter within two weeks, otherwise he will forward a letter directly to the Minister for Health seeking an urgent response about this matter.

15. Close of Meeting

There being no further official business, the Chair declared the meeting closed at 5.16pm

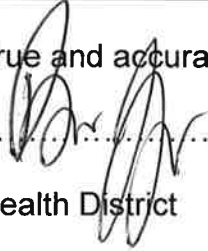
17. Date and Time of next Board Meeting

The next Board Meeting will be held on Wednesday 28 October, 2015 commencing at 12.30pm in the Conference Centre, Grafton Base Hospital, Arthur Street, Grafton.

MINUTES OF THE MEETING OF THE NORTHERN NEW SOUTH WALES LOCAL HEALTH DISTRICT BOARD HELD ON WEDNESDAY 30 SEPTEMBER 2015 IN THE EDUCATION ROOM, LEVEL 4, THE TWEED HOSPITAL, POWELL STREET, TWEED HEADS COMMENCING AT 12.30PM

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

Signed
Dr Brian Pezzutti
Northern NSW Local Health District



Date 11/11/15