
12.30pm – 1.30pm Presentation by Mr Andrew Young, Program Manager, Program Management Office HealthShare on Rural eHealth

Mr Andrew Young, Program Manager, Program Management Office HealthShare on Rural eHealth provided a presentation to the Board on the eHealth Vision and Strategy including an update on the key features of the Rural eHealth Vision and Strategy.

Dr Tyson asked if there is a possibility of having one identifier in the HealtheNet System? Mr Matt Long, Acting Chief Information Officer indicated that there is a single identifier available that is used for data management purposes but it is not used in day to day operations. It is used in the computer system to link a Patient's admissions. Dr Tyson advised that if a single identifier is utilised it would greatly assist to track admissions more easily.

Action:

Mr Crawford is to request Mr Matt Long, Acting Chief information Officer investigate how a single identifier could be implemented and utilised for NNSW LHD Patients and Mr Matt Long is to provide a Brief on how a single identifier can be implemented across NNSW LHD to the 30 April 2014 Board Meeting.

Mr Young advised that the next steps include implementation planning with the LHDs and HealthShare will be attending NNSW LHD around Mid May 2014 to visit each main facility, including LBH and TTH to undertake an assessment of all of the Programs, including Community Health, EMR, HealtheNet, infrastructure and corporate programs, including credentialing, HETI Online and Rostering. KPMG has been engaged as a Consultant partner to assist HealthShare to undertake this process, Mr Young said.

The Chair thanked Mr Young for travelling to The Tweed Hospital (TTH) and for presenting to the Board, which resulted in a good exchange about a range of issues. The Chair stated that it was pleasing to see that HealthShare is consulting with LHD Boards to ensure that its services meet the needs of the Clinicians and Patients.

1. *PRESENT AND APOLOGIES:

Dr Brian Pezzutti (Chair), Mr Malcolm Marshall, Dr Allan Tyson, Mr David Frazer, Dr Joe Ogg, Ms Hazel Bridgett, Ms Rosie Kew, Mr Mark Humphries, Dr Sue Page, Ms Deb Monaghan

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

2. *Apologies: Professor Lesley Barclay, Ms Leone Crayden

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

Nil

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

The Board Members identified additional Agenda Items 7.1, 7.4, 7.5 and 14.6

5. *PRESENTATION OF PATIENT JOURNEY STORY

The Patient Story was provided by Ms Diane Bigg, Clinical Nurse Consultation Child and Family Health, The Tweed Hospital (TTH). Ms Bigg spoke of the support that was provided to Jacky and Harry during the birth of their baby and the follow-up care that was provided by TTH Child and Family Health Service to the family.

Ms Bigg gave an overview of the services that are provided by TTH Child and Family Health Service to families.

Ms Bigg advised that the particular Patient Story that was chosen gave a continuum of care across the Health Service, from the Antenatal Service to the Post Natal period.

The Chair stated that the Patient Story presented to the Board was a very good Patient Story and thanked Ms Bigg for taking the time to present it to the Board.

6. *Previous Minutes:

a) The Minutes of the Board Meeting held on 5 March 2014 were ENDORSED as a true and accurate record of the meeting.

Moved: Mr David Frazer
Seconded: Ms Rosie Kew
CARRIED

b) The Abridged Minutes of the 29 January 2014 Board Meeting were APPROVED for placing on the NNSW LHD Internet Site.

Moved: Ms Deb Monaghan
Seconded: Mr Malcolm Marshall
CARRIED

c) Minutes of the Community Meeting of 4 December 2013 were APPROVED for placing on NNSW LHD Internet Site.

Moved: Ms Rosie Kew
Seconded: Ms Deb Monaghan
CARRIED

7. Business Arising from the Minutes:

7.1 *Mr Crawford is to request Ms Katie Willey, Manager Workforce Change and Sustainability Service to provide additional updated information on what percentages of the Medical, Nursing and Allied Health positions are not filled and the rationale for the decision to the 2 April 2014 Board Meeting.

