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1.15pm Discussion on strategies for Clinician Engagement by Board Members
Mr Wayne Jones, Chief of Staff, Chief Executive Unit, representing Mr Chris Crawford, Chief
Executive tabled a document that outlined Recommendation Seven of the Improving Clinician
Engagement Paper which recommended that the Non-Clinician Members participate in Clinician
engagement by visiting frontline areas of the Northern NSW Local Health District (NNSW LHD)
to meet and engage with frontline Clinicians on a semi-regular basis. The tabled document also

provided some possible examples for discussion on how Non-Clinician Board Member may wish

to undertake Clinician engagement.

Mr Jones suggested that Non-Clinician Board Member could attend and participate in Clinical Staff Forums, participate in Rounding opportunities with the Chief Executive prior to Board Meetings, hold "meet your Board Member" sessions at Hospitals/Community Health Centres attending Staff Cafeterias and Tearooms where Clinicians can meet the Board Members on a one to one basis, request invitations to attend, as non-voting Members, specific Clinical meetings such as Hospital Quality and Safety Meetings and Cancer Management Meetings.

Mr Jones advised that Mr Murray Spriggs, Clinical and Community Participation Manager would be the central contact point for Board Members to facilitate the arrangements for Board Members who request the opportunity to undertake Rounding at a particular Hospital, or attending specific Clinical Meetings.

The Acting Chair indicated that Clinician Engagement will be included in future Board Member's Performance Agreements, however he was not sure how it would be monitored and evaluated.

Mr Jones noted that the Chief Executive has Clinician Engagement already included in his Performance Agreement and this flows down to the Executive Directors who are also required to undertake Clinician Engagement and this is also included in each Executive Director's Performance Agreement.

Ms Kew suggested a good opportunity for Non-Clinician Board Members to engage with Clinicians may be to undertake Rounding with the specific Hospital General Managers.

Mr Jones noted that at The Tweed Hospital (TTH) and Lismore Base Hospital (LBH) a process is in place so that one at lease one Executive Member undertakes Rounding each day.

Ms Bridgett stated that the best time to meet with Clinicians in Wards and Community Health Centres is when they have meetings arranged. Ms Bridgett spoke on her experience with Rounding during her term as Board Acting Chair, and that she always found it beneficial and the Staff, Patients and Visitors were always open and available to provide feedback and discuss any issues.

Mr Jones suggested that if Board Members want to meet with Clinicians whether it be undertaking a Rounding Session or attending a specific meeting, to provide as much advance notice as possible to Mr Spriggs, who will make the necessary arrangements.

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Mr Humphries suggested that better use of Board Meeting days could be made by undertaking a Rounding exercise prior to the Board Meetings, and this would provide an opportunity to consult with clinicians eleven times per year.

The Acting Chair advised that a Rounding exercise will be arranged prior to the next scheduled Board Meeting in Grafton on 28 May 2014 and Mr Spriggs will make the necessary arrangements to facilitate this taking place.

Ms Bridgett suggested that NNSW LHD Multipurpose Services should be considered for Board Members to visit as there is a lot of interesting care being provided in these facilities.

Professor Barclay also noted that there is a need to record Clinician engagement that is undertaken by Board Members such as at the Health Care Quality Committee, supervising Clinicians Research Projects, as there are a number of Board Members who undertake considerable Clinician engagement which is indirect.

Ms Kew noted that often some Board Members do engage with Clinicians through their work however, this is often not done as a Board Member but as a Clinician and queried how is this captured for recording purposes.

Ms Crayden suggested that apart from undertaking individual Rounding exercises, creating an opportunity for Clinicians to meet with Board Members prior to Board Meetings in a more informal setting, such as morning tea, where Clinicians can discuss any issues they wish to raise, may prove more beneficial for both the Clinicians and Board Members.

Ms Kew suggested that a proforma feedback form be developed to record Site visits of Board Members, as well as receiving suggestions and feedback from Clinicians who the Board Members meet with.

The Acting Chair advised that he will work with Mr Spriggs to develop a paper for the 28 May 2014 Board Meeting that captures the discussion on Non-Clinician engagement by Board Members and include a proforma that can be used by Board Members when undertaking Clinician engagement. The Acting Chair also indicated that Mr Spriggs will facilitate invitations being issued to Clinicians to attend a morning tea at Grafton Base Hospital (GBH) at 11.00am with Board Members followed by Board Members undertaking a Rounding exercise, prior to the next Board Meeting at GBH on 28 May 2014.

