

1.00pm – 1.30pm

Presentation by Ms Liz Rix, Northern Rivers Centre for Rural Health

Ms Rix was joined by Ms Carmel Monaghan, Aboriginal Liaison Officer and Mr Carl Daley, Aboriginal Educator from Grafton Base Hospital to present on “A Patient Journey of Aboriginal People on Haemodialysis in Rural NSW Northern NSW Local Health District (NNSW LHD)”. Ms Rix explained that she undertook this study after she became aware of how disconnected Aboriginal Renal Dialysis Patients were with the Staff and environment when undertaking their in-centre dialysis treatment.

Ms Rix advised that the Patient Story about “Paul” which was provided in the Board Meeting Papers was a generic story based on the experience of the eighteen Patients that took part in the study. Ms Rix stated that the goal of her study was to better inform rural Renal Services about the cultural challenges confronting Aboriginal patients undertaking in-centre dialysis. Interviews were conducted with eighteen Aboriginal Patients in the NNSW LHD and twenty-nine Renal Service providers who worked with these Patients including Nephrologists, Managers, Renal Nurses, Social Workers and Community Workers.

Four key themes emerged from the study aimed at improving Renal Services for Aboriginal Patients and these are engaging Patients earlier, flexible focussed-care, managing fear of mainstream services and service provision shaped by culture. Ms Rix suggested that if Services are able to address these themes it may be possible to reduce the costs of dialysis by creating a pathway that improved early identification and treatment of Aboriginal people with renal disease.

The following strategies were identified to address moving forward to resolve the issues identified in the four themes. These were the need to develop an Aboriginal Specific pre-dialysis pathway, increased support for Home Dialysis, more Aboriginal Health Workers to work alongside the Patient and redesigning of cultural education for Renal Staff including Elders contribution to increasing two-way understanding between Staff and Patients.

Ms Rix advised that four publications have been developed arising from the study in key international Peer Review Medical Journals, which were noted in the presentation.

Dr Page noted that a former NNSW LHD entity had the first Aboriginal Patient undertake Home Dialysis many years ago.

Ms Monaghan suggested that consideration could be given to the utilisation of Peer Support Workers such as Transplant Patients, however it was noted that there are few local Aboriginal Transplant Patients.

Mr Jones noted that Mr Graham Turner, NNSW LHD Nurse Practitioner Renal Services is working with a number of General Practitioners (GPs) in their surgeries to enhance pre-dialysis access for Patients and this is also being taken up with the Integrated Care Program work that is underway. Mr Jones also noted that the benefits of the one day cultural awareness education is important but there is an opportunity to supplement the current program.

Mr Daley suggested that currently kidney disease is not promoted well enough and there is a vested interest in supporting the Aboriginal Community to make improvements in their lifestyle to improve the overall health of Aboriginal people.

The Chair advised that he will circulate Ms Rix's presentation to Mr Crawford, Chief Executive seeking his comment on some of the recommendations identified in the presentation.

The Chair thanked Ms Rix, Ms Monaghan and Mr Daley for attending the Board Meeting and presenting on this important Health issue.

Action:

Mr Marshall is to provide a copy of Ms Liz Rix's presentation on "The Patient Journey of Aboriginal People on Haemodialysis in rural NSW NNSW LHD" to the Chief Executive requesting that he consider the recommendations from the Study and provide comment on them to the NNSW LHD Board in due course.

1.30-2.00pm

Janne Boot, Manager Workforce Change and Sustainability Service and Yvette Bowen, District Manager Work Health and Safety and Injury Management to present to the Board on NNSW LHD Workers Compensation and Injury Management results

Ms Janne Boot, Manager Workforce Change and Sustainability Service and Ms Yvette Bowen, District Manager Work Health and Safety and Injury Management joined the Board Meeting via videoconference to provide a verbal update on the NNSW LHD Workers Compensation and Injury Management results.

Ms Bowen noted that the Strategic Portfolio Analysis Reports from QBE for February and May 2015 were provided to the Board Members in the Board Meeting Agenda Papers. Ms Bowen advised that the NNSW LHD 2015 Strategic Plan has been formulated in collaboration with QBE Insurance, the LHD Worker's Compensation Claims Manager, and has been endorsed by the NNSW LHD Executive and has been in place since early 2015. The Strategic Plan included feedback that was received from the Injury Management Gap Analysis by key NNSW LHD Managers and Staff. Significant learning opportunities were identified and specific strategies were developed including the two most important strategies which were the early intervention process for early management of Workers Compensation Claims and the early management and collaborative approach to managing workplace psychological claims.

There were two key areas of focus to progress the above strategies; the first of which was around the reduction of weekly benefits. Strategies to reduce weekly benefits included roadshows being held across the LHD to provide education to Managers and Staff on their role and responsibility under the Work Health and Safety Legislation and Workers Compensation Legislation. More information is now available to Managers and Staff including a toolkit resource and a high level of collaboration with Human Resource supported by regular fortnightly strategic meetings with Executive Directors of the two Health Service Groups and Mental Health and Drug and Alcohol about specific contentious Workers Compensation Claims and the early intervention of these claims. Consideration is also given to specific

Human Resource issues including claims resulting from allegations of bullying and harassment or workplace complaints and grievances. A combination of all of these actions has resulted in the reduction in the number of claims that the LHD has and an improvement in the actual claims costs resulting in a significant reduction in the weekly benefits in the first two quarters of 2015, Ms Bowen said.