Mr Crawford said that he is currently in the process of purifying the positions that are on the Mercury System awaiting approval to progress to recruitment, as some positions can be removed as they are enhancement positions that are not replacement positions. Also since the devolvement of approval for some replacement positions to the Executive

Directors of the Health Service Groups and Services, there may be positions that need to be taken off the Mercury system as they may already have been approved for recruitment, Mr Crawford said.

Action:

Mr Crawford is to provide information on how much additional cost would be added to the total NSW LHD expenditure if the filling of a position occurs immediately upon a position becoming vacant to the 30 April 2014 Board Meeting.

Mr Crawford is to investigate what administrative assistance is available for Allied Health Managers.

Mr Crawford referred to the Brief provided in the Board Meeting Agenda papers advising that information has been obtained from the Health Services Groups and the other operational Entities, which indicate that there is administrative support available that covers a range of responsibilities, including giving support to Allied Health Managers and Staff.

Ms Kew agreed that there is administrative support for Allied Health Managers, however she suggested that it is not useable support in a similar way that Nurses have clinical support hours that undertake just Proact and Recruitment responsibilities.

Mr Crawford responded that the shared Administrative support role is acknowledged in the Brief.

The Chair queried whether the LBH Allied Health Managers would be able to obtain administrative support through the LBH Director of Medical Services Unit, as there is some expertise available from the Staff located in that Unit?

Ms Kew proposed that consideration be given to increasing administrative support for Allied Health Managers, when the 2014/15 Budget is set, as it would be more cost effective to employ Administrative Assistants rather than relying on higher paid Allied Health Managers to undertake these tasks.

Mr Crawford advised that he will add this request to the list of potential enhancements that the Board can prioritise, when it sets the 2014/15 Budget.

Action:

Mr Crawford is to include a proposal to increase administrative support for Allied Health Managers as a potential Budget enhancement when the 2014/15 Budget is considered.

- 7.2 Mr Crawford is to draft a letter for the Board Chair's signature to Ms Loughnane, Executive Director Tweed Byron Health Service Group congratulating TTH Executive and its Clinical Teams on achieving such good NEAT and NEST results particularly for Admitted NEAT Patients.**

The Board noted the letter to Ms Bernadette Loughnane, Executive Director Tweed Byron Health Service Group dated 25 March 2014 congratulating TTH Executive and its Clinical Teams for achieving such good NEAT and NEST results, particularly for Admitted NEAT Patients.

- 7.3 Mr Crawford is to draft letters for the Board Chair's signature to each of the main NNSW LHD Emergency Departments to congratulate them on achieving such good NEAT results.**

The Board noted the letters to all of the main NNSW LHD Emergency Departments dated 25 March 2014 congratulating them on achieving such good NEAT results.

- 7.4 Mr Crawford is to seek further information from James McGuigan in relation to the management of VMO cost overruns and the strategies being implemented to address the VMO budget variance, which information is to be submitted to the March 2014 Finance and Performance Committee Meeting.**

Mr Crawford tabled a Brief that provided information from the Executive Directors of both Health Service Groups and from Dr Richard Buss, Executive Director Mental Health and Drug and Alcohol Services on the VMO costs and strategies that are being implemented to address their VMO budget overruns.

Action:

Mr Crawford is to submit information received from the two Health Service Groups and Dr Richard Buss, Executive Director Mental Health and Drug and Alcohol Services on the VMO cost overruns and strategies that are being implemented to address the VMO budget overruns to the April 2014 Finance and Performance Committee Meeting for consideration.