Action:

Mr Murray Spriggs is to work with Mr Malcolm Marshall, Deputy Board Acting Chair to develop a paper for the 28 May 2014 Board Meeting that captures the discussion on Non-Clinician Clinician engagement by Board Members and include a proforma that can be used by Board Members when undertaking Clinician engagement.

Mr Spriggs is to facilitate invitations being issued to Clinicians to attend a morning tea at 11.00am at Grafton Base Hospital (GBH) with Board Members followed by Board

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Members undertaking a Rounding exercise, prior to the next Board Meeting at GBH on 28 May 2014.

1. *PRESENT AND APOLOGIES:

Mr Malcolm Marshall (Acting Chair), Mr David Frazer, Dr Joe Ogg, Ms Hazel Bridgett, Ms Rosie Kew, Mr Mark Humphries, Dr Sue Page, Professor Lesley Barclay

In Attendance: Mr Wayne Jones, Mr Murray Spriggs, Ms Jennifer Cleaver (Secretariat)

- 2. *Apologies: Dr Brian Pezzutti, Dr Allan Tyson, Ms Deb Monaghan, Mr Chris Crawford
- 3. *Declaration of Pecuniary and/or Conflicts of Interest Nil
- *Board Members to asterisk non-asterisked items that they wish to discuss. The Board Members identified additional Agenda Items 6.2, 6.3, 6,5 and 14.3 to be asterisked.

5. *Previous Minutes:

a) The Minutes of the Board Meeting held on 2 April 2014 were ENDORSED as a true and accurate record of the meeting. However, Ms Kew indicated that there had been discussion about Social Media which was not recorded in the Minutes and suggested that this should be added to the Minutes as it was as it was important topical issue as it had been mentioned in the Chief Executive's Report as NNSW LHD is considering having input into social media with a Facebook page".

Action:

The Secretariat is to review the tape of the 2 April 2014 to identify the discussion that took place about Social Media and include the discussion in the 4 April 2014 Board Meeting Minutes. The updated 2 April 2014 Board Meeting Minutes are to be submitted to the 28 May 2014 Board Meeting for endorsement.

Moved: Ms Hazel Bridgett Seconded: Ms Rosie Kew

CARRIED

b) The Abridged Minutes of the 5 March 2014 Board Meeting were APPROVED for placing on the NNSW LHD Internet Site.

Moved: Mr David Frazer Seconded: Ms Rosie Kew

CARRIED

5. Business Arising from the Minutes:

6.1 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. The Board noted that Mr Matt Long, Acting Chief Information Officer is undertaking work to investigate how a single identifier could be implemented and utilised for NNSW LHD

Patients and a Brief on how a single identifier can be implemented across NNSW LHD will be submitted to 28 May 2014 Board Meeting.

Action:

Mr Matt Long, Acting Chief Information Officer is to undertake work to investigate how a single identifier could be implemented and utilised for NNSW LHD Patients and a Brief on how a single identifier can be implemented across NNSW LHD is to be submitted to 28 May 2014 Board Meeting.

*6.2 Mr Crawford is to provide information to the 30 April 2014 Board Meeting on the number and categories of positions that are awaiting approval for recruitment on the Mercury system.

Mr Frazer requested that this item is placed on the Board Agenda in two months to provide the Board with updated information once the Staff Establishments are finalised.

The Acting Chair suggested that an updated Brief on the total FTE as well as the percentages by professional groups is provided to the June 2014 Board Meeting.

Action:

Mr Crawford is to provide an updated Brief on the total number and categories of positions that are awaiting approval for recruitment on the Mercury system showing the numbers of FTE versus how many FTE the LHD should have in total, as a percentage as well as the number of FTE for each discipline, be provided to the 2 July 2014 Board Meeting.

*6.3 Mr Crawford is to provide information on how much additional cost would be added to the total NNSW LHD expenditure if the filling of a position occurs immediately upon a position becoming vacant to the 30 April 2014 Board Meeting. Mr Jones responded that the current recruitment system does not allow the process of recruitment to be completed within one month and the current recruitment process has a fifty day completion target.

