

MINUTES OF THE MEETING OF THE NORTHERN NEW SOUTH WALES LOCAL HEALTH DISTRICT BOARD HELD ON WEDNESDAY 27 APRIL 2016 IN THE MARIE SMITH MEETING ROOM, MURWILLUMBAH DISTRICT HOSPITAL, EWING STREET, MURWILLUMBAH COMMENCING AT 12.30PM

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12.30pm – 1.30pm Mr Chris Puplick, Board Chair and Mr Gary Forrest, Acting Chief Executive, Justice Health and Forensic Mental Health Network (JH&FMHN) addressed the Northern NSW Local Health District (NNSW LHD) Board on the development of the Northern NSW Correctional Precinct at Grafton

Mr Chris Puplick, Board Chair and Mr Gary Forrest, Acting Chief Executive, Justice Health and Forensic Mental Health Network addressed the Northern NSW Local Health District (NNSW LHD) Board on the development of the Northern NSW Correctional Centre at Grafton.

Mr Puplick provided a verbal overview of the current situation facing the JH&FMHN in meeting the accommodation needs for an increasing inmate population. Mr Puplick suggested the increasing inmate population is mainly due to more people being brought before the court system. However, he noted that in a time when the amount of crime is decreasing we are experiencing an increase in incarceration rates. Mr Puplick noted that the advent of contemporary DNA testing has enabled the Police to prosecute more criminals.

Mr Puplick spoke on the issue of an ageing prison population and that males over 55 years of age are the fastest growing group in the prison population. A submission is to be made on institutionalised elder abuse in the prison population to the current Federal Inquiry as there is a cohort of the prison population that are not being recognised as victims in this area.

The Board were advised that Prison facilities which have been closed in the past are now being considered to be re-opened to accommodate the increasing prison population. Some facilities are to be expanded, such as Kempsey and new facilities will be built, including Grafton. Mr Puplick noted that of the current correctional facilities over 20% were built in the 19th century and are in serious need of upgrade.

The Board were advised that there is a lack of certainty on the number of beds that will be available at the Grafton Correctional Centre but it is expected that it will be between 1,000 to 1,700 over a period time. The Correctional Centre will be a public private partnership arrangement and NSW Health (Justice Health) will be excluded from providing the health services. Health Services will be tendered out to a private operator. Mr Puplick stated that Justice Health determines the minimum health standards for its inmates and a private sector operator will need to accommodate these standards.

Mr Puplick indicated that there will be an ongoing need for the transfer of people out of prison clinics into the public hospital system and these patients need to be treated at no cost to the Correctional Centre operator in accordance with current legislation. It is expected that there will be up to 400 transfers per annum to Grafton Base Hospital (GBH) at a cost of around \$250K - \$500K. There are also a number of specific issues that arise, such as the treatment for renal dialysis inmates and where this service can be sourced, access to the Opioid Treatment Program for prison inmates and ongoing local treatment when inmates are released from prison will also require consideration.

The Board was advised that there will be a need for a secure unit at GBH to treat these inmates, which will be either managed by GBH or under contract from the private sector to manage within

the secure unit. Mr Puplick suggested that the cost to build a secure unit at GBH to treat prison inmates may cost around \$1 million, however costings have not been undertaken to-date.

Mr Puplick indicated that there has not been any significant increase in the JH&FMHN budget to accommodate the expanded new Correctional Services to accommodate the current prison population of around 12,000. Also, there has not been any serious planning on the impact on the LHDs where the new prison facilities are to be established, including training, cost/funding, relationship with the Department of Corrective Services and the private sector health provider.

The NNSW LHD Board Chair queried the expected cost to build a secure facility at GBH and suggested that it would be at a cost of much more than \$1 million. The Board Chair also noted that the cost of providing services for the prison inmates together with the additional services such as Pathology and Imaging will be an impost for NNSW LHD's budget.

The Board also indicated that a better system of prearranged transfers of high level patients who need specialised services such as neurosurgery would be to Queensland as transfer to Sydney needs to allow between six to eight hours. It was suggested that this issue needs to be raised with the Cross Border Commissioner in relation to moving patients across the NSW/Queensland border for care.

The Board also noted that the issue of staffing a secure ward needs to be determined taking into account the Prison Officers that need to attend GBH with the prisoner, and the impact that this will also have on the Correctional Centre's available staffing.

Mr Forrest indicated that a Policy change is being discussed at Ministry level about whether a change can be made for the public sector to charge the private operator for any use of public health services.

Mr Puplick advised that the Grafton Correctional Centre contract with the Private Operator will determine what services are provided but it is anticipated they will be similar to that currently provided at the Long Bay Correctional Centre.

The Board Chair also indicated that family support also needs to be considered as families often move to support an inmate who is a family member, and they often have co-morbidities and health needs that will impact on local Health Services. Mr Forrest explained that unexpected release of prisoners has been an ongoing issue for JH&FMHN in relation to how to support these prisoners and it is expected that the private provider will have appropriate processes in place to address this issue. Mr Forrest noted that JH&FMHN does have an integrated care program in place that follows the prisoner through from the point of entry to when they are released.