The second strategy is to review all of the outstanding Hindsight Claims that the LHD has and there has been high level strategic meetings with Ms Bowen and QBE Managers to review the Hindsight claims, Ms Bowen stated. From October 2014, thirty three Hindsight claims that were impacting on the Hindsight premium were reviewed with a view to close as many of these claims as possible by 30 June 2015. Of the thirty three complex and expensive claims that were reviewed NNSW LHD now only has eight claims open as at 30 June 2015. Ms Bowen advised that the LHD and QBE are hopeful that this ongoing strategy will continue to improve the LHD performance on an annual basis.

Ms Bowen referred to reports in the Strategic Portfolio Analysis Report May 2015 and whilst NNSW LHD is pleased with the progress to date, noted that there is still more work to be done to make further improvements. Ms Bowen indicated that the LHD continues to roll out education for Managers including information around recruitment selection training, managing poor performance, having difficult conversations and the role and responsibility of Managers in Work Health and Safety and Workers Compensation Legislation. Ms Bowen said that more education will also be available for Managers in relation to effectively managing bullying and harassment claims including education on early identification of issues in the workplace, having a positive workplace culture and assisting Staff to manage issues as they occur and not have them go unresolved, should assist in reducing bullying and harassment claims.

Ms Bowen advised that she is now looking at how to further improve the LHD performance in relation to payments for Workers Compensation for weekly benefits with work being undertaken on developing strategies on reducing medical expenses for specific injuries with QBE on specific treatments.

The Board suggested that the average reporting delay seems to be long at nine days. Ms Bowen agreed and noted that in the past there has not been accurate reporting available but now this is part of the education being provided to Managers. Also, Key Performance Indicators were being developed for Managers and Supervisors around Injury Management and Work Health and Safety and one of these will relate to reporting times and this is also covered as part of Core Orientation, Ms Bowen said.

The Board indicated that more work was needed to enable older Staff to transition easily to retirement and to work with Unions to identify pathways for Staff to progressively reduce their hours to accommodate this.

Ms Boot noted that there are some industrial issues to be addressed in relation to this issue, however over recent months seminars have been held around "Ageing well at work" and the follow on from this is the transition to retirement and the relevant Unions will be approached

so that Staff can have flexibility such as working part-time, to allow a more easy transition to retirement.

Mr Jones also noted that some Superannuation conditions have implications that need to be managed in transitioning to retirement.

Ms Bowen responded that she will develop information for the Board at her next update meeting on Workforce planning for managing an ageing workforce for further discussion. This will include working more closely with Health Promotion and developing procedures for non-work related injuries to keep staff in the workplace.

The Board indicated that some of the graphs provided in the Strategic Portfolio Analysis Reports need additional information to more easily explain the content.

Ms Crayden referred to a Toolbox IT System that required all Staff to log on each day when they work that advised that they were fit to work, they were not fatigued, they read and understood the organisations Policies and Procedures, they were happy with their performance management reviews and they were not being bullied. Ms Crayden noted that this had reduced the result of claims by around 90% at the particular organisation.

The Chair thanked Ms Boot and Ms Bowen for providing an update on NSW LHD Workers Compensation and Injury Management results to the Board Meeting.

1. *PRESENT AND APOLOGIES:

Mr Malcolm Marshall, (Chair), Mr David Frazer, Dr Joe Ogg, Dr Jean Collie, Ms Leonie Crayden, Ms Rosie Kew, Professor Lesley Barclay and Ms Deb Monaghan

Via Videoconference: Mr Mark Humphries, Dr Sue Page

Via Teleconference: Dr John Moran

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

2. *Apologies: Dr Brian Pezzutti, Dr Allan Tyson, Mr Chris Crawford

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

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

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

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

The Board Members asterisked Agenda Items: 6.1, 6.3, 6.5, 6.7, 6.10, 6.13, 6.14 and 13.4.

5. ***Previous Minutes:**

a) The Minutes of the Board Meeting held on 27 May 2015, which were circulated, were ENDORSED as a true and accurate record of the meeting including amendments.

Moved: Ms Rosie Kew
Seconded: Dr Joe Ogg
CARRIED

6. **Business Arising from the Minutes:**

***6.1 Mr Crawford is to provide advice to a future Board Meeting on how NNSW LHD rates its Extreme and High risks compared to how other Rural LHDs rate their Extreme and High Risks, when the requested information is received from the other Rural LHD Chief Executives.**

Mr Jones advised the Board that the Chief Executive has now received information from some of the other Rural LHDs on their Extreme and High Risks which he has forwarded to Dr David Hutton, Executive Director Clinical Governance to undertake a comparative analysis of this information and it is expected that this report will be provided to the 29 July 2015 Board Meeting.

The Board were also advised that the MOH report which was tabled at the recent NNSW LHD Audit and Risk Committee on LHD Risk Registers indicates that NNSW LHD is reporting four times as many high risks relating to Patient care than the other LHDs.

Mr Jones advised that the quarterly review of the NNSW LHD Risk Register will be undertaken shortly and will provide an opportunity to discuss this result.

Action:

Dr David Hutton, Executive Director Clinical Governance is to provide a report on a comparative analysis on other LHDs Risk Registers to the 29 July 2015 for consideration.

6.2 Mr Crawford is to obtain a report on the number of Staff in acting positions and provide feedback on this matter to the 1 July 2015 Board Meeting for consideration.
The Board noted the information contained in the Brief from the Chief Executive dated 11 June 2015 concerning the number of Staff in acting positions across NNSW LHD.

