

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.

1. In-camera Session

No in-camera session was required.

2.1 PRESENT AND APOLOGIES:

Mr David Frazer (Acting Chair), Dr Joe Ogg, Ms Carolyn Byrne, Dr John Griffin, Mr Michael Carter, Professor Susan Nancarrow, Dr Allan Tyson and Ms Deb Monaghan.

In Attendance : Ms Lynne Weir, Acting Chief Executive
Mr Peter Clark, Acting Chief Financial Officer (for part of meeting)
Dr David Hutton, Director Clinical Governance
Ms Bernadette Loughnane, General Manager Tweed Byron Health Service Group (for part of meeting)
Mr Murray Spriggs (Secretariat)
Mrs Jennifer Cleaver (Secretariat)

Via Videoconference (for part of meeting):

Mr Tony Beashel, Acting Director of Corporate Services
Ms Vicki Rose, Director of Allied Health and Integrated Care

Apologies: Dr Brian Pezzutti (L), Mr Mark Humphries (L), Dr John Moran (L) Mr Patrick Grier (Leave of Absence), Dr Richard Buss, Acting Director of Workforce
Kim McGowan, Acting General Manager Mental Health and Drug and Alcohol, Ms Annette Symes (Executive Director of Nursing and Midwifery) (AL), Mr Wayne Jones (AL)

2.2 Declaration of Pecuniary and/or Conflicts of Interest

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

2.3 Previous Minutes:

2.3.1 The Minutes of the Board Meeting held on 31 May 2017 as circulated were ENDORSED as a true and accurate record of the meeting.

Moved: Dr Joe Ogg
Seconded: Ms Carolyn Byrne
CARRIED

2.3.2 Business Arising from the Minutes:

2.3.2.1 Wayne Jones is to provide a Brief to the 31 May 2017 NNSW LHD Board Meeting on Surgical Services in the Tweed Byron Health Service Group.

The Board noted that a Brief on Surgical Services in the Tweed Byron Health Service Group will be submitted to the 30 August 2017 Board Meeting – referenced in the Chief Executive Report Item 5.1.9.

Action:

Mr Jones is to submit a Brief on Surgical Services in the Tweed Byron Health Service Group will be submitted to the 30 August 2017 Board Meeting.

2.3.2.2 Mr James McGuigan is to schedule a meeting with Dr Joe Ogg, Dr Alan Tyson and representative from the LBH Medical Staff Council upon Mr McGuigan's return from leave in July 2017

The Board noted that feedback on the scheduling of a meeting with the Chief Financial Officer and Dr Joe Ogg, Dr Alan Tyson and representative from the LBH Medical Staff Council will be reported to the 30 August 2017 Board Meeting.

Action:

Mr Jones is to provide feedback on the scheduling of a meeting with the Chief Financial Officer and Dr Joe Ogg, Dr Alan Tyson and representative from the LBH Medical Staff Council to the 30 August 2017 Board Meeting

2.3.2.3 The amended Grafton Base Hospital (GBH) Master Plan 2017 which reflects the changes required to accommodate services to the community including the development of the new gaol is to be submitted to a future Board meeting for approval.

Ms Weir referred to the Chief Executive Report indicating that the need for a secure unit at GBH had been questioned by the awarded consortium tender SERCO as the scope and depth of correctional facility internal health service that is to be established does not support such an investment. The GBH Master Plan will be amended following this matter being resolved.

A meeting is being arranged with SERCO in late July/August 2017 at which time this matter will be further discussed.

2.3.2.4 Mr Jones is to correspond with the Ministry of Health requesting that child dental surgical and caesarean section data are included in the Health Service Monthly Theatre Attendance and Surgical Separations Reports.

The Board noted that this issue has been scheduled for further discussion with the Ministry of Health and feedback will be provided to the Board when available. Refer Chief Executive Report Item 5.1.9.

Action:

Mr Jones is to provide feedback to the 26 July 2017 Board following discussion with the Ministry of Health requesting that child dental surgical and caesarean section data are included in the Health Service Monthly Theatre Attendance and Surgical Separations Reports.

2.3.2.5 Mr Jones is to provide feedback to the 28 June 2017 Board Meeting on whether the LHD should correspond to the Premier of NSW requesting that a process is developed for a more formal governance structure that allows the setting up of multi-portfolio issues that impact on health and other portfolios.

