

12.30pm – 1.30pm

Presentation by Ms Joanna Holt, Chief Executive, NSW Kids and Families and Professor Les White, NSW Chief Paediatrician

Ms Joanna Holt, Chief Executive, NSW Kids and Families presented to the Board on the work being undertaken by NSW Kids and Families which included the Healthy, Safe and Well: A Strategic Health Plan for Children, Young People and Families 2014 – 24, implementing, planning, supporting NSW Paediatric and Maternal Service Capability and developing and implementing the Neonatal Service Capability Framework.

Ms Holt advised the Board that the purpose of NSW Kids and Families is to provide leadership to the NSW health system and partner with its stakeholders to champion outstanding health, wellbeing and healthcare for all children, young people and families and to reduce the health impact of sexual, domestic and family violence, child abuse and neglect.

The Board was advised of some of the examples of how NSW Kids and Families has added value so far including working with key stakeholders to develop an eHealth Strategy for Kids and Families, establish three advisory groups, Maternity and Newborn, Youth Health and Child Health, with another planned to encompass Violence Abuse and Neglect and to establish the NSW Kids and Families Council and complete an evaluation of the Keep Them Safe program.

Ms Holt indicated that the enablers for the Strategic Health Plan for Children, Young People and Families 2014 – 2015 are Workforce, Evidence, eHealth, Leadership, Measurement and Partnership and advised that NNSW LHD has made progress in all of these areas.

Professor Les White referred to data relating to Paediatric Emergency Activity and advised that across NSW there is around 600,000 children being seen in Emergency Departments (EDs) of which less than twenty percent are seen in the three Children's Hospitals EDs and more than eight percent are seen in a variety of Facilities around NSW. The NNSW LHD has around 40,000 ED attendances from children, which is just under seven percent of the State total and around 21% of NNSW LHD total ED attendances. In relation to Inpatient activity, around 224,000 children were admitted to Hospitals across the State. When newborn data is included NNSW LHD had around 10,000 separations, which is a little under five percent of the State and ten percent of NNSW LHD separations.

Professor White spoke about the Paediatric Service Capability Project, which is underway. Data is being gathered from statewide databases about flows, demography, population and projections, which will be developed into a profile and then sent to LHDs for feedback. Following input from the LHD and additional data gathering, an agreed profile for the LHD will be developed. Priority initiatives and partner-led opportunities are being developed and this includes a role delineation review, which is occurring, reform and development of the clinical workforce that cares for children and consideration of the future configuration of tertiary services. The three primary initiatives that have been identified are the optimal journey for children following an ED presentation, surgical care as close to home as appropriate and supporting local care and timely escalation in rural settings. Professor White indicated after

the completion of all of this work NSW Kids and Families is expected to publish the Service Capability Framework in early 2016.

The Board Chair suggested that in relation to Initiative One "Whole of Hospital for Kids" that an "on stretcher time" by the Ambulance Service from another Hospital to the Children's Hospital needs to be considered. Professor White responded that this has not been identified as a priority and he will consider this suggestion for inclusion in the Paediatric Service Capability Framework.

Professor Barclay advised that there currently is no base level indicator for screening children who need support early for the development of a potential measure that will provide information for health services to act upon as a preventative strategy. The development of such an indicator could be important, especially for remote areas and should be reported on as part of the performance reporting for rural and remote health services.

The Maternity and Neonatal Service Capability Framework which was released in 2013 is aligned with the Maternity and Neonatal Service National Framework which is currently under review.

Dr Richard Buss, Executive Director Mental Health and Drug and Alcohol Services raised concern that for under twelve year olds requiring psychiatric care, particularly around drug and alcohol treatments, there is a real service gap, as there is no expertise in acute care teams or in on-call Psychiatrists in the NNSW LHD to provide support for this growing group of patients.

Ms Holt indicated that there are to be more resources devoted to Child and Adolescent Mental Health Services across the State as part of the response to the Mental Health Commission's Strategic Plan. Ms Holt also stated that NSW Kids and Families is working closely with Mental Health Children and young people on some initiatives to upskill the general Paediatric workforce in terms of mental health capability and management.

Dr Ogg suggested that more work needs to occur to work closely with the Department of Education to be more proactive in treating young children with behavioural issues. Dr Ogg also noted that challenges exist in accessing appropriate transport for a child referred to a Queensland Children's Hospital. Additionally working with Family and Community Services (FCAS) due to its limited resources is also a problem for health services, Dr Ogg said.

Ms Holt responded that NSW Kids and Families is working with the Department of Education to support children in schools and the Department of Education now realises that it needs expert input to assist children with behavioural issues and Specialist Network Centres to assist schools are now being established. In relation to FACS, three Child Wellbeing Units have been established where information can be accessed on Family Referral Services, which are located in most LHDs, and these Units can triage a package of care for a child or family where risk exists, Ms Holt said.

MINUTES OF THE MEETING OF THE NORTHERN NEW SOUTH WALES LOCAL HEALTH DISTRICT BOARD HELD ON WEDNESDAY 2 SEPTEMBER 2015 IN THE PBL MEETING ROOM, NORTHERN RIVERS UNIVERSITY CENTRE FOR RURAL HEALTH, URALBA STREET, LISMORE COMMENCING AT 12.30PM

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The Chair thanked Ms Holt, Professor White and Lucy Thompson, Senior Manager Strategy and Engagement, NSW Kids and Families for visiting NNSW LHD and meeting with Managers and Staff and the Board to brief them on the work that is being undertaken by NSW Kids and Families.

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 and Mr Mark Humphries.

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

2. *Apologies: Dr John Moran, Dr Sue Page and Ms Rosie Kew

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

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

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

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

The Board Members asterisked Agenda Items: 6.5, 6.6, 6.8, 6.17, 6.18, 6.19, 6.21, 6.22, 6.24, 6.25, 11.4 and 12.