- 7.5 Mr Wayne Jones, Chief of Staff, Chief Executive Unit is to undertake further consultations with the relevant Agencies in an endeavour to arrange for Northern NSW residents to gain access to the Queensland Health Renal Cadaveric Transplant recipient list and is to ascertain if there is a benefit for NNSW LHD, should this occur.**

The Chair noted his concern in relation to the inability for Patients from NSW who are identified as an appropriate match for a donor from NSW, to have their surgery performed at Princess Alexandra Hospital in Brisbane, which is closer than Sydney for Patients from Northern NSW. The Chair advised that he will be discussing this matter further with Mr Jones, to gain a better understanding of what the current process is for arranging transplants for Northern NSW residents and he will provide further advice to a future Board Meeting.

Dr Ogg indicated that the Nephrologists have indicated that they are not able to see any difference in clinical outcomes between the Queensland and NSW Systems for Renal Cadaveric Transplants.

Action:

Dr Pezzutti will provide further information to a future Board Meeting following discussions with Mr Wayne Jones, Chief of Staff, Chief Executive Unit to gain a better understanding of the issues involved concerning the consultations with the relevant Agencies in an endeavour to accommodate Northern NSW residents on the Queensland Health Renal Cadaveric Transplant recipient list and if there is a benefit for NNSW LHD should this occur.

7.6 *Any other Matters Arising from the Board Minutes

- The Chair referred to Item 7.9 of the 5 March 2014 Board Meeting Minutes concerning the Management of a Complaint or Concern About A Clinician Procedure, and advised that as a result of the Board's deliberations, Dr David Hutton, Executive Director Clinical Governance, will now be updating this Procedure and it is expected that the updated Procedure will be submitted to the Board in one to two months time.
- The Chair also reported that he has requested James McGuigan, Executive Director of Finance to provide a breakdown by Craft Group of how much the VMO costs and Staff Specialist costs are, so that each Craft Group can identify what their costs are and so they can look at the outliers and inliers to enable them to gain a better appreciation of what the costs are and why they continue to increase and are not able to be effectively managed.

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

The Updated NNSW LHD Board Resolution and Decision Register from the 5 March 2014 Board Meeting were noted.

8.1 Changes to Register Items 294 were covered in Item 4 Business Arising.

Noted

8.2 New Register items 303 to 306 were covered in Item 4 Business Arising.

Noted

9. *Chief Executive's Report

Mr Crawford referred to the issues that were covered in the Chief Executive Report to the Board, which included NSW Minister for Health and Medical Research Visit to NNSW LHD, Federal Minister for Health Visit, Integrated Care, Capital Works Projects – Yamba Community Health Centre, NSW LHD Endoscopy Suite, GBH Pathology Service and Pharmacy Department Upgrade, LBH Stage 3A, Planning – Ballina District Hospital Operating Theatre and Medical Imaging Upgrade, Casino District Hospital ED, Byron Shire Central Hospital, LBH Stage 3B, The Tweed Hospital (TTH) Stage 4, Bonalbo Multipurpose Services (MPS), Coraki HealthOne Service and Murwillumbah District Hospital ED Upgrade Stage 3, NEST and NEAT Results, Health Needs Index, Negotiation of the 2014/15 Service Agreement and Activity Levels Between MOH and NNSW LHD Officers, Attachmate, Quality Performance, Budget, Murwillumbah District Hospital (MDH) Paediatric Service, Extra Chief of Staff Responsibilities, NSW Telehealth Technology that will benefit babies and children installed at LBH and GBH, Liaison with North Coast GP Training, Australian Vaccination-Sceptics Network, Latest Australian Bureau of Health Information

Quarterly Report, Upcoming Cross-Border Executive Meeting, Maclean District Hospital Emergency Generator, Long Stay Patients in Lismore Adult Inpatient Mental Health Unit, Clinician Engagement, Collaboration with the Agency for Clinical Innovation, Collaboration with the North Coast NSW Medicare Local (NCML), Rural Information Communications and Technology (ICT), Volunteers Thanked, New Grafton GPs Welcomed, Clarence Electorate Women of the Year and Absence from 30 April 2014 Board Meeting.