Mr Puplick spoke on the issues of treating remand prisoners and what can occur when these prisoners attend court and are found not guilty or they do not get a custodial sentence, and what the impact is for these former remand prisoners and support services, such as Health Services.

Mr Forrest advised that the initial bed proposal for the Grafton Correction Centre was for 1,000 male beds with an option to flex up to 1,300 with the addition being female beds. The expectation would be for the private operator to take on women's health services, including health screening and maternity care. A Nurse Practitioner/Midwife case manages all of the Justice Health high risk pregnant prisoners. There will not be any mothers and babies program available at the Grafton Correctional Centre as there is already a significant program at the Emu Plains facility.

Mr Forrest advised that the private operator is expected to provide court reports for Mental Health Services which is currently paid by JH&FMHN. The Board were advised that JH&FMHN currently pay around \$6 - 7million per year for unfunded services.

The issue of transfer of patients with NSW Ambulance Services was raised as GBH is not a designated trauma centre and the Ambulance Service will be directed to go to Coffs Harbour Hospital not GBH if a major trauma occurs within the Correctional Centre and how this will need to be managed in line with the current NSW Health Policy.

The Board Chair suggested that NNSW LHD may need to establish a Liaison Officer to work with JH&FMHN and the Private Provider in the development of the new prison and to be paid for as part of the project. Mr Jones suggested that he and Ms Lynne Weir, Executive Director Richmond Clarence Health Service Group are to establish a working group and to meet with Mr Forrest to discuss how to best manage the development of the new prison and its impact on LHD services. The working group also needs to consider the capacity for current policy and processes for some programs that will be available.

The Board was advised that prisoners provide approval for release of their information to be provided to health service when they enter the Correctional facility to prevent any concerns in breaching privacy conditions.

The Chair noted the importance of Mr Chris Gulaptis, MP, Member for Clarence to be kept informed of the development of the Grafton Correctional Centre.

The Chair suggested that Mr Puplick and Mr Forrest attend another NNSW LHD Board Meeting in around six – eight months to provide a further update on progress with the development of the Grafton Correctional Centre.

The Chair thanked Mr Puplick and Mr Forrest for taking the time from their busy schedules to travel to Murwillumbah and meet with the Board to undertake a very informative discussion.

1.30pm – 2.30pm Mr Thomas George MP, Member for Lismore addressed the Board
Mr Thomas George, MP Member for Lismore attended the Board Meeting and discussed relevant issues of concern among his constituency.

The Chair raised the Lismore Base Hospital Redevelopment and noted that the northern tower will open in 2017/18. However, the southern tower will not be built until the old A Block is demolished and therefore the Medical Imaging Department will not join the new Hospital until

this tower is built. The Chair noted his concerns that Health Infrastructure (HI) has changed the mix of services in the new tower and the end build will now be a four storey tower and not a seven storey tower. Therefore, this impacts on Intensive Care and two Ward blocks. The Chair advised that he was concerned that it will potentially be four years before this infrastructure is built and therefore LBH will not be as functional as it should be until three years after the new building is built. Also, with the changes the Education Centre will not be built as part of this redevelopment.

Mr George responded that he has been advised that the 2016/17 Budget does not contain any further funding for LBH. However, HI representatives will now meet with Mr George and key NNSW LHD Management on 18 May 2016 to undertake an inspection of the LBH redevelopment site and plans to discuss what is required by the LHD for this project.

Mr George reported that the appropriate amount of funding to build the Bonalbo Multipurpose Service (MPS) continues to be discussed. Mr George indicated that HI has committed to the Bonalbo MPS and he has requested the Minister for Health to consider the costs for Bonalbo MPS and for a timeline and outline of the project to be confirmed and provided.

The Chair explained to Mr George the ongoing budgetary arrangements with the MOH and he noted the issue of medical record coding that is impacting on the NNSW LHD results, is occurring across the State. Mr George was advised that while NNSW LHD is expected to meet budget at the end of the financial year, for the first time NNSW LHD will not meet all three of the activity targets for elective surgery.

The Chair advised that NNSW LHD has prepared a Brief to be submitted to the MOH that proposes that an additional \$25 million funding for community based services is required to assist in ensuring that the LHD does not continue to go over budget in the years ahead for community based services. The Brief puts forward a plan on how the \$25 million would be expended by NNSW LHD.

The Chair also spoke on the importance of rural LHDs being provided equitable funding comparatively to metropolitan LHDs and that he continues to advocate to the MOH on this matter.

Mr George noted concern relating to the issue of recurrent funding for the development of capital projects across the State.

Mr George was advised that the Murwillumbah District Hospital Maternity Service model of care is a midwife led model and some concern has been raised about the short length of stay post-delivery. Professor Barclay advised that the MDH Maternity Service has been taken off the NNSW LHD Risk Register due to the management of the change of this service at MDH.

The Chair thanked Mr George for attending the Board Meeting and discussing local issues.