***6.3 Mr Frazer is to provide the amended NNSW LHD Charter for the Audit and Risk Committee (ARC), which Charter is to then be submitted to the 1 July 2015 Board Meeting for endorsement following an amendment to page two to indicate that the ARC is a Sub-Committee of the LHD Board.**

The Board were advised that the NNSW LHD Charter for the NNSW LHD ARC has been amended to reflect that the NNSW LHD ARC reports to the NNSW LHD Board and not the Chief Executive and a change to the Quorum requirements of the ARC.

The Board recommended that the amended NSW LHD Charter for the ARC is ENDORSED and that a copy of the amended Charter is forwarded to the NSW MOH for information.

Moved: Ms Rosie Kew
Seconded: Dr Joe Ogg
CARRIED

Action:

Mr Crawford is to forward a copy of the NSW LHD Charter for the ARC to the NSW Ministry of Health for information.

- 6.4 Mr Chris Crawford and Mr Malcolm Marshall are to meet to consider how the content of the Chief Executive's Report can be circulated more widely within the LHD to inform Clinicians about what is occurring within the LHD, as part of the process of Management and the Board more actively engaging with Clinicians.**
The Board noted that Mr Marshall and Mr Crawford, Chief Executive are still to meet to consider how the content of the Chief Executive's Report can be circulated more widely within the LHD to inform Clinicians about what is occurring within the LHD, as part of the process of Management and the Board more actively engaging with Clinicians.

Action:

Mr Chris Crawford and Mr Malcolm Marshall are to meet to consider how the content of the Chief Executive's Report can be circulated more widely within the LHD to inform Clinicians about what is occurring within the LHD, as part of the process of Management and the Board more actively engaging with Clinicians

- *6.5 Mr Crawford is to refer the topics of end of life legal services offered by Legal Aid free of charge and providing end of life support in Nursing Homes for residents to the End of Life Working Party for discussion and consideration at the second End of Life Seminar planned to be held in November 2015.**

The Board were advised that Mr Crawford is referring the topics of end of life legal services offered by Legal Aid free of charge and providing end of life support in Nursing Homes for residents to the End of Life Working Party for discussion and consideration at the second End of Life Seminar planned to be held in November 2015.

The Board were also advised that a National Workshop on End of Life is being held by the Australian and New Zealand Intensive Care Society on the Gold Coast in the week commencing 6 July 2015.

- *6.6 Mr Chris Crawford is to ask Ms Lynne Weir, Executive Director Richmond Clarence Health Service Group to actively engage with Lismore Base Hospital (LBH) Cardiologists seeking advice regarding the appointment of a further two Cardiologists and provide advice back to the next Board meeting.**

The Board were advised that Mr Crawford has requested Ms Lynne Weir, Executive Director Richmond Clarence Health Service Group to undertake discussions with the

Cardiologists including a proposal for interventional and diagnostic services, when she returns from leave in August 2015.

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

The Board were advised that a meeting is still to be scheduled with the Byron Shire Council General Manager, the Board Chair and Chief Executive to discuss the rezoning of the current Byron District Hospital site.

Action:

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

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

The Board were advised that the option of a commercial lease arrangement prior to the sale of the current Byron District Hospital building to be utilised as a backpacker accommodation or similar will be progressed following the meeting between the Board Chair, Chief Executive and the Byron Shire Council General Manager. The Board will be appraised of progress on this proposal in due course.

Action:

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

***6.9 Mr Chris Crawford is to investigate whether more activity will need to be undertaken at Casino and Maclean Hospitals to achieve the same amount of funds next year under the new funding arrangement and provide advice back to the next Board meeting.**

The Board noted the information that was provided by Mr James McGuigan, Executive Director of Finance as part of the 2015/16 NNSW LHD Budget discussions on 24 June 2015 which was also included in the Board Agenda Meeting papers.

6.10 The Board Chair is to forward a letter of congratulations to Ms Bernadette Loughnane, Executive Director Tweed Byron Health Service Group in relation to the improved coding completion rate achieved by The Tweed Hospital.

The Board noted the letter dated 11 June 2015 from the Board Chair to Ms Bernadette Loughnane, Executive Director Tweed Byron Health Service Group acknowledging the improved coding completion rate achieved by The Tweed Hospital.

***6.11 Mr Chris Crawford is to arrange for the Clinical Governance Framework to be circulated to all Board Members via email.**

The Board were advised that more work is being undertaken by the Clinical Governance Unit before the draft Clinical Governance Framework is placed on the NNSW LHD Z Drive to receive feedback on its content. When the Clinical Governance Framework is placed on the Z Drive, the Chief Executive Office will circulate a copy of the document to all Board Members.

Action:

Mr Chris Crawford is to arrange for the Clinical Governance Framework to be circulated to all Board Members via email following it being posted on the NNSW LHD Z Drive.

***6.12 Mr Chris Crawford is to seek advice from Dr David Hutton, Executive Director Clinical Governance on whether there is a mechanism whereby NSW Health provides feedback to LHDs on their high level RCA review/look back process.**

Following a query on where information on RCAs can be accessed, the Board were advised that an active database is being developed to be published on the LHD intranet site however this has been delayed as there has been privacy and de-identification issues to be resolved prior to the database being loaded onto the intranet site. The Board noted the importance of maintaining confidentiality requirements otherwise Staff may not be inclined to raise issues of concern.