Action:

Mr Crawford is to provide a Brief for the Board on the discussions that took place at the Cross Border Executive Steering Committee held on 2 April 2014 to the 30 April 2014 Board Meeting.

Action:

Mr Crawford is to investigate whether there are any opportunities for funding to be raised from sale of surplus parts of the Campbell Hospital Site to progress the development of the HealthOne Centre at Coraki and to provide advice to the 30 April 2014 Board Meeting.

Action:

Mr Crawford is to include a special agenda item on the 30 April 2014 Board Meeting Agenda at 1pm – 1.30pm to undertake discussion about the undertaking of Clinician engagement by non-Clinician Board Members.

Every second Board Meeting the Board will undertake a tour of specific facilities within the Hospital at which the Board is meeting is being held in lieu of hearing a Patient Story.

The Board ENDORSED the Chief Executive's Report.

10. * Strategic and Planning Items

10.1 Paper advising on the outcome of the consultation on the proposed reorganisation of Paediatric Services at Murwillumbah District Hospital (MDH), including recommendation as submitted for the consideration of the Board.

Mr Crawford referred to the Paper containing the Recommended changes to the MDH Paediatric Model of Care. The Board undertook an extensive discussion of this Paper and the proposals contained within it.

Arising from this extensive discussion about an appropriate Model of Care for Paediatric Services at MDH, the Board ENDORSED that further consultation is undertaken with relevant stakeholders about the proper arrangements for the care of children presenting to the MDH, which process will be facilitated by two Board Members, Mr David Frazer and Mr Mark Humphries.

Moved: Mr David Frazer

Seconded: Ms Rosie Kew

CARRIED

11. Minutes – Governance Committees

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

Mr Marshall provided a verbal report from the F&PC Meeting held on 26 March 2014.

The unconfirmed Minutes of the FPC Meeting, held on 26 March 2014 were noted.

11.2 *Health Care Quality Committee (HCQC)

The Board noted the written report provided by Ms Kew arising from the HCQC Meeting held on 11 March 2014.

Ms Kew advised the HCQC has suggested that the Board consider adopting the inclusion of a NSW LHD Key Performance Indicator (KPI) for the management of Patients with Hip Fractures, and noted that a Brief on this is included in the Board Meeting Papers under Item 12.5.

The Board ENDORSED the introduction of an internal KPI for the percentage of Patients with Hip Fractures, who will undergo surgery no more than 48 hours after admission.

Moved: Dr Allan Tyson
Seconded: Ms Rosie Kew
CARRIED

The unconfirmed Minutes of the HCQC held on 11 March 2014 were noted.

11.3 *Medical and Dental Advisory Appointments Committee (MDAAC)

Ms Bridgett provided a verbal report on the MDAAC Meeting held on the 13 March 2014.

The Chair noted the number of Locum Medical Officers being utilised by the LBH ED and raised concern in relation to the costs being incurred for the engagement of these Locum Medical Officers. Mr Crawford advised that if they are normal Locum VMOs, they would not be costing any more than the permanent VMOs and not all Locums are engaged via Agencies or incur travel costs. Mr Crawford indicated that he would look into the number of Locum Medical Officers being engaged by the LBH ED and would provide feedback to the Board on this matter.

Action:

Mr Crawford is to enquire into the number of Medical Officer Locums being engaged by LBH ED and the associated costs of the Locum Medical Officers and provide feedback to the 30 April 2014 Board Meeting.

The unconfirmed Minutes of the MDAAC Meeting held on 13 March 2014 were noted.

11.4 *Health Services Development Committee (HSDC)

The unconfirmed Minutes of the HSDC Meeting held on 13 February 2014 were noted.

11.5 *Audit and Risk Committee (ARC)

Mr Frazer provided a verbal report on the ARC Meeting held on 13 March 2014.