1. PRESENT AND APOLOGIES:

MINUTES OF THE MEETING OF THE NORTHERN NEW SOUTH WALES LOCAL HEALTH DISTRICT BOARD HELD ON WEDNESDAY 27 APRIL 2016 IN THE MARIE SMITH MEETING ROOM, MURWILLUMBAH DISTRICT HOSPITAL, EWING STREET, MURWILLUMBAH COMMENCING AT 12.30PM

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

In Attendance : Mr Wayne Jones, Acting Chief Executive
Ms Lynne Weir, Executive Director Richmond Clarence Health Service Group (for JH&FMHN discussion)
Mr Murray Spriggs, Ms Jenny Cleaver (Secretariat)

2. Apologies: Mr Malcolm Marshall, Ms Leonie Crayden, Dr Sue Page.

3. Declaration of Pecuniary and/or Conflicts of Interest

There were no declarations of pecuniary 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 discussed all Business Arising Agenda Items.

***5. Previous Minutes:**

a) The Minutes of the Board Meeting held on 30 March 2016 as circulated were ENDORSED as a true and accurate record of the meeting with an amendment to page 3 Item 6.1 to now read "from the Commonwealth for short term restorative patients and for acute patients."

Moved: Mr David Frazer

Seconded: Dr Joe Ogg

CARRIED

Business Arising from the Minutes:

***6.1 The Acting Chief Executive is to develop a paper on single Medical Officer Emergency Departments (EDs) particularly in relation to the surge capacity in tourist locations, the potential over-servicing that is undertaken and the implications of this for the LHD to a future Board Meeting.**

The Board noted the information contained in the Briefs from Ms Bernadette Loughnane, Executive Director, Tweed Byron Health Service Group and Ms Lynne Weir, Executive Director, Richmond Clarence Health Service Group on single use Medical Officer EDs.

***6.2 Ms Symes will provide a Brief to the 27 April 2016 Board Meeting on the arrangements and costings that have been put into place for a Facilitator to conduct a workshop for the NNSW LHD Board to review the current NNSW LHD Strategic Plan Vision and Purpose Statement and the potential to develop branding for the LHD to be held prior to the 29 June 2016 Board Meeting commencing at 8.00am in Lismore.**

The Board noted the information contained in the Brief from Ms Annette Symes, Acting Chief Executive, concerning the cost of a facilitator for a Board Workshop relating to the development of an LHD "brand" and related review of the LHD Vision and Purpose Statement in the NNSW LHD Strategic Plan.

The Board ENDORSED the recommendation of the quotation from the proposed facilitator Ms Carmen Stewart, Future Scapes for the facilitations of the Board Workshop on 29 June 2016.

Moved: Ms Rosie Kew
Seconded: Professor Lesley Barclay
NOTED

***6.3 Mr James McGuigan, Executive Director of Finance is to undertake work on the cost implications for NNSW LHD in 2016/17 on the service being provided to the current Grafton Remand Centre.**

The Board noted the information contained in the Briefs from Mr Dan Madden, Executive Officer, Grafton and Maclean Hospitals and Mr James McGuigan, Executive Director of Finance concerning the cost implications for NNSW LHD in 2016/17 on the service being provided to the current Grafton Remand Centre.

Dr Tyson noted that if a Remand Centre patient is referred to the local Hospital who then refer the patient to an external Surgeon/Doctor the Hospital would bear the cost.

Mr Jones advised that he will meet with Mr Gary Forrest, Acting Chief Executive, JH&FMHN on 29 April 2016 to discuss the establishment of Liaison Officer position and the development of working group concerning the impact of the new Grafton Correctional Centre on NNSW LHD Health Services.

Mr Frazer raised concern on the process that may be undertaken concerning management of what the private provider will be responsible for and whether there is the potential for cost shifting that would adversely impact the LHD as well as the issue of ensuring that there is a process for discharging of inmates following a non-custodial sentence at court and suggested that this should be closely monitored.

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

The Board noted that a report from Ms Lynne Weir, Executive Director Richmond Clarence Health Service Group advising how the IMG Program has been successful in relation to the differential between the expected savings and actual savings made will be submitted to the 25 May 2016 Board Meeting.

Action:

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

- *6.5 The Acting Chief Executive, is to draft a letter for the Board Chair's signature to Ms Susan Pearce, Deputy Secretary, System Purchasing and Performance Division, NSW Health thanking Ms Pearce for meeting with the Board and undertaking open and frank discussion.**

The Board noted that letter to Ms Susan Pearce, Deputy Secretary, System Purchasing and Performance Division, NSW Health thanking Ms Pearce for meeting with the Board and undertaking open and frank discussion.

- *6.6 The Acting Chief Executive is to forward a letter to Mr Daniel Hunter, Chief Executive, HealthShare seeking a response to the issues raised during his meeting with the Board on 2 March 2016.**

Mr Jones reported that Mr Daniel Hunter, Chief Executive, HealthShare has advised that he will follow-up on issues raised by the Board at the 2 March 2016 Board Meeting and he will provide a response to the Board in due course.