The Board was advised that a draft reporting template was discussed at the Health Care Quality Committee. Following review of the draft template, it was recommended that a potential identifying indicator was to be removed and then to utilise the remainder of the template for educational purposes and the Clinical Governance Unit were to progress the uploading of this document with initial information from 2014 and working to place RCA information back to 2011 being made available in due course.

The Board was also advised that there is a Clinical Excellence Commission Bulletin that provides a number of key RCAs on current issues from across the State and a request will be made for the NNSW LHD Clinical Governance Unit to place a link to the CEC Bulletin on the NNSW LHD Intranet site.

Action:

The Chief Executive is to request the NNSW LHD Clinical Governance Unit is to be requested to provide a link to the Clinical Excellence Commission Bulletin which provides a number of key RCAs on current issues from across the State on the NNSW LHD Intranet site.

The Board queried what process is in place to assess the quality of the in-house RCA process leading up to the RCA Report being developed.

The Chair proposed that the Board issue an invitation for Dr David Hutton, Director Clinical Governance to attend the 29 July 2015 Board Meeting to address the issues

raised by the Board in relation to the RCA process including confidentiality, access to RCA information and the quality of the RCA process.

Action:

Dr David Hutton, Executive Director Clinical Governance is to be invited to attend the 29 July 2015 Board Meeting to address the issues raised by the Board in relation to the RCA process including confidentiality, access to RCA information and the quality of the RCA process.

- *6.13 Mr Chris Crawford is to ensure that the Community and Stakeholder Framework is relisted as Business Arising on the next Board Meeting Agenda for further consideration. Board Members who are seeking changes to the Framework should forward their suggested changes to Mr Murray Spriggs in the next two weeks to ensure a final draft is presented for the Board's consideration at its next meeting.** Mr Spriggs reported that he has reviewed the suggested changes that had been made by Dr Brian Pezzutti and some of these have been made where applicable, but due to the nature of some of the context of the wording, all of the suggested changes were not able to be made.

The Board moved that the amended NSW LHD Community and Stakeholder Framework is ENDORSED.

Moved: Mr David Frazer
Seconded: Professor Lesley Barclay
CARRIED

The Board discussed the appropriateness of the use of the word "Patient" as a standard word for people who utilise Health Services.

The Acting Chair put forward a Motion that a range of appropriate words including client and consumer are used to describe people who utilise Health Services and that the word "Patient" is not solely used for this purpose.

Moved: Mr Malcolm Marshall
Seconded: Ms Rosie Kew
CARRIED

- 6.14 Mr Chris Crawford is to refer the development of a Policy or Procedure for Medical Service Business Continuity Plans to the NSW LHD Clinical Council for its consideration.**

The Board noted that the development of a Policy or Procedure for Medical Service Business Continuity Plans was referred to the NSW LHD Clinical Council Meeting held on 16 June 2015 for its consideration.

- 6.15 Any other Matters Arising from the Board Minutes**

29 April 2015

- A letter is to be forwarded to Ms Atosha Clancy, Project Officer, Dementia Outreach Service from the Board Chair acknowledging her efforts in the work she undertook as part of HETI sponsored research on the Dementia Outreach Service.

Action:

Mr Marshall, Acting Board Chair is to write to Ms Atosha Clancy, Project Officer, Dementia Outreach Service from the Board Chair acknowledging her efforts in the work she undertook as part of HETI sponsored research on the Dementia Outreach Service.

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

The Updated NNSW LHD Board Resolution and Decision Register from the 27 May 2015 Board Meeting were noted.

7.1 Changes to Register Items 420 and 435 covered in Item 6 Business Arising.

Noted

7.2 New Register items 439 to 458 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 Visit by the NSW Minister for Health, Board Members Conference, Energy Performance Contract, Undertaking Complex Cancer Surgery at The Tweed Hospital (TTH), Relationship with Sydney Local Health District, Commonwealth Health Budget Highlights, Fluoridation of the Rous Water Catchment, Third 'Your Say' Staff Survey, Health on a Page, 2015/16 Budget, 2014/15 Budget, Nest, Neat and Triage Results, Capital Works Projects - LBH Stages 3A and 3B, Byron Central Hospital, Casino District Hospital Emergency Department Upgrade, MDH Palliative Care Upgrade, TTH Junior Medical Officer Lounge, Planning Projects - Ballina District Hospital Operating Suite and Medical Imaging Upgrade, TTH Stage 4, Bonalbo Multipurpose Service, Coraki HealthOne Service, LBH Multistorey Carpark, GBH Ambulatory Care Centre, Regional Aboriginal and Torres Strait Islander Health and Wellbeing Plan, Regional Mental Health Plan, Assets Sales and Reinvestments, Asset Strategic Plan, Annual NNSW LHD Quality Awards, Outsourcing of Over-Night Medical Imaging Scan Reading, Family and Community Services Cluster Business Plan Launch, Child Protection, Anti-Discrimination Training, Follow-Up of Ice Symposium, Murwillumbah District Hospital Maternity Services, TTH Director of Medical Services, Regular Influenza Reports and Winter Activity Levels, Meningococcal Outbreak, Medical Record Storage, Public Service Commission Public Sector Agency Survey, Alliance to support Vulnerable People, 2015/16 Service Agreement, Overpayment Summary, Visiting Medical Officer Self-Education Claims, E-Health Rollout, Staff Received from HealthShare, Integrate Care, Latest Bureau of Health Information Quarterly Report, Northern Brain Injury Rehabilitation Service Vocational Intervention Program, Immunisation, Vaccination and Blood Borne Virus Infected Health Care Worker