Mr Jones advised that all current approvals for recruiting have been devolved to the two Health Service Group Executive Directors, Director of Mental Health and Drug and Alcohol Services and himself and any delay currently sits with these positions. Mr Jones indicated that tightening up of recruiting to positions when they become vacant or when it is known they are to become vacant, is part of process issues that need to be improved.

Mr Jones indicated that the current system precludes replacing a position in the Mercury Recruitment System until that position has been vacated in the System. Mr Jones advised

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that the MOH is trying to improve the current recruitment system through the replacement of Stafflink with Health Roster and other value adding tools and the NNSW LHD Workforce Committee is also undertaking work to assist the Managers in progressing the recruitment process to meet the fifty day recruitment target.

Mr Jones advised the NNSW LHD Managers are expected to manage their relevant services, which includes budget management and this can include holding back on recruitment to some positions and this devolvement needs to remain at that level. Mr Jones indicated that his concern relates to the process delays, the Staff establishment is being finalised by the Finance Directorate to enable Managers at all levels to better understand their Staff profiles to assist in their recruitment decisions.

Action:

Mr Jones is to provide a Brief to the 28 May 2014 Board Meeting that provides a list of Staff who are in temporary positions, their locations, how long they have been in these positions and the rationale on why they are on temporary contracts.

6.4 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.

The Board noted that the Chief Executive will include a proposal to increase administrative support for Allied Health Managers as a potential Budget enhancement when the 2014/15 Budget is considered.

6.5 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.

Mr Frazer requested that an update is provided to the Board on the strategies being used to address VMO cost overruns and strategies every quarter, with the next report due at the 2 July 2014 Board Meeting.

The Board ENDORSED the request for quarterly updates 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 be received by the Board with the next Report due to be submitted on 2 July 2014.

Action: Seconded:

Mr David Frazer
Ms Rosie Kew

CARRIED

Action:

A quarterly update is to be provided to the Board on the strategies being used to address VMO cost overruns and strategies every quarter by the two Health Service

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Groups and Dr Richard Buss, Executive Director Mental Health and Drug and Alcohol Services, with the next report due to be submitted to the 2 July 2014 Board Meeting.

6.6 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.

This matter was held over due to Dr Pezzutti being on annual leave. This item will be relisted on the 28 May 2014 Board Meeting Agenda.

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.

6.7 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.

This item was reported in Item 22 of the Chief Executive's Report to the Board under Agenda Item 8.

6.8 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.

This item was reported in Item 6(g) of the Chief Executive's Report to the Board under Agenda Item 8.

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

The Board noted that a special item was included on the Agenda and there had been good discussion and suggestions made concerning how to progress Non-Clinician Board Members Clinician engagement. A paper is to be developed by Mr Malcolm Marshall and Mr Murray Spriggs to be submitted to the 28 May 2014 Board Meeting that documents the suggestions put forward by Board Members for consideration and endorsement.

Action:

Mr Murray Spriggs is to work with Mr Malcolm Marshall, Deputy Board Acting Chair to develop a paper for the 28 May 2014 Board Meeting that captures the discussion

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on Non-Clinician engagement by Board Members and include a proforma that can be used by Board Members when undertaking Clinician engagement.

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

Refer to discussion by the Board under Item 12.4. The Board suggested in line with the discussion on Non-Clinician Clinician engagement by Board Members, Mr Spriggs change the Schedule of Revised Arrangements for Patient Stories and Facility Tours for the NNSW LHD Board taking into account the request of the Board to hold a morning tea with Clinicians prior to undertaking a tour of the Facility before the scheduled Board Meeting commences at 1.30pm.

6.10 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 Acting Chair noted that information on the number of Medical Officer Locums being engaged by LBH ED and the associated costs of the Locum Medical Officers has been requested from Ms Lynne Weir, Executive Director Richmond Clarence Health Service Group and will be provided to the 28 May 2014 Board Meeting.

Action:

Mr Crawford is to submit information on the number of Medical Officer Locums being engaged by LBH ED and the associated costs of the Locum Medical Officers to the 28 May 2014 Board Meeting.