11.6 *NNSW LHD Clinical Council

Ms Rosie Kew provided a verbal report on the 11 February 2014 Clinical Council Meeting. of the NNSW LHD Clinical Council there will be a focus on Palliative Care.

The unconfirmed Minutes of the NNSW LHD Clinical Council Meeting held on 11 February 2014 were noted.

11.7 Community Engagement Advisory Council (CEAC)

Mr Crawford provided a verbal report on the CEAC Meeting held on 24 March 2014.

Ms Bridgett advised that Ms Mollie Strong has stepped down as CEAC Chair and CEAC has appointed Ms Carolyn Byrne as its new Chair.

The Chair requested that a letter be prepared for his signature to be forwarded to Ms Strong thanking her good leadership and chairing of CEAC since its inception.

Action:

Mr Spriggs is to draft a letter to Ms Mollie Strong for the Board Chair's signature thanking her for her good leadership and chairing of CEAC since its inception.

11.8 Medical Staff Executive Council (MSEC)

The Board noted that the next MSEC meeting is scheduled to be held 8 May 2014.

11.9 NNSW Aboriginal Interim Partnership Meeting (AIPM)

The Board noted the next meeting of the AIPM is scheduled to be held on 14 July 2014.

12. * Items for Decision/Resolution

12.1 Board Members Training Program – letter from Karen Crawshaw MOH dated 11 March 2014.

The Chair requested that Board Members who wish to undertake any of the Board Member Training Modules advise the Chief Executive, who will request Mr Spriggs to make the necessary arrangements for the Board Members to attend this training in Sydney.

Action:

NNSW LHD Board Members are to advise the Chief Executive of any training modules that they wish to undertake and Mr Spriggs will make the necessary arrangements for the Board Members to attend this training in Sydney.

12.2 Draft NSW MOH Hospital Naming Policy Directive

Following discussion, the NNSW LHD Board agreed with the draft NSW MOH Hospital Naming Policy.

Action:

Mr Crawford is to draft a response to Ms Karen Crawshaw, Deputy Director-General, Governance, Workforce and Corporate, MOH providing feedback from the NNSW LHD Board that it agrees with the draft NSW MOH Hospital Naming Policy.

12.3 Update on GP Co-Location Pilot between NCML and NNSW LHD

The Chair advised that Ms Vicki Rose, Executive Director Allied Health and Manager Chronic and Primary Care has undertaken a lot of consultation concerning the GP Co-Location Pilot between NCML and NNSW LHD. The Chair indicated that his main concern is to ensure that Patients are receiving a quality service. Although this may not involve all GPs initially there may be opportunities for the community to lobby for increased funding for community based services that will enable more GPs to be involved in projects, such as the Co-Location Project in the future, the Chair said.

The Chair advised that Ms Rose has done a good job of co-ordinating the discussions across a range of disciplines, which were consulted about this proposed co-location Project.

12.4 Summary of NNSW LHD Audit and Risk Reports for year end 31 December 2014

The Board noted the Summary of NNSW LHD Audit and Risk Reports for the year ending 31 December 2014.

12.5 Brief from Dr David Hutton, Executive Director Clinical Governance on an internal NNSW LHD KPI regarding the Management of Patients with hip fractures

The Board ENDORSED the introduction of an internal KPI for the percentage of Patients with Hip Fractures, who will undergo surgery in no more than 48 hours after admission.

Moved: Dr Allan Tyson

Seconded: Ms Rosie Kew

CARRIED

13. * Items without Notice/Late Business

- Mr Frazer raised concern in relation to the eHealth presentation that was presented at the beginning of the Board Meeting. Mr Frazer indicated that his concern is that the presentation suggested that some of the ICT concerns raised cannot be solved, rather than the provision of feedback as to how ICT services can be adapted to meet the ICT challenges into the future. Mr Frazer suggested that if the Clinician Board Members have similar concerns these should be conveyed to the Chief Executive with a request for advice on how these issues can be addressed.