Policies, EASYTOUR: NSW Health Stages HIV Testing Week, Collaborating Hospitals Audit of Surgical Mortality, Smokefree Health Care, NNSW LHD Respecting Cultural Differences – Local on-line Aboriginal Awareness Program, Transition of NCML to North Coast NSW Primary Health Network, Dr Kerry Chant – Public Service Medal, New Queensland Health Director-General, Hidden Treasures Honour Roll, Nursing and Midwifery Board of Australia Appointment, Eight Thousandth Mission Flown, Bureau of Health Information Rural Report Advisory Committee, Chief Executive Office of the Cancer Council of Australia, Medical Journal of Australia Article about University Departments of Rural Health, National Aborigines and Islanders Day, NCML Copernican Inversion Series, Lismore Growth Management Strategy, First NNSW LHD Aboriginal Health Practitioner, Joint Forum Between NSW Health and NSW FACS Senior Executives.

The Board discussed the following issues:

- Ensuring that when Specialist consultation is provided for Private Patients when in acute facilities, that the Specialist bills the LHD and not the Patient.
- *Potential to pursue turning the current Byron Bay Hospital into a Surgical Hospital. The Board were advised that it is expected that due to the anticipated volume of activity to operate a Surgical Hospital in the Byron Shire it may not be considered viable to do this. The Chief Executive is to provide further advice to the Board on this proposal.*
- The Board considered a letter from the MOH that it does not support the purchase of Bed Licences from UnitingCare Ageing for the Caroono Bonalbo Residential Aged Care Facility (RAC) and that NNSW LHD should not pursue the purchase of the Bed Licences following receipt of this advice.

A Brief from the Chief Executive was also considered that recommended the transfer of 1.0 FTE Registered Nurse and 6.4 FTE Care Service Employees from the Caroono Bonalbo RAC into the employment of NNSW LHD Bonalbo Multipurpose Service (MPS) from the date when the Bonalbo MPS is commissioned subject to due diligence on Staff skills and work history and any other outstanding liabilities owed to them by UCA.

The Board moved the Recommendation that NNSW LHD does not pay for the Caroono Bonalbo RAC Bed Licences following advice from the NSW MOH and that the MOH pursue a different Bed Licence that is more applicable to the service that will be provided at the Bonalbo MPS.

Moved: Mr David Frazer
Seconded: Ms Rosie Kew
CARRIED

The Board moved the Recommendation concerning the transfer of Staff from the Caroono Bonalbo RAC as set out in the Chief Executive's Brief.

Moved: Ms Rosie Kew

Seconded: Ms Deb Monaghan

CARRIED

- The Board were advised that information in the Chief Executive's Report indicated that with the new Child Protection structure following the transition from the Hosted model that this is expected to reduce the NNSW LHD Child Protection risk from H to K and this should be H to I in recognition of additional resources being provided and additional education being provided to LHD Staff.
- The Board were advised that in relation to the Murwillumbah District Hospital (MDH) Birthing Services that a Steering Committee has been established of which Professor Barclay is a Member as well as the inclusion of Consumer representation. External Reviewers have been engaged to undertake a risk assessment of the MDH Maternity Services commencing in mid July 2015. Creative solutions are being sought including some local models for inclusion as options to be considered in the Risk Assessment Report to be finalised by the end of July 2015.

The Board were advised that there had been discussion of the MDH Birthing Services at the Community Engagement Advisory Council (CEAC) and how this matter was reported in the media.

The Board agreed that the need for a safe and ongoing Maternity Service available at MDH should be investigated and that the number of Midwives compared to the number of babies born does need to be reviewed including the cost associated with each birth. It was noted that the Risk Assessment provides a good opportunity to review the pathways to a tertiary support Hospital to develop an efficient and networked Maternity Service that clarified the role of MDH.

- The Board noted the resignation of Dr Michael Hills, Director of Medical Services, The Tweed Hospital.

The Board advised that there needs to be a systematic exit interview process when Senior Staff leave the Health Service. The Board were informed that as part of the Statewide Recruitment and Retention Policy there is an expectation that exit interviews are conducted with Staff when they leave the Health Service. The Board requested that information is provided to it on exit interviews that have been conducted for Senior Managers, Clinical and Executive Directors positions when they have left the Health Service including an example of what an exit interview comprises.

Moved: Dr Joe Ogg

Seconded: Professor Lesley Barclay

CARRIED

Action:

The Chief Executive is to provide information to the Board on exit interviews that have been conducted for Senior Managers, Clinical and Executive Directors positions when they have left the Health Service including an example of what an exit interview comprises to the 29 July 2015 Board Meeting for consideration.

- The Board were advised that Ms Rosie Kew is the Board representative on the Rostering Best Practice Committee.
- The Board asked whether there will be any further education for the rollout of the eASY Pharmacy Program with particular need noted at GBH. Mr Jones advised that he will take this query on notice and discuss it with Mr Matt Long, Chief Information Office and Dr David Hutton, Executive Director Clinical Governance, and provide feedback to the 29 July 2015 Board Meeting.
- The Board raised the importance of having access to an Infectious Diseases Physician and that Clinicians need the support of an Antimicrobial Stewardship Pharmacist who has the knowledge to sign off High Level Drugs within a forty eight hour timeframe. The Board asked that the potential for the Infectious Disease Physicians located in the two Health Service Groups to be available to sign off on the use of High Level Drugs for the GBH be discussed with Ms Bernadette Loughnane, Executive Director Tweed Byron Health Service Group and Ms Narelle Gleeson, Acting Executive Director Richmond Clarence Health Service Group and provide feedback to the 29 July 2015 Board Meeting.