- *6.7 The Acting Chief Executive, is to draft a further letter for the Board Chair's signature to the MOH following work being undertaken to address current coding issues across the LHD asking that it make representation to the Commonwealth Pricing Authority on the issue of patients living alone who need to remain in hospital following treatment as they have no-one for care for them and the resultant impact on LHDs.**

The Board referred to the advice contained in the Chief Executive's Report Item 12 concerning representation to the Commonwealth Pricing Authority on the issue of patients living alone who need to remain in hospital following treatment as they have no-one for care for them and the resultant impact on LHDs.

The Board noted advice that work will be undertaken on coding review to support the issue of patients living alone and the resultant impact for the LHD following the immediate issues relating to the coding "backlog" being addressed.

- *6.8 Ms Symes is to submit a report to the Board on current unmet need and moving forward over the next five years in Allied Health in areas such as Occupational Therapy, Social Workers and Dieticians.**

The Board noted the information contained in the Brief from Ms Vicki Rose, Executive Director Allied Health concerning the unmet need for Allied Health Clinicians across the NNSW LHD.

The Board indicated that additional information is required as the original request for information to be provided on the current unmet need and future needs over the next five years in Allied Health including areas of acute, sub-acute and community services should be based on population and models of care.

Mr Jones responded that he will request that further analysis and needs assessments are undertaken and additional information will be provided to the 25 May 2016 Board Meeting.

Action:

The Acting Chief Executive is to provide information on the unmet needs of Allied Health Services following a further analysis and needs assessment for areas of acute, sub-acute and community services which is population based and take account of models of care now and over the next five years to the 25 May 2016 Board Meeting.

***6.9 Ms Symes is to provide a Brief to the 27 April 2016 Board Meeting on where the 25 FTE positions that are affected by the introduction of the National Disability Insurance Scheme (NDIS) are located across the LHD.**

The Board noted the information provided in the Brief from Ms Vicki Rose, Executive Director Allied Health and Chronic and Primary Care Services concerning the introduction of NDIS.

Mr Jones advised that he will be discussing with Susan Privalld, Family and Community Services on the potential impact of NDIS for NNSW LHD and seek guidance on what type of provider NNSW LHD should consider, that is an active or passive provider of NDIS services. Mr Jones will provide further information to the NNSW LHD Board following this discussion with Ms Privalld.

Action:

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

***6.10 Ms Symes is to request the MOH to provide advice on how additional funding is provided to Sydney LHD when its results in some areas are now as good as other LHDs, such as NNSW LHD and to also request advice on how accurate the data is that is provided in the Surgery Dashboard Report.**

The Board noted that the Board Chair has corresponded with Ms Susan Pearce, Deputy Secretary, System Purchasing and Performance Division raising concern about the accuracy of the data that is provided in the Surgery Dashboard Report.

***6.11 Ms Symes is to review the results of the Key Performance Indicator Reports for Emergency Treatment Performance and Patient Volumes, Elective Surgery and provide advice as to whether the results are correct to the 27 April 2016 Board Meeting.**

The Board noted that that Acting Chief Executive is to review the results of the Key Performance Indicator Reports for Emergency Treatment Performance and Patient Volumes, Elective Surgery and provide advice as to whether the results are correct to the 25 May 2016 Board Meeting.

Action:

The Acting Chief Executive is to review the results of the Key Performance Indicator Reports for Emergency Treatment Performance and Patient Volumes, Elective Surgery and provide advice as to whether the results are correct to the 25 May 2016 Board Meeting.

- *6.12 Ms Symes is to seek information from Lynne Weir, Executive Director Richmond Clarence Health Service Group on the part closure of Lismore Mental Health carpark in preparation for the multistorey carpark opening and provide feedback to the 27 April 2016 Board Meeting.**

The Board noted the information from Ms Lynne Weir, Executive Director, Richmond Clarence Health Service Group concerning the development of the Lismore Base Hospital Carpark and the opening hours of the Mental Health Carpark.

- *6.13 Ms Symes is to request Ms Ellie Saberi, Women's and Child Health Program Co-ordinator to make changes to the proposed wording on the Domestic and Family Violence Banners and change the wording in the written pledge that the NSW LHD Board Members are to make and the wording referring to the male members of the Board being identified as Champions of Change needs to be reworded to become more inclusive and is to submit an updated Brief outlining the changes to the 27 April 2016 Board Meeting for further consideration.**

The Board noted the further Brief from Ms Ellie Saberi, Women's and Child Health Program Co-ordinator concerning the proposed wording for the written and verbal pledges for the Board Members to undertake on its stance against domestic and family violence.

The Board suggested that the wording of the banners for each NSW LHD site is localised as appropriate, for example in the Clarence Valley the wording would include "Domestic Violence is foul play" which is in keeping in line with the wording that is being used as part of the Domestic Violence work being undertaken by Dallas Waters, Domestic Violence White Ribbon Ambassador in the Clarence Valley.

The Board also requested that banners are changed and rotated on a regular basis in all acute and community health facilities to ensure that there is a continuing message available on the Board's support for addressing domestic and family violence.