Dr Tyson referred to the single identifier issue that had been discussed at today's meeting and the advice that had been received today from Mr Long that a single identifier does exist.

Mr Frazer suggested that following the discussion at today's Board Meeting, the ICT matters that had been raised should now be followed up and addressed to resolve these ongoing concerns.

Mr Crawford responded that he is progressing work following up on feedback that he has received in relation to some old Servers needing to be replaced, being able to access Wi-Fi throughout the larger Hospitals and the issue of the Linc system being implemented at GBH and he expects that substantive progress on these matters will occur in the next few months.

In terms of the single identifier, Mr Matt Long will be investigating how a single identifier can be accessed and then utilised and information on this matter will be provided to a future Board Meeting, Mr Crawford said.

Mr Crawford indicated that following the splitting of the ICT Service from MNC LHD, NSW LHD will be better placed to pursue its own ICT priorities, including those priorities that have been raised by Board Members today.

Mr Frazer suggested that Dr Tyson and Ms Kew submit the concerns they have raised in relation to ICT issues to the Chief Executive with a copy to the Board, to enable the Chief Executive to commence work to address the issues raised.

14. Items for Noting

- 14.1 Letter dated 3 March 2014 to the Hon Barnaby Joyce, MP, Federal Member for New England following representations on behalf of Ms Elizabeth Andrews, Save Our Services Committee concerning the Bonalbo MPS.**

Noted

- 14.2 Letter from Dr Mary Foley, Director-General dated 18 February 2014 concerning the Lismore Hospital Carpark**

Noted

- 14.3 Letter to Mr Vahid Saberi, Chief Executive, North Coast NSW Medicare Local concerning setting a date for the next Joint Board Meeting between the NCML and NNSW LHD Boards**

Noted

- 14.4 Copy of signed Recurrent Funding Deed of Variation No 2 between NNSW LHD and Health Workforce Australia – signed following Rotating Minute consensus**

Noted

-
- 14.5 Letter to Mr Steve Teulan, Director, UnitingCare Ageing concerning Proposed Third Option for Bonalbo MPS Feasibility Study**
Noted
- 14.6 Letter to Karen Crawshaw, MOH, dated 25 March 2014 providing feedback on MOH Model By-Laws.**
The Chair advised that Mr Spriggs had done a good job in coordinating the response to the MOH following the feedback that was provided by Board Members and LHD Managers on the MOH By-Laws document.
- 14.7 Letter to Lismore City Council Councillors who supported Fluoridation from the NNSW LHD Board Chair thanking them for their decision to Fluoridate the Lismore water supply**
Noted
- 14.8 Letter to Ms Jane Walsh, Director BreastScreen North Coast from the Board Chair congratulating Ms Walsh and her team on receiving Accreditation for four years.**
Noted
- 14.9 Letter to the Hon Kevin Humphries, MP, Minister for Mental Health concerning care of Long Stay Mental Health Patients**
Noted
- 14.10 Letter to Professor Debora Picone, Australian Commission on Safety And Quality in Health Care concerning feedback on the draft National Consensus Statement and Quality of End of Life in Acute Hospitals**
Noted
- 14.11 Memo to Wayne Jones, Chief of Staff, Chief Executive Unit, requesting information is provided to the 30 April 2014 Board Meeting on Dental costs of treating children in Lismore and Grafton**
Noted
- 15. Items for Information:**
There were no items for information.
- 16. Date and Time of next Board Meeting:**

**Wednesday 30 April 2014 the Crawford House, Ground Floor Meeting Room,
Hunter Street, Lismore**

**4.30pm Invited Guests attended and presented to the NNSW LHD
Dr Ian McPhee, Chair TTH MSC
Dr Doug Warne, Chair, MDH MSC
Mr Geoff Provest, MP Member for Tweed
Mr Barry Longland, Mayor Tweed Shire Council**

**Ms Jennifer McKellar, President TTH Auxiliary
Ms Val Foster, President MDH Auxiliary
Ms Bernadette Loughnane, Executive Director Tweed Byron Health Service Group**

The Chair welcomed the invited Guests to the Board Meeting and asked each representative to address the Board.