The Board requested that this item be deferred until the 26 July 2017 Board Meeting to allow for discussion with the Chief Executive and the Board Chair.

Action:

Mr Jones is to provide feedback to the 26 July 2017 Board Meeting on whether the LHD should correspond to the Premier of NSW requesting that a process is developed for a more formal governance structure that allows the setting up of multi-portfolio issues that impact on health and other portfolios.

2.3.2.6 Mr Jones is to provide an updated Brief to the 31 May 2017 Board Meeting on the work that has been undertaken to address the YourSay Survey results.

The Board noted the updated information on the 2016 People Matters Employee Survey. This item is to be removed from the Agenda pending results of the current People Matters Employee Survey being received.

2.3.2.7 Mr Jones is to provide a Brief to a future Board meeting on the work that is currently underway on Advanced Care Directives/End of Life Directives and update the Board on the direction of the LHD and the issues that are being addressed and managed

The Board noted that a Brief will be provided to a future Board meeting on the work that is currently underway on Advanced Care Directives/End of Life Directives and update the Board on the direction of the LHD and the issues that are being addressed and managed.

Action:

Mr Jones is to provide a Brief to a future Board meeting on the work that is currently underway on Advanced Care Directives/End of Life Directives and update the Board on the direction of the LHD and the issues that are being addressed and managed

2.3.2.8 Mr Jones is to submit a quarterly report on what are the main complaints being received, are they increasing and identification of any trends to be submitted to the 26 July 2017 Board Meeting for consideration.

The Board noted the request to Dr David Hutton, Director Clinical Governance for the submission of a summary report on complaints received, to be provided on a quarterly basis to the Board. The first report is to be provided to the 26 July 2017 Board Meeting.

2.3.2.9 The Chair is to write to Ms Leslie Williams MP, Parliamentary Secretary for Regional and Rural Health thanking her for her engagement at Palliative Care Roundtable held on 12 May 2017.

The Board noted the letter of thanks to Ms Leslie Williams MP, Parliamentary Secretary for Regional and Rural Health for her engagement at the Palliative Care Roundtable in May 2017.

This item can be removed from the Action List.

2.3.2.10 Mr Jones is to request the NNSWLHD Planning and Performance Unit to develop a schematic plan of how all NNSWLHD plans relate to each other including

timelines, which is to be submitted to the Health Service Development Committee (HSDC) for information.

The Board noted the request forwarded to Ms Moira Waters, Acting Manager Planning and Performance to develop a schematic plan of how all NNSWLHD plans relate to each other including timeframes, to the HSDC.

The Board agreed that the first schematic plan be submitted to the 10 August 2017 HSDC meeting and provided to the 30 August 2017 Board Meeting.

2.3.2.11 Mr Jones will request the NNSWLHD Planning Unit to develop a document that provides information on what services are available at all LHD facilities which will be submitted to a future Board meeting for information.

The Board noted the request forwarded to Ms Moira Waters, Acting Manager Planning and Performance to develop a document that provides information on what services are available at all LHD facilities and this will be provided to the 26 July 2017 Board Meeting.

2.3.2.12 The Board Chair is to forward a letter to Mental Health Commissioner John Feneley endorsing the contents of the letter from the NNSWLHD Mental Health Forum and wishing him well in his future endeavours.

The Board noted the letter that was forwarded to Mental Health Commissioner John Feneley endorsing the contents of the letter from the NNSWLHD Mental Health Forum.

2.3.3 Other matters arising from the Minutes:

There were no other matters arising from the Minutes.

3. Matters for Decision

3.1 NNSWLHD Asset Strategic Plan June 2017

The Board considered the NNSWLHD Asset Strategic Plan June 2017 and noted the replacement pages 11, 12 and 13 that had been circulated prior to the Board Meeting.

The Board discussed the importance of establishing a secure unit at GBH to accommodate emergency medical and surgical treatment for inmates from the new correctional facility and noted that this was included on pages 12 and 13 of the Asset Strategic Plan.

Following discussion, the Board agreed that on page 11 5th paragraph last sentence be amended to read "This will raise the need to consider what health services will be required by the Murwillumbah community which will be determined in consultation with the community"

The Board resolved to ENDORSE the NNSWLHD Asset Strategic Plan 2017 and approved the document with the above amendment to be forwarded to the NSW Ministry of Health.