Ms Monaghan advised that there is no further funding for the Close the Gap Aboriginal Family Health Initiative concerning the domestic and family violence worker in the Clarence Valley when the program finishes in June 2016. Mr Jones advised that he is meeting with MOH representatives to discuss whether funding can be allocated to continue this important program for a further twelve months.

The Chair also suggested that representation is made to the Hon Pru Goward, Assistant Minister for Health to seek additional funding to be allocated to continue this program and to also approach the North Coast Primary Health Network.

The Board requested that Ms Saberi make representation to the NSW Police to have access to the full anti-DV video for use in NNSW LHD Facilities.

The Board endorsed the Recommendations and noted that the wording of the second Recommendation should read "That the first sentence of the fourth paragraph of the written pledge be changed to "In 2016 the focus strategy for the Board *is* to raise awareness amongst the senior Executive staff of the Local Health District about the issue of domestic and family violence."

The Board agreed that the wording for the written pledge is amended with the third dot point being changed to read "Be an active bystander, challenging comments, beliefs and actions that support sexist attitudes and condone violence."

Mr Murray Spriggs is to arrange for video shots of NNSW LHD Board Members taking the verbal pledge to be placed on the NNSW LHD internet site.

Action:

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

- *6.14 Mr Malcolm Marshall is to meet with Mr James McGuigan, Executive Director of Finance to discuss a way forward on how the Finance Directorate can provide more meaningful reports for the Executive and Board and how the work on a zero based budgeting model will be developed over the next few months and a report on his discussion with Mr McGuigan is to be provided to the 27 April 2016 Board Meeting for consideration.**

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

Action:

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

- *6.15 Ms Symes is to seek advice on the amount of time a temporary Staff Specialist appointment can be made and whether a previous direction that was made remains in place to the 27 April 2016 Board Meeting**

The Board noted the information contained in the Brief from Mr John Wickham, District Manager Medical Administration.

Mr Jones advised that he will discuss the recruitment of the Director Medical Services Richmond Network with Ms Lynne Weir, Executive Director, Richmond Clarence Health Service Group and provide feedback to the Board. Mr Jones also advised that he will progress recruitment to the Director of Palliative Care position.

The Board ENDORSED the Recommendations contained in the Brief.

***6.16 Ms Symes is to provide a report on the cost impact of Medical Officers receiving Rural Doctor Association (RDA) rates treating private patients to the 27 April 2016 Board Meeting.**

The Board noted that information contained in the Brief from Ms Annette Symes, Acting Chief Executive concerning the cost impact of Medical Officers receiving RDA rates treating private patients.

The Board Chair raised concern with the arrangement that was in place at Grafton Base Hospital (GBH) for General Surgeons, Orthopaedic Surgeons and an Obstetrician who are RDA Fee for Service contracts and it was suggested that this arrangement should be changed.

Mr Jones advised that prior to any change being made to these arrangements at GBH a cost analysis needs to be undertaken to ascertain what the cost impact would be for the LHD prior to the Board making a decision on whether RDA rates should be continued at GBH. The Board requested that Mr Jones undertake a cost analysis and provide a report to the Board for consideration.

Action:

Mr Jones is to undertake a cost analysis of the impact of the Rural Doctors Association rates that are in place at Grafton Base Hospital and what the impact would be should these arrangements be changed and provide a report to the Board for its consideration.

***6.17 Ms Symes, Acting Chief Executive is to provide advice to the 27 April 2016 Board Meeting concerning the potential to rent the Dental Clinic space at the Yamba Community Health Centre.**

The Board noted the information contained in the Brief from Ms Vicki Rose, Executive Director Allied Health and Chronic and Primary Care and the proposed timeframe for the commencement of Dental Services to occur at the Yamba Community Health Service. The Board requested that it is advised at the 29 June 2016 Board Meeting of when the Dental Service at the Yamba Community Health Service has commenced.

Action:

The Chief Executive is to provide advice to the 29 June 2016 Board Meeting of the commencement of the Dental Service at the Yamba Community Health Centre.

***6.18 Ms Symes, Acting Chief Executive is to provide advice to the 27 April 2016 Board Meeting on the potential to move Maclean Community Health to the Yamba**

Community Health Centre and utilising the Maclean District Hospital space for students and other services.

The Board noted the information contained in the Brief from Ms Lynne Weir, Executive Director Richmond Clarence Health Service Group and requested that information is provided on what services can be relocated to the Yamba Community Health Centre to the 25 May 2016 Board Meeting.

The Board also requested advice on whether the Renal and Urology Services being provided at Maclean Hospital are for public or private patients and whether a charge is being made for the use of the rooms being utilised.