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

The Board noted the letter to Ms Mollie Strong for the Board Acting Chair's signature thanking her for her good leadership and Acting Chairing of CEAC since its inception.

- 6.12 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.

 The Acting Chair noted that some Board Members have advised Mr Murray Spriggs of their intention to undertake training modules in Sydney and he will make the necessary arrangements for them to attend the training.
- 6.13 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.

The Board noted the letter 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.

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6.13 *Any other Matters Arising from the Board Minutes

 Mr Frazer referred to the statement that had been read to the Board by Dr Ian McPhee and noted that requests to Dr McPhee for a copy of the statement, however it has not been forthcoming. Mr Frazer suggested that a typed transcript of the statement be prepared for the Board.

Action:

The Secretariat is to transcribe the Statement made by Dr McPhee to the Board on 2 April 2014 and submit to the Board for its consideration.

Ms Kew advised that she was approached by Dr John Burrell from Lismore Base
Hospital to advise that the Abridged Board Minutes that are available on the NNSW
LHD Internet Site do not tell him anything about what the Board does and suggested
that consideration be given to reformatting the Abridged Minutes or alternatively the
full Minutes are made available on the NNSW LHD Internet Site.

The Board considered Dr Burrell's comments and indicated that the NNSW LHD Abridged Minutes do provide a lot of detail that some other LHD Board Minutes do not provide.

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

The Updated NNSW LHD Board Resolution and Decision Register from the 2 April 2014 Board Meeting were noted.

7.1 Changes to Register Items 294 and 304 were covered in Item 4 Business Arising.

Noted

7.2 New Register items 307 to 317 were covered in Item 4 Business Arising.

Noted

8. *Chief Executive's Report

Mr Jones referred to the issues that were covered in the Chief Executive Report to the Board, which included Federal Minister for Health Visit, NSW Minister for Health and Medical Research Visit to NNSW LHD, Visit by the NSW Minister for Mental Health, Healthy Lifestyles and Western NSW, Integrated Care, Capital Works Projects – Yamba Community Health Centre, LBH Stage 3A, LBH Emergency Medicine Unit, GBH Pathology Service and Pharmacy Department Upgrade, Planning Projects – 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, LBH Multistorey Carpark, Advice about Capital Works and Planning Projects to local NSW Members of Parliament, NEST, NEAT and Triage Results, Patient Activity Levels, Relations with the North Coast NSW Medicare Local, Improving Clinician Engagement, Budget Position, Official Visitors Program, 2014 Aboriginal Cultural

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Awareness Bus Trip, NNSW LHD Quarterly Performance Assessment, Health In Focus – How Does NSW Measure Up – A Bureau of Health Information Report, Long Stay Mental Health Patients, NNSW LHD Quality Awards, MOH/NNSW LHD Service Agreement, Including Activity Levels to be Purchased, MOH/NNSW LHD 2013/14 Service Agreement, State Health Plan/Rural Health Plan, Cross Border Executive Steering Committee, Statewide Clinical Champions Meeting, Non-Emergency Patient Transport, Information Communications Technology (ICT), Establishment of E-Health NSW, V-Money Web System Implementation, Report on Immunisation Rates, Winter Strategies, Community Palliative Care Services, DisabilityCare, Crown Reserves 31001 and 59208, Meeting with NSW Pathology and Pathology North Representatives, LBH Reorganisation, Record Health Capital Works Program, Core of Life Promotion Life Education Program and Chief Executive Absence

Ms Kew referred to the information on the NNSW LHD Service Agreement Key Performance Indicators (KPIs) noting that NNSW LHD is not performing against 23% of the KPIs specifically for the Sub-Acute and Non-Acute KPIs. Mr Jones responded that some of these relate to how type-changing is undertaken and historically the LHD has not performed well against this indicator and most of the type changes to the Sub-Acute classification are undertaken at the direction of the Medical Officer. Mr Jones advised that a Brief has now been developed for the Executive to consider that will assist the LHD to move toward fully implementing ABF for Sub-Acute Services, which will commence from July 2015.

Ms Kew requested that a Brief be submitted to the Board that provides information on the Action Plan for progressing to full ABF for Sub-Acute Services.

Action:

Mr Jones is to submit a Brief to Board on 28 May 2014 that has been developed on the work required to assist the LHD to move toward to fully implementing ABF for Sub-acute Services from July 2015.