5. *Previous Minutes:

a) The Minutes of the Board Meeting held on 29 July 2015, as circulated were ENDORSED as a true and accurate record of the meeting.

Moved: Mr David Frazer

Seconded: Dr Jean Collie

CARRIED

Business Arising from the Minutes:

- 6.1 Mr Chris Crawford and Mr Malcolm Marshall are to meet to consider how the content of the Chief Executive's Report can be circulated more widely within the LHD to inform Clinicians about what is occurring within the LHD, as part of the process of Management and the Board more actively engaging with Clinicians**
- The Board noted that Mr Marshall and Mr Crawford met on 7 August 2015 and it was agreed that Mr Crawford would circulate key items from his Board Report that are not confidential to all NNSW LHD Staff, who have an email address, for their information, following the completion of the relevant Board Meeting.

- 6.2 Mr Chris Crawford is to arrange a meeting between himself and the NSW LHD Board Chair and the Byron Shire Council General Manager to discuss the rezoning of the current Byron District Hospital site.**

The Board noted the Board Chair and Chief Executive met with the General Manager, Byron Shire Council on 20 August 2015

Refer to Item 8 Chief Executive Report – Item 14(b)

- 6.3 Mr Chris Crawford is to investigate the option of a commercial lease arrangement prior to sale of the current Byron District Hospital building to be utilised as backpacker accommodation or similar and provide advice back to a future Board meeting.**

Refer Item 6.2

- 6.4 Mr Crawford is to request that Ms Janne Boot, Manager Workforce Change and Sustainability Service implement a process to ensure that mandatory exit interviews are offered for Executive and Senior Staff when they leave the organisation by their Line Manager.**

The Board noted that Ms Janne Boot, Manager Workforce Change and Sustainability Service has been requested to develop a process to offer exit interviews for Executive and Senior Staff when they leave the organisation.

- *6.5 Mr Crawford is to provide a Brief to the 2 September 2015 Board Meeting advising what arrangements are able to be put into place to enable the Infectious Disease Physicians located in the two Health Service Groups to be available to sign off on the use of High Level Drugs for the Grafton Base Hospital (GBH) and to each provide some leave relief cover for the other as required.**

The Board noted the Brief from Ms Lynne Weir, Executive Director Richmond Clarence Health Service Group (RCHSG), regarding the sign off on high level drugs at GBH.

Mr Crawford advised that the Infectious Diseases Specialist is working in a 0.6 FTE position and is spreading her workload over seven days to provide an Infectious Disease Service as required and is available via electronic devices when not physically present on site.

- *6.6 A Brief is to be provided to the Board outlining what the process is when inpatients receive Specialist Services from an external facility that are not available from the relevant acute facility and whether the NSW LHD is charged for the Specialist Service.**

The Board noted that it had requested information on Public Inpatients who are required to access Specialist Services, whilst an Inpatient, not what occurs with Private Inpatients, as set out in the Brief.

Mr Crawford advised that when a Patient is taken out of Hospital and remains an Inpatient the LHD pays for the Specialist Service(s) received and Medicare does not pay for such services. If an Inpatient is discharged due to an episode of care being completed and is

later readmitted, the Specialist Service received between these two admissions is billed to Medicare.

Action:

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.

- 6.7 The Board Chair is to forward a letter to Mr John Lambert, Manager Assets and Capital Works thanking him for his valuable contribution to NNSW LHD and predecessor organisations**

The Board noted that a letter from the Board Chair has been forwarded to Mr John Lambert, Manager Assets and Capital Works, thanking him for his valuable contribution to NNSW LHD and its predecessor organisations.

- *6.8 Mr Crawford is to investigate the potential to lease roof space on some LHD Facilities to other organisations to have solar panels placed in these spaces which could be a revenue source for NNSW LHD.**

The Board noted the Brief from John Lambert concerning the potential to lease roof space on some NNSW LHD Facilities for solar panels to external organisations.

Mr Crawford noted the Board Chair raised queries in relation to the cost efficiency of the solar panels being utilised at Yamba Community Health Centre, consideration of solar panels being placed on the Bonalbo Multipurpose Service building roof, potential for hot water solar panels on the Lismore Adult Mental Health Unit roof and the Surgical Services roof space at GBH to accommodate the heating of hot water. A further Brief will be submitted to the 28 October 2015 Board Meeting responding to these queries.

Action:

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 building roof spaces identified by the Board.

- 6.9 Mr Crawford is to also investigate the use of a solar hot water system being used at Bellingen Hospital which was funded in association with the local community and which is included on the Apricus solar organisation website and provide advice to the Board at its 28 October 2015 Meeting on whether NNSW LHD would be able to also implement this type of hot water system in this way for some LHD Facilities.**

Refer Item 6.8

- 6.10 The Board Chair is to forward a letter to Mr John Lambert, Manager Assets and Capital Works acknowledging the work that he has undertaken in developed the NNSW LHD Asset Strategic Plan 2015.**