Action:

Mr Wayne Jones is to discuss with the Matt Long, Chief Information Officer and Dr David Hutton, Executive Director Clinical Governance the availability of further education for the rollout of the eASY Program at GBH and provide feedback to the 29 July 2015 Board Meeting.

Mr Jones is to discuss the potential for the Infectious Disease Physicians located in the two Health Service Groups to be available to sign off on the use of High Level Drugs for the GBH with Ms Bernadette Loughnane, Executive Director Tweed Byron Health Service Group and Ms Narelle Gleeson, Acting Executive Director Richmond Clarence Health Service Group and provide feedback to the 29 July 2015 Board Meeting.

- The Board request that a presentation is provided to the 29 July 2015 Board on the intent of the Integrated Care Program and then again for the 28 October 2015 Board Meeting on progress that is being made with the implementation of the Integrated Care Program.

Action:

Ms Vicki Rose, Executive Director Allied Health and Manager Chronic and Primary Care Services and Ms Catriona Wilson, Integrated Care Manager are to be invited to attend the 29 July 2015 Board Meeting to provide a presentation on the intent of the Integrated Care Program and also present to the 28 October 2015 Board Meeting on the progress that is being made with the implementation of the Integrated Care Program.

- The Board were informed of a large project that is being undertaken by the Northern Rivers University Centre for Rural Health that is developing tools for General Practitioners and Nurses to help increase the uptake of immunisation and to increase the low immunisation rates around the Mullumbimby/Byron area.
- The Board requested that a letter of congratulations is forwarded to Ms Annette Symes, Executive Director of Nursing and Midwifery following her appointment to the Nursing and Midwifery Board of Australia.

Action:

Mr Marshall, Acting Board Chair is to forward a letter of congratulations to Ms Annette Symes, Executive Director of Nursing and Midwifery following her appointment to the Nursing and Midwifery Board of Australia.

- The Board referred to Item 16 and CONFIRMED the five top priorities as listed in the NNSW LHD Asset Strategic Plan.

In relation to the Asset Strategic Plan items 6 to 10, the Board asked that consideration is given to whether Nos 9 and 10 should be reversed with feedback to be provided to the 29 July 2015 Board Meeting to enable the Board to endorse the list of priorities from six to ten.

Action:

The Chief Executive is to consider whether Priorities Nos 9 and 10 on the NNSW LHD Asset Strategic Plan should be reversed with feedback to be provided to the 29 July 2015 Board Meeting to enable the Board to endorse the list of priorities from six to ten.

- The Board requested that a spreadsheet providing information on the allocation of budget to all Health Service Groups is provided to the Board when available.
- The Board were updated on the progress of the Crystal Methamphetamine (Ice) forum which is a group comprising of Aboriginal Medical Services, Primary Health Network, Family and Community Services, Police, NSW Ambulance and NNSW LHD to develop a program to support communities impacted by addiction. The Board were advised that in addition, through Dr Richard Buss, Executive Director Mental Health and Drug and Alcohol Services, a five point plan is being developed to support NNSW LHD staff and patients.

- The Board is concerned that two of the Triage results did not perform as well as for the same period in 2013/14. Mr Jones noted the significant growth in Emergency Department presentations that is impacting on performance and congratulated Staff on achieving the Four hour NEAT target despite the growth in activity.
- Mr Humphries, Professor Barclay, Ms Kew, Ms Crayden, Dr Collie and Dr Pezzutti had attended the Annual Board Conference in Sydney on 15 June 2015.

The Board ENDORSED the Chief Executive's Report.

***9. Strategic and Planning Items**

9.1 Draft Grafton Base Hospital Ambulatory Care Services Plan 2015-2020

The Board noted that the word Bullinah should be replaced with Bulgarr Ngaru on pages 20 and 26 and should be referred to as the Medical Aboriginal Corporation within the document.

The Board moved to ENDORSE the Grafton Base Hospital Ambulatory Care Services Plan 2015 – 2020 with the above changes.

Moved: Ms Deb Monaghan
Seconded: Dr Jean Collie
CARRIED

9.2 Draft The Tweed Hospital Redevelopment Service Statement

The Board noted that the spelling of Bugalwena needed correction in some parts of the document and a full spellcheck was required.

The Board moved to ENDORSE The Tweed Hospital Redevelopment Service Statement.

Moved: Dr Joe Ogg
Seconded: Mr Mark Humphries
CARRIED

9.3 Draft NNSW LHD Integrated Aboriginal Health and Wellbeing Plan 2015-2020

The Board suggested the inclusion of information relating to End of Life Planning in relation to supporting people to die "on country"; strategies to increase the Aboriginal infant breastfeeding rate; the introduction of a pathway for renal services and home dialysis and the impact the National Disability Insurance Scheme will have on services to Aboriginal people with a disability.

The Board moved to ENDORSE the NNSW LHD Integrated Aboriginal Health and Wellbeing Plan 2015 -2020 with the inclusion of the above items.

Moved: Ms Deb Monaghan

Seconded: Professor Lesley Barclay
CARRIED

Action:

The Board requested that the pages of the NSW LHD Integrated Aboriginal Health and Wellbeing Plan 2015 - 2020 that have been updated with the inclusion of the additional items are submitted to the 29 July 2015 Board Meeting for noting.