The Board ENDORSED the Chief Executive's Report.

9. * Strategic and Planning Items

9.1 Brief and Terms for Reference for NNSW LHD Drug and Alcohol Forum

The Board considered the Brief and Terms of Reference for the establishment of the NNSW LHD Drug and Alcohol Forum. The Board requested that the Terms of Reference be amended to include up to three NNSW LHD Board Members, one of which will be the Chair of the NNSW LHD Drug and Alcohol Forum.

The Board nominated Dr Sue Page, as the NNSW LHD Drug and Alcohol Forum Chair and also nominated Ms Rosie Kew and Ms Leone Crayden as two Board Member representatives.

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Dr Page accepted the nomination of Chair as the NNSW LHD and Ms Kew and Ms Crayden accepted the nominations as Board Members of the NNSW LHD Drug and Alcohol Forum.

The Board also queried whether the NNSW LHD Drug and Alcohol Forum Minutes should be submitted to the NNSW LHD Health Services Development Committee and not the NNSW LHD Board. Mr Spriggs is to contact Dr Richard Buss, Executive Director Mental Health and Drug and Alcohol Services and discuss the most appropriate reporting line for the NNSW LHD Drug and Alcohol Forum.

Moved:

Mr David Frazer

Seconded:

Ms Hazel Bridgett

CARRIED

Action:

Mr Spriggs is to contact Dr Richard Buss, Executive Director Mental Health and Drug and Alcohol Services and discuss the most appropriate reporting line for the NNSW LHD Drug and Alcohol Forum.

9.2 Update Brief on the further consultation process to be undertaken about the Murwillumbah District Hospital Paediatric Service arrangements

The Board ENDORSED and noted the content of the Brief on the further consultation process to be undertaken about the Murwillumbah District Hospital Paediatric Service arrangements.

The Board ENDORSED the recommendation of the appointment of Ms Leone Crayden as a Board Member, in place of Mr David Frazer, to facilitate the further consultation process about the provision of Paediatric Services at MDH.

11. Minutes - Governance Committees

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

The Acting Chair provided a verbal report from the F&PC Meeting held on 30 April 2014.

The unconfirmed Minutes of the FPC Meeting, held on 30 April 2014 will be submitted to the 28 May 2014 Board Meeting for consideration.

11.2 *Health Care Quality Committee (HCQC)

The Board noted the written report provided by Ms Kew arising from the HCQC Meeting held on 8 April 2014.

The unconfirmed Minutes of the HCQC held on 8 April 2014 were noted.

11.3 *Medical and Dental Advisory Appointments Committee (MDAAC)

The unconfirmed Minutes of the MDAAC Meeting held on 10 April 2014 were noted.

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11.4 *Health Services Development Committee (HSDC)

The Board noted that the unconfirmed Minutes of the HSDC Meeting held on 10 April 2014 will be submitted to the 28 May 2014 Board Meeting.

11.5 *Audit and Risk Committee (ARC)

Mr Frazer advised that he had provided a verbal report on the ARC Meeting held on 13 March 2014 at the 2 April 2014 Board Meeting, which report is covered in the Minutes of the 2 April 2014 Board Meeting.

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

11.6 *NNSW LHD Clinical Council

Ms Kew advised that a verbal report had been provided to the 2 April 2014 Board Meeting on the 25 March 2014 Clinical Council Meeting, which was captured in the Minutes of the 2 April 2014 Board Meeting.

The unconfirmed Minutes of the NNSW LHD Clinical Council Meeting held on 25 March 2014 were noted.

11.7 Community Engagement Advisory Council (CEAC)

The Board noted that the unconfirmed Minutes of the CEAC Meeting held on 24 March 2014 will be submitted to the 28 May 2014 Board Meeting.

11.8 Medical Staff Executive Council (MSEC)

The Board noted that the next MSEC meeting is scheduled to be held on 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 Email request from Victoria LeQuesne, Health, Aged Care and Nursing, North Coast TAFE for North Coast TAFE to be included in the Health Education Workforce Research Forum

The Board ENDORSED that TAFE North Coast is invited to become a member of the Health Education Workforce Research Forum and for Ms Victoria LeQuesne, SEO/Discipline Leader, Health, Aged Care and Nursing, to be the North Coast TAFE representative.