Action:

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

***6.19 Any 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 30 March 2016 Board Meeting was noted.

7.1 Changes to Register Items 411, 523, 529 530 and 532 covered in Item 6 Business Arising.

Noted

7.2 New Register items 536 and 550 were covered in Item 6 Business Arising.

Noted

8. *Chief Executive's Report

Mr Jones referred to the issues that were covered in the Chief Executive's Report to the Board, which included the appointment of Executive Director positions – Systems Purchasing and Performance Branch, MOH/NNSW LHD 2015/16 Service Agreement, 2016 Purchasing Model and Negotiations on Activity Targets, Health on a Page, 2015/16 Budget, Elective Surgery and Emergency Patient results, Capital Works Projects and Planning Projects – Coraki HealthOne, Casino Aboriginal Medical Service Dental Unit, Byron Central Hospital and Decommissioning/Securing of Byron Bay and Mullumbimby Hospitals, Maclean District Hospital Rehabilitation Unit, Rapid Review – Unplanned Hospital Readmissions, Funding requirements for Clinical Information Systems – Hosted Service, Patients Living Alone and COAG Heads of Agreement in Public Hospital Funding.

The Board discussed the following matters:

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- The need for the development of a dashboard report on Finance and Performance and Activity results each month to be developed by the Executive Director of Finance and that Mr Marshall is continuing to have discussion with Mr McGuigan to develop the dashboard report.
 - The need for the end of March 2016 coding to be completed as soon as possible as there is a further meeting with the MOH to negotiate the NWAU targets for 2016/17 for NNSW LHD. The Board Chair suggested that Coders from St Vincent's Hospital in Lismore may be able to assist with the coding backlog in the Health Service Groups.
 - CHOC reporting is not providing consistent data and the Mental Health Services across the State is under-reporting.
 - Following completion of the backlog of coding, a review will be undertaken on the current Health Information Staffing model that is in place including the way information is collected and a model will be developed that is supported by the people using the system.
 - The presentation developed by Dr David Hutton, Executive Director Clinical Governance on unplanned readmissions will be submitted to the 25 May 2016 Board meeting for information. Statistical information prepared by Dr Megan Passey, Northern Rivers University Centre for Rural Health is to also be submitted to the Board Meeting for information.
 - Start on times for Operating Theatres will be raised during an independent audit review of the Operating Theatres at LBH and feedback will be provided to the Board following the Audit Review Report being received.
 - The philosophy of the Hospital in the Home (HITH) Program being a Hospital Care Program not a community care program and needs to be operated by acute nurses not Community Nurses. Mr Jones suggested that the HITH Program needs to be reviewed and look at it being used as an acute program only.
 - The Board Chair raised concern on comments made in relation to NNSW LHD being successful in not having its funding base reduced and that discussions are continuing in relation to negotiations with the MOH on the 2016/17 Service Agreement.
 - Health Infrastructure (HI) is to undertake a value management study on TTH redevelopment on 6 May 2016. The Chair advised that HI need to deliver the Services that the Minister for Health has signed off for TTH redevelopment.
 - Dr Ogg noted concerns that have been raised by TTH Clinicians on the lack of progress with the TTH redevelopment.

- TTH and LBH working together co-operatively to progress lung cancer treatment in a collaborative way.

The Board ENDORSED the Acting Chief Executive's Report.

***9. Strategic and Planning Items**

9.1 Brief advising of progress update on the NNSW LHD Non-Admitted Funding Brief April 2016.

The Board discussed the content of the NNSW LHD Non-Admitted Funding Brief and suggested that more consideration needs to be given to some of the type of service provision in some specialities, such as Allied Health as it is important that the numbers proposed actually fit the models of care that have been identified. The Board suggested that there may be an opportunity for part funding to be available for some services that could be put together with another service to create full time employment opportunities that would be more attractive to staff wishing to transfer to the North Coast.

The Board requested that benchmarking be undertaken in relation to Palliative Care Services with other LHDs to ascertain what services are included to ensure NNSW LHD is providing an holistic and rounded service for Palliative Care patients within a multidisciplinary model. The Board suggested that this issue could also be raised at the NNSW LHD Clinical Council for its input.

Mr Jones indicated that he will provide this feedback to the author of the Non-Admitted Funding Brief, Ms Vicki Rose, Executive Director Allied Health and Chronic and Primary Care.

9.2 Brief on proposal for NNSW LHD to access Queensland Procurement competencies

The Board noted the information from Mr James McGuigan, Executive Director of Finance concerning the option for NNSW LHD accessing Queensland procurement systems and the options and implications of joining the Queensland Health procurement system.

***10. Minutes – Governance Committees**

10.1 Finance and Performance Committee Meeting (F&PC)

The unconfirmed Minutes of the 20 April 2016 F&PC Meeting Minutes were tabled.

Mr Humphries reported that currently the end of year projection for NNSW LHD is unfavourable by around \$500K. The risks to achieving this result include the DVA being decreased by around \$2 million and \$1.7 million depreciation which to-date has not been approved. An amount of around \$467K has been reimbursed for pathology overcharging and the public holiday on 28 December 2015 impacted on the LHD by around \$505K in additional costs, Mr Humphries said.

Mr Humphries also noted that VMO payments have increased by 7% which equates to around \$5.74 million variance to the previous year. Mr Jones indicated that further analysis

continues to be undertaken to identify the key drivers of this increase, and stated there it is suspected there may be some costs that should not be included which could impact on the result.

Mr Humphries noted that Dr Richard Buss, Executive Director Mental Health and Drug and Alcohol Services and the Chief of Staff, Chief Executive Unit have now joined the FPC Membership.