Refer Item 6.7

- 6.11 The Board Chair is to write to Ms Rosa Flaherty, Service Manager, Child Protection and Mr Wayne Jones, Chief of Staff, Chief Executive Unit thanking them for the significant work that they have undertaken to reduce the High Level Risk Rating for Child Protection**
The Board noted that letters from the Board Chair have been forwarded to Ms Rosa Flaherty, Child Protection Manager and Mr Wayne Jones, Chief of Staff, Chief Executive Unit thanking them for the work they have undertaken to reduce the High Level Risk Rating for Child Protection.
- 6.12 The Chief Executive is to forward a follow-up letter to the Cross Border Commissioner seeking his urgent response to the NSW LHD correspondence concerning the need to improve cross border co-ordination of Child Protection Services.**
The Board noted the Chief Executive has forwarded a follow-up letter to the Cross Border Commissioner seeking his urgent response to the NSW LHD correspondence concerning the need to improve the cross border co-ordination of Child Protection Services.
- 6.13 Mr Crawford is to correspond with Ms Elizabeth Koff, Deputy Director-General, Strategy and Resources, MOH to invite her to visit NSW LHD to discuss the importance of NSW LHD receiving an appropriate level of funding in the new Mental Health Funding that is to be released.**
The Board noted that Mr Crawford has verbally issued an invitation for Ms Koff to visit NSW LHD on 30 September 2015 and she will meet with the Board and attend meetings with other Senior Officers.
- 6.14 The Board Chair is to forward a letter to Mr James McGuigan, Executive Director of Finance and the Finance Team to thank them for their efforts in meeting the 2014/15 end of year Budget and Financial Statement reporting deadlines.**
The Board noted that the Board Chair has forwarded a letter to Mr James McGuigan, Executive Director of Finance and the Finance Team to thank them for their efforts in meeting the end of year 2014/15 Budget and Financial Statement deadlines.
- 6.15 Mr Crawford and the Board Chair are to include an article in the August edition of Northern Exposure thanking all LHD Staff for their excellent efforts in assisting the LHD to meet its NEAT targets and to achieve an excellent end of year financial result.**
The Board noted that article by the Board Chair thanking all LHD Staff for their excellent efforts in assisting the LHD to meet its NEAT and NEST targets and to achieve an excellent end of year financial result was included in the August edition of Northern Exposure.
- 6.16 Mr Crawford is to remind the Members of MDAAC that providing education is an essential part of a Clinician's role and that they need to ensure that it is included in all Medical Officer applications that are considered by MDAAC.**

Refer Item 10.3, No 13.2 in the MDAAC Meeting Minutes of 13 August 2014.

- *6.17 Mr Crawford is to discuss with Ms Lynne Weir, Executive Director Richmond Clarence Health Service Group the appointment of Dr Ken Marr, Palliative Care Specialist and Dr Katherine Willis-Sullivan, Acting Director of Medical Services Richmond Network.**

The Board noted the Brief from Lynne Weir, Executive Director Richmond Clarence Health Service Group advising that Dr Marr, Palliative Care Specialist is to soon be appointed through the MDAAC approval process.

Mr Crawford indicated that more work is required to be undertaken to follow up on the permanent filling of the position of Director of Medical Services for the Richmond Network.

- *6.18 Mr Crawford is to submit a copy of the Summary Document of the Meeting between nominated Board Members and Drs Sare and Ingall to the NSW LHD Executive for consideration of the Recommendations identified at that meeting.**

Mr Crawford reported that the NSW LHD Executive is supportive of the Recommendations formulated at the meeting between Drs Sare and Ingall and representatives of the Board. The NSW LHD Executive has been requested to add these Recommendations to the work that is currently underway to improve Clinician engagement, as part of each Executive Director's Clinician engagement initiatives.

The Board requested that the Chief Executive submit a Report on how these Recommendations have been incorporated into the Clinician Engagement Action Plan prior to a meeting being arranged in six months time with Drs Sare and Ingall and the nominated Board representatives to review the Recommendations and discuss how these have been implemented.

Action:

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 in six months time to review the implementation of the Recommendations arising from the initial meeting between Drs Sare and Ingall and the nominated Board representatives.

- *6.19 Mr Crawford is to submit the Clinician Engagement Action Plan outlining what progress has been made with the implementation of the Recommendations from the Clinician Engagement Action Plan to the 2 September 2015 Board Meeting for consideration.**

The Board Chair advised that the Health Care Quality Committee (HCQC) will be reviewing its Terms of Reference at the end of the year and at that time it will consider changing the timing of the HCQC meetings to accommodate improved Clinician attendance; the Finance and Performance Committee (FPC) will be holding two separate forums to which Clinicians and Staff will be invited to attend and the Health Services

Development Committee is holding an after-hours meeting in October 2015 to enable more Clinicians to attend that meeting.

The Board noted that Clinical Champions are identified on an as needed basis and some have already been identified particularly in the Nursing areas of both Health Service Groups to assist with the promotion and leadership of some change processes.

A Survey Tool will be actioned shortly following the appointment of an organisation to undertake a 360° survey of identified Managers, with Leadership and Coaching being built into the follow up work proposed to be undertaken by the same organisation, after it has undertaken the initial 360° survey.

The Heads of Department Meetings at Lismore Base (LBH) and The Tweed (TTH) Hospitals are working well but there appear to be two Executive Directors, who need to improve their Clinician engagement and if this assumption proves to be correct when the next Clinician engagement reports are received, then the Workforce Change and Sustainability Service will be asked to work with them to determine how more Clinician engagement can be introduced into their work schedules.

The Board noted that the six monthly Executive Directors Clinician Engagement Reports and Plans are currently being submitted to the Chief Executive for review.

The Board raised concern that some frontline Staff are not aware of who the Executive Directors are. Mr Crawford advised that he will be raising this matter with the Executive Directors, when he discusses their Clinician engagement reports and plans with them.

- 6.20 Mr Crawford is to correspond with Dr Ingall, Chair Our Kids, asking whether he would consider including the opportunity for a Child Care Centre in the proposal for a Medihotel that is under consideration, noting that a Child Care Centre could support Staff working for NSW LHD as well as other Emergency Services and related Agencies.**

The Board noted that Mr Crawford has corresponded with Dr Ingall, Chair Our Kids, concerning consideration being given to the potential to include the opportunity to develop a Child Care Centre in the proposal for a Medihotel that is under consideration, noting that a Child Care Centre could support Staff working for NSW LHD as well as Staff of other Emergency Services and related Agencies.

- *6.21 Mr Crawford is to seek advice from the Executive Directors of both HSGs as to what processes are in place to isolate immunisation conscious objector Patients from other Patients and provide feedback to the Board.**

The Board noted the information from both HSGs concerning the processes that are in place in relation to separating immunisation conscious objector Patients from other Patients.