Action:

Mr Murray Spriggs is to draft a letter for the Chief Executive's signature to the Vice Chancellor, Southern Cross University advising that NNSW LHD Board has endorsed that TAFE North Coast is invited to become a member of the Health Education Workforce Research Forum and that Ms Victoria LeQuesne, SEO/Discipline Leader, Health, Aged Care and Nursing, is invited to become the TAFE North Coast representative on the Forum.

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12.2 Request from Deborah Oong, Associate Director, Corporate Governance And Risk Management, Legal and Regulatory, MOH for a Staff Member to attend a NNSW LHD Board Meeting as an Observer

The Board supported the request from Deborah Oong, Associate Director, Corporate Governance And Risk Management, Legal and Regulatory, MOH for a Staff Member to attend a NNSW LHD Board Meeting as an Observer.

Action:

The Chief Executive is to write to Ms Deborah Oong, Associate Director, Corporate Governance And Risk Management, Legal and Regulatory, MOH advising that the NNSW LHD Board supports her request for a Staff Member to a attend a NNSW LHD Board Meeting as an Observer.

12.3 Brief on proposed process for recognising outstanding contribution for retiring Medical and Dental Officers

Mr Frazer queried why the proposed process for recognising outstanding contribution is limited to retiring Medical and Dental Officers? Mr Jones responded that there is another process in place that recognises Staff who have long service with the LHD and the Chief Executive undertakes presentations to these Staff at different LHD locations every several years.

Mr Frazer also queried if breaks in service are taken into account when awarding outstanding contribution for retiring Medical and Dental Officers. Mr Jones suggested that the process of nominating should be utilised as a guide with "common-sense" prevailing when consideration is given to making a nomination for outstanding contribution.

The Board ENDORSED the recommendations contained in the Brief.

12.4 Revised Arrangements for Patient Stories and Facility Tours for NNSW LHD Board Meetings for 2014

The Board suggested in line with the discussion on Non-Clinician Clinician engagement by Board Members, Mr Spriggs change the Schedule of Revised Arrangements for Patient Stories and Facility Tours for NNSW LHD Board taking into account the request of the Board to hold a morning tea with Clinicians prior to undertaking a tour of the Facility, before the scheduled Board Meeting at Grafton commences at 1.30pm.

Action:

Mr Spriggs is to amend the Schedule of Revised Arrangements for Patient Stories and Facility Tours for the NNSW LHD Board taking into account the request of the Board to hold a morning tea with Clinicians prior to undertaking a tour of the Facility before the scheduled Grafton Board Meeting commences at 1.30pm and submit the revised document to the 28 May 2104 Board Meeting for consideration.

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- 13. * Items without Notice/Late Business
- 14. Items for Noting
- 14.1 Letter to Mr Thomas George, MP, Member for Lismore providing an update on NNSW LHD Capital Works that are occurring within the Lismore Electorate.

 Noted
- 14.2 Letter to Mr Chris Gulaptis, MP, Member for Clarence providing an update on NNSW LHD Capital Works that are occurring within the Clarence Electorate.

 Noted
- 14.3 Brief providing a breakdown of YTD Salaries and Wages Costs for period ending March 2014 for Nursing, Medical, Allied Health and Other

 Ms Kew advised that she had requested that the breakdown of YTD Salaries and Wages Costs for Medical, Nursing and Allied Health for the relevant period to be included in the monthly Operating Statement Income and Expenditure Statement. The Acting Chair responded that he will request Mr James McGuigan, Executive Director of Finance to add

Action:

Mr Malcolm Marshall is to request Mr James McGuigan, Executive Director of Finance to include the breakdown of YTD Salaries and Wages Costs for each relevant period into the monthly Operating Statements.

15. Items for Information:

There were no items for information.

16. Date and Time of next Board Meeting:

Wednesday 28 May 2014 the Aruma Meeting Room, Grafton

this information into the monthly Operating Statements.

There being no further official business, the Acting Chair declared the meeting closed at 3.25pm.

2017 May 2014

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

Mr Malcolm Marshall

Signed

Deputy Acting Chair, Northern NSW Local Health District