The Chair reported that in relation to the MDH proposed change to the Paediatric Service Model of Care the Board had considered quality and safety issues and the need to have a process which was inclusive and timely and complete and has decided to ask two Board Members to facilitate a further consultation process to provide appropriate, safe and high quality care for children, who present to MDH.

The Chair advised that the Board is aware that a large percentage of the 4,000 children who present to MDH will be discharged home, after being treated in the ED, but the Board wants to be assured that the "right treatment, right place, right time" approach prevails for the children who present to MDH. A report is to be submitted to the Board for consideration following this further consultation having been completed, the Chair said.

Dr Warne responded that the decision of the Board is fair and the GP VMOs at MDH did not feel that the consultation process that had been put into place previously would achieve a reliable outcome and therefore further consultation over a reasonable span of time, is the right way to proceed.

Dr Warne noted that the community is very interested in this issue and asked if there is a role for the Community to provide input into this process? The Board responded and indicated that the Community would be invited to provide input into this further consultation process.

Dr Warne suggested that there may be an opportunity for the community to provide some feedback in relation to some aspects of the care being provided to children at MDH, such as in relation to the availability of transport resources.

Mr Humphries noted that the Board Members who are facilitating the consultation process will have an open mind and will be working through the Chief Executive to ensure that they are not crossing over the responsibilities of the NSW LHD Executive, but are working as representatives of the Board and will provide a facilitated process and will ensure that professional advice is received and is taken into account, when the outcomes are being determined.

Mr Humphries indicated that the details of the consultation have not been determined at this stage, with the first work of the two Board Members being to determine how they will facilitate the consultation process.

Dr McPhee spoke about his concerns regarding the conduct of some Clinicians, during the consultation process. He also expressed his disagreement with the decision of the Board to

conduct a further consultation process about proposed reorganisation of MDH Paediatric services.

A lengthy discussion about some of the issues raised by Dr McPhee then occurred. There was some disagreement with Dr McPhee's comments raised by Dr Warne and a few Board Members.

Mr Provest sought regular updates from the Chief Executive on the discussions that are taking place with the Queensland Health representatives.

Mr Crawford advised that a meeting was held of the Cross Border Executive Steering Committee today with invited representatives from the NSW MOH and Queensland Health Department in attendance to discuss a proposed Service Provision Agreement between NNSW LHD and Gold Coast Hospital and Health Service with a focus on making Gold Coast University Hospital the Preferred Provider for Far North Coast residents. A general framework has been identified to facilitate this and work to turn the framework into a more detailed agreement will now be undertaken, Mr Crawford said. The purpose of this work is ensure that relationships at all levels, Clinician, Manager and Planner are further developed so that a strong interface between the two Health Services which is as seamless as possible is brought into existence.

Mr Crawford indicated that overall the Cross Border Steering Committee Meeting was a productive one noting there were a few issues where there was disagreement. One of these was in relation to waiting times for Outpatients, where the surgery waiting list numbers are controlled by maintaining a process in place that has Patients waiting for two years to receive an outpatient appointment, which causes more Queensland Patients than otherwise to seek to have their surgery at TTH, Mr Crawford said.

Mr Provest queried what progress has been made in relation to an MRI Machine at TTH. Mr Crawford responded that NNSW LHD has submitted a strong supportive letter to the Commonwealth Government to support the issuing of a licence for the MRI at TTH and the LHD is hopeful that this will assist the MRI to become licensed.

Mr Provest indicated that he has been advised that TTH is achieving such good results that it is increasing the overall LHD average result and he asked if it is possible to convey this positive information to the wider community. The Board agreed that Mr Provest is able to make contact directly with the Chief Executive to obtain information for use in Media Statements to the Tweed Community advising of the good results being achieved by TTH.