Mr Crawford indicated that Ms Lynne Weir, Executive Director RCHSG has noted that Medical Officer immunisation rates need to be improved as they are currently reported at LBH to be 71%.

***6.22 Mr Crawford is to include information in the next Chief Executive Report to the Board on the type of Clinician engagement that has been undertaken on the LBH Stage 3B Redevelopment.**

The Board noted the Brief from Lynne Weir, Executive Director RCHSG advising of the active Clinician engagement that has taken place with LBH Clinicians leading up to and during the LBH Redevelopment.

Mr Crawford advised that a Saturday consultation session is being arranged on 19 September 2015 for LBH Clinicians about the LBH Stage 3B Redevelopment and invitations will be issued to all relevant Clinicians to attend and provide input into that Stage of the redevelopment.

6.23 The Chief Executive is to consider making refurbishment of the Laurel Lodge accommodation in Lismore which is utilised by LBH Registrars, a higher priority for refurbishment work due to break-ins that have occurred there recently.

The Board noted that Mr John Lambert, Manager Assets and Capital Works, has advised that the refurbishment of Laurel Lodge has been included on the Backlog Maintenance Minor Works List, which has been approved and so refurbishment of Laurel Lodge will occur as part of the minor works that will be undertaken in short to medium term.

***6.24 Mr Crawford is to request the Executive Directors responsible for High Level Risks 5 to 17 to submit monthly reports to the Board, commencing at the 30 September 2015 Board Meeting, outlining what actions are being undertaken to reduce each High Level Risk that they are responsible for and to provide the timeframe when it is expected that the Risk will achieve a lower rating and eventually its residual rating.**

Mr Frazer suggested that it may not be necessary for the Board to receive ongoing monthly Report on High Level Risks 5 to 17 and whether this timeframe is necessary should be assessed by the Board as part of its consideration of the first batch of Briefs which are to be submitted to the 30 September 2015 Board Meeting.

***6.25 Mr Crawford is to investigate whether there is extra funding available for Patients who live alone and are an inpatient and if so, whether appropriate coding of these Patients is occurring.**

The Board noted the information from Ms Trish Spillane, Manager, Clinical Performance and Redesign Unit advising that there is no evidence that a more complex DRG is applied to Inpatients who live alone.

The Board requested that Mr Crawford correspond with the Secretary, NSW Health suggesting that consideration be given to applying a higher weighting to Inpatients who live alone as this occurrence is most relevant in rural communities and a longer hospital stay is legitimate for such patients.

Action:

Mr Crawford is to correspond with the Secretary, NSW Health suggesting that consideration be given to allocating a higher weighting to Patients who live alone as this situation is most relevant in rural communities and a longer hospital stay is legitimate in such circumstances.

6.26 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 29 July 2015 Board Meeting was noted.

7.1 Changes to Register Items 435, 442, 443, 460, 462 and 465 were covered in Item 6 Business Arising.

Noted

7.2 New Register items 470 to 482 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 Response to the proposed Ministry of Health (MOH) NNSW LHD Service Agreement, NNSW LHD Performance Rating, Executive Member Performance Agreements, Chief Executive Performance Review, Reconciliation Action Plan, Possible Ministerial Visit, Audit and Risk Committee Membership, Follow-up of Meeting between Drs Sare and Ingall as representatives of the Medical Staff Executive Council and representatives of the Board, Lismore Health Precinct, Relationship building with Sydney Local Health District, Health On A Page, 2015/16 Budget, Timely Elective Surgery and Emergency Patient and Triage Performance, Capital Works Projects - LBH Stages 3A and 3B, Byron Central Hospital, LBH Multistorey Carpark, Murwillumbah District Hospital (MDH) Carpark Upgrade, Other Projects, Planning Projects - Ballina District Hospital Operating Suite and Medical Imaging Upgrade, TTH Stage 4, Bonalbo Multipurpose Service, Coraki HealthOne Service, GBH Ambulatory Care Centre, MDH Satellite Renal Dialysis Unit, Pathology North – Tweed Laboratory Upgrade, Aboriginal Medical Services (AMS) – New Casino Central Business District Clinic, AMS Dental Clinic, Regional Aboriginal and Torres Strait Islander Health and Wellbeing Plan, Regional Mental Health Plan, Service and Capital Planning Workshops, Crystal Methamphetamine (ICE), Third "Your Say" Staff Survey, MHD Maternity Services, Flouride, E-Health and Community Health Nursing Review, Energy Performance Contract, Maclean District Hospital Rehabilitation Unit, Asset Refurbishment and Replacement Program, Health Literacy, Security Upgrade, Smoke-free Health Care, Auditor-General Report on Productivity in the NSW Public Sector, Integrated Care Program, Tweed Domestic Violence Program, Support Services, Cross Border Commissioner, Review of Asbestos Registers, Falls Prevention Forum, Clinician Engagement, Medical Marijuana, Rural Research Congress,

Family and Community Services (FACS) Cluster Launch, NSW MOH Annual Report, Social Media, Audit Office Visit, NSW Health Innovation/Quality Awards, Rural Community's Health Status, Warehouse Transformation Program, Board Strategic Direction Workshop, GP Training, Suicides in the Clarence Valley, Discharges/Transfer of Care Sub-Committee, Interdisciplinary Clinical Training Network, Mental Health Act Amendments, Response to Child Obesity – Big Veggie Crunch, NNSW LHD Facility Signage, Palliative Care Service, Lismore Travel Plan, Letter to the Editor, Commonwealth Primary Health Care Reform, How Does NSW Compare?, Professor Lesley Barclay Recognised, Hidden Treasure Nominations, NSW Ambulance Service Chief Executive, Agency for Clinical Innovation Strategic Plan, Clinical Excellence Commission Three Year Strategic Plan, NNSW LHD Chief Executive Appointments, Tweed Headspace Service Opened, Future of the British National Health Service, Farewell to Mr John Lambert, Manager Assets and Capital Works, MOH Director of Public Affairs, Homeless Shelters and NNSW LHD Finalists in the 2015 NSW Health Excellence in Nursing and Midwifery Awards.