Mr Humphries reported that a draft 2016/17 budget is to be submitted to the 18 May 2016 FPC Meeting for consideration. The Board agreed that a special Board Budget meeting is to be held on 15 June 2016 to consider the proposed 2016/17 Budget.

The unconfirmed Minutes of the FPC Meeting held on 20 April 2016 were endorsed.

10.2 Health Care Quality Committee (HCQC)

Ms Kew provided a verbal report on the HCQC Meeting held 8 March 2016.

Ms Kew advised a Patient story on Maternity Services at The Tweed Hospital was well received and a presentation on Between the Flags Point Prevalance Audits was also provided to the HCQC and shows that the rapid responses rates are improving however work continues to improve clinical reviews.

Mr Craig McNally, Enterprise Risk Management System (ERMS) Co-ordinator is continuing to work on the ERMS rollout across the LHD. ERMS is a good risk management system that allows staff to be accountable for the risks they enter.

Ms Kew advised that a report was received on the Privacy Audit and it was noted that a number of Staff will be forwarded letters seeking their feedback on why they have accessed medical records.

Consultation on the Clinical Governance Framework is underway across the LHD.

Ms Kew reported on a lengthy discussion that occurred at the HCQC on the issue of proposed clinical procedure around the use of sterile water injections into the sacral region for the relief of low back pain during labour. HCQC accepted the procedure and asked that a six month trial be undertaken with evidence collected in relation to the efficacy of the procedure. The Board supported the recommendation from HCQC and indicated that it will continue to monitor it closely and that the trial and the practice continues until the result of the trial is available for consideration.

The number of Patient Safety Officers (PSOs) across the LHD compared to other LHDs was raised and Mr Jones is to follow-up and provide advice on the number of PSOs across the LHD together with comparative numbers of PSOs in other LHDs to the 25 May 2016 Board Meeting.

Action:

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

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

10.3 Medical and Dental Advisory Appointments Committee (MDAAC)

Dr Tyson provided a verbal report on the MDAAC Meeting held on 14 April 2016.

The Board noted the appointment of Dr James Goldstein, Staff Specialist Psychiatrist.

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

10.4 Health Services Development Committee (HSDC)

The Board noted the Minutes of the 14 April 2016 HSDC Meeting will be submitted to the 25 May 2016 Board Meeting.

10.5 Audit and Risk Committee (ARC)

The Board noted that Mr Frazer had provided a verbal report of the ARC Meeting held on 9 March 2016 to the 30 March 2016 Board Meeting.

Mr Frazer advised that the appointment of a temporary Administrative Assistant for the Internal Audit Unit is progressing with a preferred candidate identified. However the issue of a secondment may be problematic to finalising this recruitment. Mr Frazer suggested that there needs to be an increase in the number of Internal Auditors across the LHD and advised that he is gathering information to support this proposal.

The unconfirmed Minutes of the ARC Meeting held on 9 March 2016 were noted.

10.6 NNSW LHD Clinical Council (CC)

Mr Murray Spriggs advised that a verbal report of the CC Meeting and Combined NCPHN and NNSW LHD CC Meetings held on 22 March 2016 had been provided to the 30 March 2016 Board Meeting.

The unconfirmed Minutes of the Combined CC and NNSW LHD CC Meetings held on 22 March 2016 were noted.

10.7 Community Engagement Advisory Council (CEAC)

Mr Spriggs advised that a verbal report of the CEAC Meeting held on 21 March 2016 had been provided to the 30 March 2016 Board Meeting.

The unconfirmed Minutes of the 21 March 2016 CEAC Meeting were noted.

10.8 Medical Staff Executive Council (MSEC)

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

10.9 NNSW LHD Interim Aboriginal Partnership Meeting (APM)

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

10.10 NSW LHD Mental Health Forum (MHF)

Mr Frazer provided a verbal report of the MHF Meeting held on 15 February 2016.

Mr Frazer advised that there had been a lengthy discussion on the draft Procedure on the engagement of Volunteers and a key issue related to the requirement for volunteers to be nominated via another organisation such as a Non-Government Organisation.

Mr Jones advised that he would follow-up on this requirement and discuss with Dr Richard Buss, Executive Director Mental Health and Drug and Alcohol Services and provide feedback to the Board.

Action:

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

The unconfirmed Minutes of the MHF held on 15 February 2016 were noted.

10.11 Health Education Workforce Research Forum (HEWRF)

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

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

The Board noted the unconfirmed Minutes of the DACAC Meeting held on 14 April 2016 will be submitted to the 25 May 2016 Board Meeting.

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

11.1 Consideration of changes to the NSW LHD Strategic Risk Register

Mr Frazer spoke to the information contained in the Brief from Mr Craig McNally, Patient Safety and Corporate Risk Manager and Dr David Hutton, Executive Director Clinical Governance advising of the process and changes to the NSW LHD Strategic Risk Register. Mr Frazer suggested that the Board receive a report on how the Executive are addressing the top ten risks each quarter.