Mr Provest stated that there seems to be a good working relationship between Management and Clinicians now occurring at TTH and this is assisting in achieving the good results that are being generated. Mr Provest advised of the good briefing that he had received on TTH Master Plan and about the issue of the paid parking, that was recently taken up by the media, which was handled very well. Mr Provest indicated that he has since met with the NSW Treasurer to discuss the potential to allocate loan funding for the proposed TTH Multistorey Carpark.

Mr Longland acknowledged the good performance at TTH and MDH. Mr Longland indicated that he is encouraged that the Board is intending to have a longer consultation period on the MDH Paediatric Service Model of Care change.

Mr Longland advised that Mr Crawford and other Clinician and Management representatives presented to the Tweed Shire Council on TTH Master Plan and it was exciting to see the details of the future planning for the Hospital. Mr Longland noted that he has recently undergone surgery at MDH and that he would rate his satisfaction level due to the care provided being very good. Mr Longland complimented Mr Crawford and the NSW LHD Executive on the way they keep the Tweed Shire Council informed of Health developments occurring in the Shire and said that the Chief Executive has always been accessible to the Council and this is appreciated.

Ms Val Foster advised that the MDH Hospital Auxiliary raises funds for MDH and provides volunteer services at MDH. The MDH Hospital Auxiliary has provided a new Monitor for new mothers and babies at a cost of \$17K. Ms Foster advised that MDH has around twenty Pink Ladies, who provide assistance at the Hospital on a volunteer basis.

Dr Warne advised the MDH Community would like some feedback on how the Hospital is performing individually. Dr Warne indicated that the good performance and goodwill at MDH is based on the VMO system at MDH, which enables good Patient care and good financial management. Dr Warne advised that if there are proposed changes to how the Hospital operates, the MDH Clinicians and Staff want to feel that they are being considered as part of that process.

Ms Jennifer McKellar advised that TTH Auxiliary works hard for TTH and from 1 July 2013 to date TTH Auxiliary has raised \$320K, including funding for the Breast Assessment Clinic Ultrasound Machine. Ms McKellar also advised TTH Auxiliary has purchased bedside lockers, 20 Breastfeeding Chairs, 15 Telemetry Cardiac Monitors, Bladder Scanners and a Bariatric bed and chair during the past twelve months. The upcoming Fashion Parade event is expected to raise around \$7K and the vending machines outside the TTH ED raise around \$10K each year.

Ms McKellar also thanked the Tweed Shire Council for its support of the Auxiliary's use of the Civic Centre for some of the functions that it holds.

The Chair advised the Tweed Community is very supportive of its Hospitals as it sees health as one of its primary issues and therefore is generous in supporting the respective Hospital Auxiliaries.

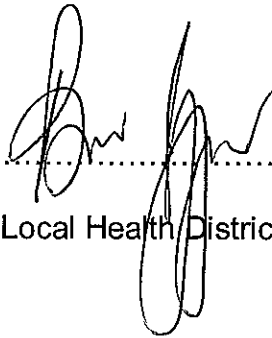
Ms McKellar advised that Mr Crawford had recently attended one of TTH Auxiliary monthly meetings and provided an update on current health issues and this was very well received by the Auxiliary members.

The Chair thanked all of the invited guests for taking the time to attend and present to the Board Meeting.

There being no further official business, the Chair declared the meeting closed at 5.30pm.

**ABRIDGED MINUTES OF THE MEETING OF THE NORTHERN NEW SOUTH WALES
LOCAL HEALTH DISTRICT BOARD HELD ON WEDNESDAY 2 APRIL 2014 IN THE
TCERI MEETING ROOM, THE TWEED HOSPITAL, TWEED HEADS COMMENCING AT
12.30PM**

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

Signed  Date 5/6/14

Dr Brian Pezzutti
Chair, Northern NSW Local Health District