The Board discussed the following issues:

- The Board APPROVED the allocation of \$100,000 towards the fitout of the Aboriginal Medical Service (AMS) in Casino Dental Clinic as a Design, Development and Construct project as the Clinic is to be used by the NNSW LHD and AMS Dentists.
- The Board noted the addition of fluoride to the local water supply covering Kyogle, Lismore and Ballina Local Government Areas is imminent and expected to commence occurring in the week of 7 September 2015.
- Noted that the Chief Executive also undertakes Clinician engagement when attending the Clinical Council, Medical Staff Executive Council and in chairing the Discharge Planning Working Party, in addition to the Clinician engagement activities set out in his written Board Report.
- The Board requested that a letter be forwarded to the Editor of the Grafton Examiner emphasising that NNSW LHD is concerned about the recent spate of suicides that have occurred in the Clarence Valley and expressing the LHD's sympathies to the families involved. The letter is to also provide advice on the services that are available in the Clarence Valley for people suffering from a Mental Illness.
- The Board APPROVED the expenditure of \$40,000 to replace out-of-date signage at NNSW LHD Facilities with up-to-date signage. The Board asked that appropriate material is used for the new signage that prevents the growth of mould on this new signage and makes sure that the signs have long term durability.
- The Board Chair referred to the development of the Regional Mental Health Plan by the North Coast Primary Health Network (NCPHN) and the long list of providers of Clarence Network Mental Health Services and suggested that there should be some aggregation

of these type of services in one location, instead of their being spread over a plethora of locations. It was noted that a program exists called "Like Minds" through which co-location of services is available within the Mid North Coast LHD.

- Noted that NNSW LHD has not signed the 2015/16 Service Agreement as the LHD has raised issues concerning some of the content of the draft Service Agreement. The Board indicated that until these issues are satisfactorily addressed the 2015/16 Service Agreement will not be signed and placed on the LHD internet site.
- Mr Crawford reported that the NCPHN has indicated that it is interested in assisting with the funding of a 0.5 FTE Occupational Therapist (OT) position in the Maclean/Yamba location. When such a position is combined with the 0.5 FTE that has been allocated by NNSW LHD to the Maclean District Hospital (MDH) Rehabilitation Unit it would enable a 1.0 FTE OT position to be advertised to work across the Hospital and Community settings. The Board supported the Chief Executive pursuing negotiations with the NCPHN to a successful conclusion so that a 1.0 FTE OT position can be advertised as part of the recruitment of positions to Staff the MDH Rehabilitation Unit.
- The Board noted the Auditor-General's report and comment in relation to Productivity Trends - NWAU per clinical FTE Staff and that unplanned hospital readmissions increased, but this does not necessarily reflect poorer hospital care and could be the result of low socioeconomic status, low overall general health and age, as discussed the Report. The Board recognised that this information supports the stance that has been taken by NNSW LHD with the MOH, that unplanned readmissions are not a good proxy indicator of poor quality care.

The Board indicated that the planned discussion with Ms Elizabeth Koff, Acting Deputy Secretary, Strategy and Resources from the MOH at the 30 September 2015 Board Meeting in relation to Cross Border matters will be very important.

The Chief Executive spoke on the impact of more Gold Coast Patients now accessing the new Gold Coast University Hospital rather than travelling to TTH, and the impact of Staff being enticed to leave TTH to work at the Gold Coast Hospitals, due to Queensland Health introducing further improvements to the pay and conditions of Queensland Nurses. Mr Crawford indicated that when the full TTH Redevelopment is undertaken in the next four years it will provide some services that NNSW residents can currently only access in this region at Queensland Hospitals.

- The Board requested that a copy of the letter from Mr John Roach, Chief Financial Officer MOH concerning NNSW LHD performance issues, be circulated to the Board with the next Board Agenda Papers for information.
- Mr Crawford reported on a positive meeting that he attended with the Board Chair and the Byron Shire Council (BSC) General Manager and Planning Manager to discuss the current Byron District Hospital (BDH) Site. The BSC indicated that the BDH Site is

regarded as part of the Byron Bay Central Business District zoning and changes that are proposed to that area should assist NNSW LHD to conduct a successful disposal of that site. However, Mr Crawford advised the Board that the BSC Officers advised that the Hospital building could not be used as a "Backpackers Hostel" as that is a use that is excluded by the current zoning of the site. The Board AGREED to appoint a Town Planner, Mr Damian Chappelle to assist the LHD to progress the rezoning of the BDH Site.

Actions:

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.

A copy of the letter from Mr John Roach, Chief Financial Officer MOH concerning NNSW LHD performance issues be circulated to the Board with the next Board Agenda Papers for information.

The Board ENDORSED the Chief Executive's Report.

***9. Strategic and Planning Items**

9.1 Brief from Annette Symes, Executive Director Nursing and Midwifery and Health Services Functional Co-ordinator (HSFAC) advising of the LHD's preparedness in relation to managing different levels of disasters

Mr Crawford advised information on the inclusion of Dr John Moran on the NNSW LHD District Committee had not been specifically drawn to the attention of the NNSW LHD Health Service Functional Area Co-ordinator and this situation has now been remedied. The LHD Disaster Committee does meet bi-monthly and Dr Moran will be advised of the future meeting dates, Mr Crawford said.

The Board noted the Brief from Ms Annette Symes, Executive Director Nursing and Midwifery.