9.4 2015/16 NSW LHD Service Agreement

The Board noted the 2015/16 NSW LHD Service Agreement which will be resubmitted to the 29 July 2015 Board Meeting for discussion.

***10. Minutes – Governance Committees**

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

Mr Marshall tabled a written summary of the key issues discussed at the F&PC Meeting held on 23 June 2015.

Mr Marshall advised that Mr Matt Long, Chief Information Officer will provide Reports to the F&PC Meeting on eHealth matters and he will also attend the F&PC Meetings to discuss these issues.

Professor Barclay referred to the work being undertaken by Woollams on the Multistorey Carpark and how considerate the builders have been not to cause too much disruption to the NRUCRH Staff.

The Board endorsed comments from Mr Humphries on the work undertaken by Mr Crawford and Mr James McGuigan, Executive Director of Finance in strengthening the LHD's financial position. The Board noted that the F&PC will continue to monitor the strategies identified in the 2015/16 Budget.

The Board endorsed the 2015/16 Budget as presented to the 24 June 2015 Special Board Meeting.

Moved: Mr Malcolm Marshall
Seconded: Mr Mark Humphries
CARRIED

The Board discussed the potential impact of not opening the Maclean District Hospital Rehabilitation Unit including the impact of not being able to recruit the most skilled staff. The Board requested that Mr Crawford provide advice on when the Maclean District Hospital Rehabilitation Unit will be fully operational to the 29 July 2015 Board Meeting.

Action:

Mr Crawford is to provide advice to the 29 July 2015 Board Meeting on when the Maclean District Hospital Rehabilitation Unit will be fully operational.

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

10.2 *Health Care Quality Committee (HCQC)

Ms Kew provided a verbal report of the 9 June 2015 HCQC Meeting.

The Board were advised that an informative presentation was provided on Safe Clinical Handover.

Several Policies and Procedures were endorsed however there were some Policies and Procedures to be resubmitted to a future HCQC Meeting for consideration.

As part of the consideration of an RCA, there was some discussion on the importance of providing psychological first aid to those involved in the incidents.

It was noted that death reviews at TTH remain low at 4%. Discussion took place on the potential need for a person who is external to the process to be included in death reviews.

The unconfirmed Minutes of the HCQC Meeting held on 9 June 2015 were noted.

10.3 *Medical and Dental Advisory Appointments Committee (MDAAC)

The unconfirmed Minutes of the MDAAC Meeting held on 11 June 2015 were noted.

10.4 *Health Services Development Committee (HSDC)

The Board noted that the unconfirmed Minutes of the HSDC Meeting held on 11 June 2015 are to be submitted to the 29 July 2015 Board Meeting for consideration.

10.5 *Audit and Risk Committee (ARC)

Mr Frazer provided a verbal report on the ARC Meeting held on 10 June 2015.

The Board were advised that presentations were provided by Dr David Hutton, Executive Director Clinical Governance and Mr James McGuigan, Executive Director of Finance. The Internal Auditor reported on a number of Internal Audits that are underway or have been completed with no specific issues being identified.

General administration matters relating to the Internal Audit Unit were discussed and the ARC endorsed the proposal for an addition 0.4 FTE to be appointed to the Internal Audit Unit.

Risk Management processes were discussed and the State Auditor General is reviewing all LHDs Risk Management processes and a questionnaire has been circulated to all Chief Executives for completion.

An independent Auditor has been appointed by the Attorney General who has advised that NNSW LHD will receive a positive report as at end June 2015 and was complimentary of Mr McGuigan and the Finance Team.

The Unconfirmed Minutes of the ARC Meeting held on 10 June 2015 will be submitted to the 29 July 2015 Board Meeting for noting.

10.6 *NNSW LHD Clinical Council (CC)

The Board noted that the unconfirmed Minutes of the CC Meeting held on 16 June 2015 will be submitted to the 29 July 2015 Board Meeting for consideration.

10.7 *Community Engagement Advisory Council (CEAC)

The Board noted that the unconfirmed Minutes of the CEAC Meeting held on 22 June 2015 will be submitted to the 29 July 2015 Board Meeting for consideration.

10.8 *Medical Staff Executive Council (MSEC)

The Board noted that the unconfirmed Minutes of the MSEC Meeting held on 18 June 2015 will be submitted to the 29 July 2015 for consideration.

10.9 NNSW LHD Interim Aboriginal Partnership Meeting (APM)

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

10.10 *NNSW LHD Mental Health Forum (MHF)

Ms Monaghan provided a verbal report on the MHF meeting held on 15 June 2015.

The Board were advised that Mr Trent Taylor spoke on issues concerning the relationship between Mental Health Services and Community managed organisations.

Positive information was provided in relation to the Peer Workforce Paper.

A robust discussion was held on direct admission to Mental Health Services and the transfer of aggressive Patients.

Reports were received from various Committees as well as feedback from visits by Staff to other LHDs in relation to governance structures of Mental Health Units.

The Board nominated Ms Leone Crayden to become a Member of the MHF and for Mr Frazer to remain on the MHF should Dr Page withdraw from the MHF.

Moved: Ms Rosie Kew
Seconded: Mr D Frazer

The unconfirmed Minutes of the MHF Meeting held on 15 June 2015 were noted.

10.11 Health Education Workforce Research Forum (HEWRF)

The Unconfirmed Minutes of the HEWRF held on 12 February 2015 were noted.

10.12 Minutes of the Combined North Coast NSW Medicare Local and

The unconfirmed Minutes of the Combined North Coast NSW Medicare Local and NNSW LHD Clinical Councils Meeting held on 5 May 2015 were noted.