The Board noted the good work undertaken by Mr Craig McNally in making improvements to how NSW LHD Risks are reported, and requested that the Board Chair write to Mr McNally commending him on this work in improving the NSW LHD Risk Register reporting.

Mr Frazer noted that the NSW LHD Strategic Risk Register is an evolving process but emphasised that the current Register is an excellent document and commended it to the Board for endorsement and submission to the MOH.

The Board **ENDORSED** the NSW LHD updated Strategic Risk Register and reporting

format.

Action:

The Board Chair is to forward a letter to Mr Craig McNally, Patient Safety and Corporate Risk Manager commending him on this work in improving the NNSWLHD Risk Register reporting.

Mr Jones left the meeting.

11.2 Appointment of NNSW LHD Chief Executive Document to be tabled

A summary document from Mr Malcolm Marshall, Convenor of the NNSW LHD Chief Executive Selection Panel was tabled.

The Board Chair provided a summary of the process that had been undertaken for the recruitment of the NNSW LHD Chief Executive.

The summary document from Mr Marshall recommended that the Board accept the recommendation of the Selection Panel and that the MOH is advised that Mr Wayne Jones is the preferred candidate for the Chief Executive position of the NNSW LHD.

Moved: Dr Brian Pezzutti
Seconded: Mr David Frazer
CARRIED

Mr Jones re-joined the meeting.

11.3 Brief on proposal for provision of NNSW LHD Simulation Centre Services

The Board noted the information contained in the Brief from Mr Wayne Jones, Chief of Staff concerning the provision of NNSW LHD Simulation Centre Services and the work being undertaken by the Working Party.

The Board ENDORSED the recommendations contained in the Brief.

12. Items without Notice/Late Business

- The issue of outages of EMR2 was raised and the flow on effect this has for clinicians. While GBH are able to work around these outages, advice on how TTH and LBH are able to accommodate these outages was requested.

Mr Jones responded that there is a process being finalised to build redundancy points at all Sites to accommodate outages with the main line. Also, Mr Matt Long, Chief Information Officer has been requested to investigate the outages so the Board and Executive can be confident that EMR2 is not causing the increase in outages. Mr Jones advised that he will provide feedback on this issue to the 25 May 2016 Board Meeting

Action:

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

- The Board Chair noted the Board appointment process that will occur in the coming months. The Board Chair requested that an item is included on the 29 June 2016 Board Meeting agenda for discussion on qualities that need to be considered for future Board Members. The guidelines for Board appointments are to be circulated to the Board for information.

Action:

An item is to be included on the 29 June 2016 Board Meeting Agenda for discussion of qualities for future Board Members. The guidelines for Board appointments are to be circulated to the Board for information.

13. Items for Noting

13.1 Letter from the Health Care Complaints Commission following representation by the Board Chair concerning Wilsons Apothecary
Noted

13.2 Letter from the Hon Jillian Skinner MP, Minister for Health concerning improving service level within the LHDs
Noted

13.3 NNSW LHD Audit and Risk Committee Annual Reports for 2015
Noted.

Mr Frazer reported the Annual Reports provide information on the attendance of Board Members at Board Meetings, Internal Audit recommendations to Management were accepted and it was noted that there continues to be improvement in the rate of implementation of the Audit recommendations. There was good progress on the Internal Audit Plan however the Plan has not been completed due to the staffing issues in the Internal Audit Unit. The performance of the ARC Members was positively assessed, Mr Frazer reported.

13.4 NNSW LHD Charter for Audit and Risk Committee
Mr Frazer reported on a number of changes to the NNSW LHD Audit and Risk Charter. The Board adopted the NNSW LHD Charter for Audit and Risk Committee.

13.5 Brief concerning pending disclosure requirement from July 2016
Mr Frazer advised that the information concerning the disclosure requirement from July 2016 refers to a new national auditing standard and is not relevant to LHD Board Members at this stage as it has not been adopted by NSW Treasury or the NSW Ministry of Health.

MINUTES OF THE MEETING OF THE NORTHERN NEW SOUTH WALES LOCAL HEALTH DISTRICT BOARD HELD ON WEDNESDAY 27 APRIL 2016 IN THE MARIE SMITH MEETING ROOM, MURWILLUMBAH DISTRICT HOSPITAL, EWING STREET, MURWILLUMBAH COMMENCING AT 12.30PM

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Mr Frazer reported that he has requested that Mr McGuigan provide a Brief to the Board on the implications of the disclosure requirement for the NNSW LHD Board.

14. Items for Information:

There were no items for information.

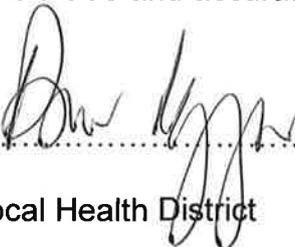
15. Close of Meeting

There being no further official business, the Chair declared the meeting closed at 5.25 pm.

16. Date and Time of next Board Meeting

Wednesday, 25 May 2016 commencing at 12.30pm in the Rooms 1 and 2, TCERI Education Centre, The Tweed Hospital, Tweed Heads

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

Signed  Date 

Dr Brian Pezzutti
Northern NSW Local Health District