9.2 Letter to Miss Elizabeth Wood, Acting Director System Relationship and Framework, MOH dated 21 August 2015 responding to the draft NNSW LHD 2015/16 Service Agreement

The Board noted the letter to Miss Elizabeth Wood, Acting Director System Relationship and Framework, MOH dated 21 August 2015 responding to the draft NNSW LHD 2015/16 Service Agreement.

9.3 Monthly Reports on High Level Risks

Ms Monaghan advised that Ms Mim Weber had provided an update to the Mental Health Forum on what progress is being made with some Models of Care for the Mental Health Service High Level Risks. Ms Crayden stated that she has put forward the quality project

titled "A Day on the Green" at Grafton which was submitted by the NSW LHD Quality Committee to the Agency for Clinical Innovation to consider for implementation across the State.

Mr Frazer indicated that the four Reports on High Level Risks indicated that progress is being made to reduce these high level risks, which he said is pleasing.

9.4 Collated Strategy – Agreed Outcomes from 29 July 2015

Board Strategic Direction Workshop

Mr Crawford advised that the NSW LHD Executive has formulated initial feedback on the outcomes of the Board Strategic Direction Workshop with the following areas discussed:

- The development of the new Clinical Governance Framework is a high priority and is being developed with consultation on it being advanced with a view to it being completed before the end of 2015. It was noted that the draft second version of the National Quality and Patient Safety Standards have been released for consultation and they will impact in a major way on the undertaking of Accreditation Surveys in the future. NSW LHD will be providing considerable feedback on this second version of the National Quality and Patient Safety Standards.
- The LHD Executive agreed with reducing the number of Strategic Priorities from 120 to 36, eliminating some priorities and combining others and stated that a standardised Brief for reporting to the Board on these Priorities should be developed.
- The Executive will consider how to translate strategic priorities into operational priorities and to better define the delineation between strategic and operational priorities.
- The pursuit of adequate funding for the LHD is an important priority and the Board should make it a priority to consider the equitable distribution of funding within the LHD and noted that it is not expected for this to be an easy task, given the overall underfunding of the LHD.
- An improved feedback loop from the Board to the Executive also needs to be established via the Chief Executive's Office.
- Some strategies need to be brought into better focus.
- Pleased with the key focus on Community Mental Health as a strategic priority.

The Board requested that the Chief Executive provide advice on how the 36 Strategic Items to be monitored by the Board and the remaining 68 Strategic Initiatives for management to work on will be progressed and managed and reported on to the Board. The proposed Scope of Works Approach and a Workshop on the Writing of Better

Board Paper proposals were agreed to be considered as part of the Chief Executive's advice to the Board.

The Board requested the next four page Community and Clinician insert into Northern Exposure be utilised to provide information on the Board's commitment to the 36 Strategic Initiatives. In addition, a summary of these initiatives is to be included in "handouts" to be circulated at the December 2015 Annual Community and Stakeholder Meeting.

Action:

The Chief Executive is to advise on how the 36 Strategic Priorities identified at the Board Strategic Directions Workshop to be monitored by the Board and how the remaining 68 Strategic Initiatives for management are being progressed and managed and reported to the Board including advice on the proposed Scope of Works Approach and Fees to facilitate a Workshop on the Writing of Better of Board Papers as part of the Chief Executive's advice to the Board.

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

***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 26 August 2015 which was provided in the Board Meeting Agenda Papers.

Mr Marshall reported that year to date (YTD) to end July 2015 Admissions had increased by 1% and Emergency Department attendances were 2% above target but YTD Surgery was 0.9% below target.

The FTE result increased by 67.5 FTE from July 2014 but the sick leave result was much reduced from the previous year.

Mr Marshall noted that the Chief Executive has submitted a letter to the MOH requesting approval to undertake some assets sales to fund the \$1.8 million shortfall on Stage One of the Ballina District Hospital Redevelopment Operating Theatres and Medical Imaging Department upgrade.

Mr Crawford advised that a letter issued by the NSW Treasurer which indicates that in relation to the Energy Contract funding the LHD will be charged interest from 1 July 2015 even though the funding has not yet been drawn down. A letter has been forwarded to Mr John Roach, Chief Financial Officer, MOH suggesting that this repayment schedule should be recash-flowed and seeking his assistance to approach the NSW Treasury with a view to altering that outcome.

The unconfirmed Minutes of the FPC Meeting held on 26 August 2015 were noted.

10.2 Health Care Quality Committee (HCQC)

Dr Collie provided a verbal report about the 11 August 2015 HCQC Meeting.

Dr Collie reported that the Patient story at the meeting was provided by a Chronic Care Navigator and was very interesting. A Number of Clinical Policies Guidelines and Procedures were considered. It was agreed that the current meeting time for the HCQC is to remain, however, it will be reconsidered when a review of the HCQC Terms of Reference is undertaken early in 2016. The Clinical Governance Framework is to be provided to the Board for review in due course.

Dr Collie advised that Ms Kew had reported that NSW Health does not have Policies or Guidelines concerning the death and dying of Aboriginal people in NSW. The Chief Executive is to write to Ms Deb Monaghan enclosing a copy of the two documents from Queensland Health provided by Ms Kew, asking for her feedback prior to the next HCQC Meeting on how NNSW LHD should consult on this matter with a view to developing a local procedure.

Ms Crayden also suggested that a Human Resource Policy relating to "Sorry Business" may also need to be developed.

The unconfirmed Minutes of the HCQC Meeting held on 11 August 2015 were noted.

10.3 Medical and Dental Advisory Appointments Committee (MDAAC)

Dr Tyson provided a verbal report on the MDAAC Meeting held on 13 August 2015.

Dr Tyson reported the MDAAC was advised that there has been a dispute lodged concerning one of the appointments made by the MDAAC. The Chief Executive advised that the Human Resource Unit has reviewed the situation and has determined that the process undertaken was appropriate and the Medical Officer, who was unsuccessful, has accepted this advice and the LHD is now moving to appoint the successful Medical Officer.