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

11.1 Bugalwena Aboriginal Health Commonwealth Funding Offer – Deed Variation 2015-2016

The Board APPROVED the applying of the NNSW LHD Seal to the Bugalwena Aboriginal Health Commonwealth Funding Offer – Deed Variation 2015-2016

Moved: Mr David Frazer
Seconded: Professor Lesley Barclay
CARRIED

11.2 Deed of Release NNSW LHD and DA Abbott

The Board APPROVED the applying of the NNSW LHD Seal to the Deed of Release between NNSW LHD and DA.

Moved: Mr David Frazer
Seconded: Dr Joe Ogg
CARRIED

The Board requested the Acting Chief Executive to check whether Deeds of Release of this type require the applying of the NNSW LHD Seal.

Action:

Mr Wayne Jones, Chief of Staff, Chief Executive Unit is to check whether similar Deeds of Release of this type require the applying of the NNSW LHD Seal.

11.3 Email request from Daniel Hunter, Chief Executive, HealthShare to attend a NNSW LHD Board Meeting to provide an update on HealthShare activities

The Board agreed that Mr Daniel Hunter, Chief Executive, HealthShare be invited to attend a future NNSW LHD Board Meeting to provide an update on current HealthShare operations.

11.4 Letter of invitation from Associate Professor Megan Passey, Director, Australian Rural Health Research Collaboration (ARHRC) to Mr Mark Humphries to join the Advisory Council, ARHRC

The Board ENDORSED that Mr Mark Humphries join the Advisory Council of the Australian Rural Health Research Collaboration (ARHRC) following an invitation from Professor Megan Passey, Director ARHRC.

Moved: Professor Lesley Barclay

Seconded: Mr David Frazer
CARRIED

12. *Items Without Notice/Late Business

- The Board AGREED to a request by the Acting Chair for Mr Robert Monaghan who is undertaking a Company Directors Course to attend a NSW LHD Board Meeting as an observer to assist him in his studies.

13. Items for Noting

13.1 Letter dated 25 May 2015 from Dr Pezzutti, NSW LHD Board Chair to Dr Mary Foley seeking a response to the Board Chair's letter of 22 April 2015 concerning various financial matters

Noted

13.2 Letter from Shane Davidson, Executive Officer, Tweed Shire Council, dated 27 May 2015 responding to letter from Chris Crawford, Chief Executive, NSW LHD concerning TTH signage

Noted

13.3 Letter from Dr Chris Ingall, Chair, Lismore Base Hospital (LBH) Medical Staff Council (MSC) dated 6 June 2015

Following a lengthy discussion of the letter of response from Dr Chris Ingall, Chair, LBH MSC and the letter from Dr Sare (Chair MSEC) (refer Item 13.5) the Board agreed that a sub group of Board Members meet with Dr Ingall and Dr David Sare as soon as possible to discuss the concerns raised by the MSC and Dr Sare.

The Board indicated that Dr Ingall and Dr Sare be requested to provide a four dot point Agenda prior to the meeting of the issues to be discussed.

The Board nominated Mr Marshall, Professor Lesley Barclay, Mr David Frazer, Dr Jean Collie and Dr Joe Ogg to represent the Board at the meeting with Dr Ingall and Dr Sare.

Action:

Mr Malcolm Marshall, Acting Board Chair is to forward a letter of response to Dr Sare with a copy to Dr Ingall, advising that the NSW LHD Board has nominated five Board representatives to attend this meeting which is to be scheduled as soon as mutually convenient.

13.4 Monthly Reports on the mitigating of High Level Risks

The Board noted the four monthly Reports on the mitigating of High Level Risks.

The Board noted that the High Risks for Mental Health Services are currently rated at "H" and queried whether this was as a result of some priority KPIs not being met. The Board also asked if the "H" rating will still apply and asked that an overall Risk Reduction Date be indicated, as part of the next Risk Report to the Board.

MINUTES OF THE MEETING OF THE NORTHERN NEW SOUTH WALES LOCAL HEALTH DISTRICT BOARD HELD ON WEDNESDAY 1 JULY 2015 IN THE CONFERENCE CENTRE, GRAFTON BASE HOSPITAL, ARTHUR STREET, GRAFTON COMMENCING AT 1.00PM

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The Board suggested that the ratings for eHealth and Aboriginal Health Services may also need to be reviewed against the Risk Matrix and potential changes should be reflected in the next High Risk Rating Reports to the 29 July 2015 Board Meeting.

13.5 Letter to Mr Malcolm Marshall, Deputy Board Chair dated 24 June 2015 from Dr David Sare, Chair NSW LHD Medical Staff Executive Council concerning response to proposed Memorandum of Understanding

The considered the letter from Dr Sare as part of the discussion and action determined in Item 13.3.

14. Items for Information:

14.1 Notes from Ms Rosie Kew, Board Member from 15 June 2015 Board Conference

The Board noted the Notes prepared by Ms Kew on the 15 June 2015 Board Conference.

15. Close of Meeting

There being no further official business, the Chair declared the meeting closed at 4.50pm

17. Date and Time of next Board Meeting

The next ordinary Board Meeting will be held on Wednesday 29 July, 2015 commencing at 1.30pm in the Mental Health Meeting Room, The Tweed Hospital, Powell Street, Tweed Heads.

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

Signed 
Mr Malcolm Marshall
Acting Chair, Northern NSW Local Health District

Date 