Dr Tyson also reported on the need to withdraw a proposal to appoint a General Surgeon at LBH from the MDAAC Agenda due to an administrative process not having been correctly undertaken. NNSW LHD may need to implement a tickbox process to ensure that all applications that are being submitted to MDAAC have been completed in the correct fashion prior to their being submitted to MDAAC for consideration, Dr Tyson said.

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

10.4 Health Services Development Committee (HSDC)

The Board noted the unconfirmed Minutes of the HSDC Meeting held on 13 August 2015 will be submitted to the 30 September 2015 Board Meeting for noting.

10.5 ARC

Mr Frazer noted that he had provided a verbal report on the ARC Meeting held on 14 July 2015 to the 29 July 2015 Board Meeting.

Mr Frazer provided a verbal report on a Special Meeting of the ARC held on 26 August 2015 to sign off on the Financial and Certification Reports and advised that the ARC approved the Financial Reports as submitted to it. Mr Frazer indicated that a Client Services Report from the NSW Audit Office was considered by the ARC and noted that the Report was a "clean" report and that the independent Chair of the ARC described the result of the audit as being exceptional. Mr Frazer reported that the Independent Members of the ARC requested that Board write to Mr James McGuigan, Executive Director of Finance, Mr Peter Clark and Mr Craig Watt, Finance Managers congratulating them on the exceptional Report and commending their efforts.

The Board ENDORSED the recommendation of the ARC that the Board Chair write to Mr James McGuigan, Executive Director of Finance, Mr Peter Clark and Mr Craig Watt, Finance Managers congratulating them on the exceptional Financial Report and commending their efforts.

Mr Frazer also reported that the NNSW LHD Audit and Risk Management Maturity is above the State average and is still improving. Requirements for improvement from the ARC meeting referred to embedding Risk Management processes and managing risks as part of KPIs, which are occurring.

Mr Frazer noted that NNSW LHD was the first LHD to sign off and submit its Financial Reports.

Mr Frazer indicated that there had been a mistake made relating to plant and equipment as the amount spent did not meet the definition, which would allow some of the item to be capitalised, and so it had to be expensed in the 2014/15 year.

The Unconfirmed Minutes of the ARC Meeting held on 14 July 2015 were noted.

Action:

The Board Chair write to Mr James McGuigan, Executive Director of Finance, Mr Peter Clark and Mr Craig Watt, Finance Managers congratulating them on the exceptional report and commending their efforts in the preparation of the 2015/16 Budget.

10.6 NNSW LHD Clinical Council (CC)

The unconfirmed Minutes of the CC Meeting held on 28 July 2015 were noted and the Board noted that CC Meeting was reported upon to the 1 July 2015 Board Meeting.

10.7 Community Engagement Advisory Council (CEAC)

The unconfirmed Minutes of the CEAC Meeting held on 22 June 2015 were noted and the Board noted that the CEAC Meeting was reported on to the 1 July 2015 Board Meeting.

10.8 Medical Staff Executive Council (MSEC)

The Board noted that the unconfirmed Minutes of the MSEC Meeting held on 18 June 2015 will be submitted to the 30 September 2015 Board Meeting for consideration.

10.9 NNSW LHD Interim Aboriginal Partnership Meeting (APM)

The Board noted that the next meeting of the APM Meeting is scheduled to be held on 18 September 2015.

10.10 NNSW LHD Mental Health Forum (MHF)

Ms Monaghan provided a verbal report on the MHF Meeting held on 10 August 2015.

Ms Monaghan reported that the MHF Meeting had been provided with advice on how Patients are provided with information packages and where relatives and family members can source information especially in EDs and information was also received on a new plan that has been developed for Peer Support Workers. A Pilot program is to be undertaken on Trauma Informed Care.

The Board raised concern as to the potential ramifications in relation to where a person may have a Power of Attorney but who is not the nominated Next of Kin, Significant or Principle Person nominated by the Patient and sought clarification of the LHD's legal position in this situation.

Action:

Mr Crawford is to provide advice to the Board on the potential ramifications in relation to where a person may have Power of Attorney but who is not the nominated Next of Kin, Significant or Principle Person nominated by the Patient and sought clarification of the LHD's legal position in this situation.

The Board noted the unconfirmed Minutes of the MHF held on 10 August 2015.

10.11 Health Education Workforce Research Forum (HEWRF)

The Board noted the next meeting of the HEWRF is scheduled to be held on 29 September 2015.

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

The Board noted the unconfirmed Minutes of the DACAC Meeting held on 5 August 2015.

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

11.1 NNSW LHD Corporate Governance Attestation Statement for 1 July 2014 to 30 June 2015 for endorsement

The Board resolved that a letter be forwarded to the MOH requesting the inclusion of the wording "equity" in relation to equitable distribution of resources on page two of future Attestation Statements and asked that the Chief Executive correspond with the MOH making this request.

The Board ENDORSED the NSW LHD Corporate Governance Attestation Statement for 1 July 2014 to 30 June 2015.

Moved: Mr David Frazer
Seconded: Professor Lesley Barclay
CARRIED

Action:

Mr Crawford is to correspond with the NSW Ministry of Health requesting that consideration be given to the inclusion of wording "equity" in relation to equitable distribution of resources on page two of future Attestation Statements.

11.2 Brief advising of requests for presentations to be made to the Board at the remainder of 2015 Board Meetings and proposed date for the Joint Board Meeting with the North Coast NSW Primary Health Network (NCPHN)

The Board ENDORSED the proposed dates for presentations to be made to the remaining 2015 NSW LHD Board Meetings and for the Joint Board Meeting with NCPHN to be held on 28 October 2015.

11.3 Consideration of Brief on the current status of the Bundled Hospital Support Services market testing program amended to Report on Capacity Planning Development as of May 2015

The Board discussed the content of the Brief on the current status of the Bundled Hospital Support Services market testing program.

The Board noted that on the last page MDH is referred to as a C1 Hospital whereas throughout the remainder of the document MDH is referred to as a C2 Hospital and asked that Mr Crawford clarify this and advise if this would impact on the content of the Report.

The Board ENDORSED the two Recommendations contained in the Brief.

Moved: Mr David Frazer
Seconded: Mr Malcolm Marshall
CARRIED

Action:

Mr Crawford is to consider the last page of the MBM Report on Efficiency Review of Hospital Support Services in relation to Murwillumbah District Hospital 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.

11.4 Brief on three priority Recommendations arising from the Risk Assessment Summary Report, Murwillumbah District Hospital (MDH) Maternity Service

The Board considered the Brief and the three priority Recommendations arising from the Risk Assessment Summary Report on the MDH.

The Board was advised that the process of the Risk Assessment Review was handled very well, being managed by two independent Clinicians from Sydney who are highly regarded, under the auspices of NSW Kids and Families. The Risk Assessment process considered all of the risks with the outcome being social and health service risks rated more highly than clinical risk due to the way the service is conducted. The Steering Committee is working well with good leadership, a good Obstetrician lead from TTH and very good engagement with two consumers.

Mr Crawford reported that the three Recommendations were discussed and considered by the Steering Committee. Additional Recommendations will be submitted to a future Board Meeting for consideration. Mr Crawford advised that should the Board endorse the Recommendations he will correspond with Ms Joanna Holt, NSW Kids and Families, advising that the Board has endorsed the three Recommendations with more work to be undertaken to follow up on the Risk Assessment. The LHD will keep the NSW Kids and Families apprised of the work being undertaken with regard to the MDH Birthing Service.

The Board cautioned that if the Birthing Service is re-opened it may become more heavily utilised and therefore this may impact on the cost of the service being provided and therefore a mechanism needs to be considered to address a potential increase in the cost of this service. The Board suggested that consideration should be given to charging Private Patients during their time in the MDH Birthing Unit. Mr Crawford responded that he will consider the potential to charge Private Patients of the Birthing Unit.

The Board ENDORSED the implementation of the three Recommendations under the governance of the Tweed Byron Health Service Maternity Service Steering Committee.

12. * Items without Notice/Late Business

- The Board Chair asked that consideration be given to the potential for renaming some of the LHD Hospitals to recognise the Aboriginal tribal areas of the LHD while maintaining the name of the town where the Hospital is situated. The Chair proposed that the Board consider renaming NNSW LHD and adding to its letterhead "Within the tribal areas of the relevant Aboriginal tribe(s), such as LBH within Bundjalung Territory...."

Ms Monaghan suggested that consultation is undertaken with Nygundi and the AMSs and during the development of the NNSW LHD Reconciliation Action Plan so that this proposal can be raised with the relevant NNSW LHD communities.

The Board requested that an item dealing with this matter is also included on the next CEAC Meeting Agenda for consideration and feedback to the Board.

Action:

Mr Murray Spriggs is to include an item on the next CEAC Meeting Agenda for discussion on the potential for renaming some of the LHD Hospitals to recognise the tribal areas of the LHD while maintaining the name of the town that the Hospital is situated.

- Mr Crawford advised that he will not be seeking reappointment when his current five year Contract term is completed at the end of December 2015 and therefore the Board will need to recruit a new Chief Executive. Mr Crawford advised that he will work closely with the new Chief Executive and provide a thorough handover once the appointment is made and before he departs.
- The Board Chair advised that the Chief Executive Performance Appraisal will be held on 30 September 2015 and be conducted by Dr Pezzutti, Mr Marshall, Professor Barclay and Mr David Frazer.

13. Items for Noting

- 13.1 Letter to Dr David Sare, Chair NNSW LHD Medical Staff Executive Council dated 7 August 2015 concerning outcome of meeting held with Drs Sare and Ingall and Board representatives**
Noted
- 13.2 Memorandum to Dr David Hutton, Executive Director Clinical Governance concerning further discussion at the Health Care Quality Committee on RCA processes**
Noted
- 13.3 Letters to Mr Barry Shepherd and Dr Felicity Barr dated 6 August 2015 concerning Appointments to the NNSW LHD Audit and Risk Committee**
Noted
- 13.4 Letter to Wayne McKenna, NSW Ambulance Service proposing in-services for Emergency Department Staff on NSW Ambulance Service criteria for Ambulance Transfers**
Noted
- 13.5 Letter from the Hon Jillian Skinner MP, Minister for Health concerning the release of the Cross Border Executive Committee Report for 2013/14.**
Noted
- 13.6 Letter from Annette Symes, Executive Director of Nursing and Midwifery dated 28 August 2015 concerning her appointment to the National Nursing and Midwifery**

MINUTES OF THE MEETING OF THE NORTHERN NEW SOUTH WALES LOCAL HEALTH DISTRICT BOARD HELD ON WEDNESDAY 2 SEPTEMBER 2015 IN THE PBL MEETING ROOM, NORTHERN RIVERS UNIVERISITY CENTRE FOR RURAL HEALTH, URALBA STREET, LISMORE COMMENCING AT 12.30PM

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Noted

14. Items for Information:

14.1 Generic letter to be sent to Organisations requesting amendments to signatory pages of some Agreements that do not warrant the applying of the NNSW LHD Seal

Noted

15. Close of Meeting

There being no further official business, the Chair declared the meeting closed at 5.00pm

17. Date and Time of next Board Meeting

The next Board Meeting will be held on Wednesday 30 September, 2015 commencing at 1.30pm in the Level 4, Education Room, The Tweed Hospital, Tweed Heads.

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

Signed

Dr Brian Pezzutti

Northern NSW Local Health District

Date

14/10/15