Moved: Dr Joe Ogg

Seconded: Ms Deb Monaghan
CARRIED

4. Chairman's Update

4.1 Chairman's Calendar

The Board Chair's Calendar was noted.

5. Matters for Discussion

5.1 Chief Executive's Report

Ms Weir referred to the issues that were covered in the Chief Executive's Report to the Board, which included:

5.1.1 Current and Significant Issues

- 2017/18 Service Agreement with budget highlights including receipt of \$22.59 million in growth funding, recurrent initiatives of \$440K for 2 FTE nursing positions, 1 FTE Mental Health Clinical Nurse Educator, 1 FTE Clinical Support Officer and \$333K for 2 FTE palliative care nursing positions.

\$396K for the Violence and Neglect Service, additional \$105K for Drug and Alcohol, \$850K for the digital data project which includes EDWARD, a new data warehouse health information system, to assist more analysis on theatre waiting lists and \$803K for the Leading Better Value Care program.

In relation to revenue the main increases are a volume increase of \$888K, a 10% reduction in DVA, \$1.122 million, Patient Fees \$924K increase and User Charges of \$1.69 million.

There was a performance increase of \$605K for patient fees and other charges of \$303K.

Other adjustments included a decrease of \$626K which related to a Commonwealth reduction in prosthetics of \$285K, a policy change in Emergency Department only admits commencing on 3 July 2017 that equates to a decrease of \$441K and an increase for carpark revenue for LBH of \$100K.

Following a query concerning the LBH carpark, Ms Weir advised that from 1 July 2017 the carpark charges will increase to \$15 per week for staff. The occupancy continues to increase. The Board were advised of the changes that the Lismore City Council is proposing around the LHD Campus and the Council is due to make a decision on whether it will continue to charge for carparking arrangements around the streets of the LBH Campus. The Board requested a report on the current carparking arrangements including revenue results and any decisions made by Lismore City Council.

Action:

Ms Lynne Weir is to provide to the 26 July 2017 Board meeting an update report on LBH carparking arrangements including revenue results and advice on decisions by the Lismore City Council on carparking charges around the LBH Campus.

NNSWLHD has received 5,126 additional NWAUs

Mr Frazer indicated that the Board Chair has advised that the current 2017/18 Service Agreement meets the Board's requirements and he is happy to sign the Service Agreement but indicated that he was of the view that the matter should be deferred for further discussion at the 14 July 2017 Board Budget Meeting when an item is to be included in the Board Meeting Agenda prior to the Board Chair signing the Service Agreement.

Action:

The 2017/18 Service Agreement is to be included in the 14 July 2017 Board Budget Meeting Agenda.

5.1.2 Update on Strategic Issues

- 17 and 18 August 2017 have been identified for the Board Strategic Workshop to be held over one and half days.

The Board agreed to the 17 and 18 August 2017 for the Board Strategic Workshop and indicated that a venue in Ballina would be preferred.

5.1.3 Update on Strategic Plan Implementation

There were no strategic plan implementation items for discussion.

5.1.4 Matters for Approval

There were no matters for approval.

5.1.5 Major Key Performance Indicators

- The Board noted that results for Emergency Treatment Performance (ETP) during May 2017 NNSWLHD did not meet the meeting the ETP target of 81% with a result of 80%.
- Elective Surgery Access Performance during May 2017 results were Category 1, 2 and 3 targets of 100%, 97% and 97% respectively were met.
- NNSWLHD met all triage performance targets for May 2017.
- The Transfer of Care results during May 2017 were met with a result of 91%.

The Board noted that Lismore Base and Grafton Base Hospital are still not meeting ETP targets and asked to receive a report on what is being undertaken to improve the results and met the ETP target.

Action:

Ms Lynne Weir is to provide a report to the 26 July 2017 Board meeting advising what is being undertaken to improve the Lismore Base and Grafton Base Hospitals ETP performance results.

5.1.6 Risk and Compliance Update

The January – March 2017 Executive Work Health and Safety Report and the June 2017 Risk Management Key Performance Indicator Reports were noted.

5.1.7 Governance Update

Mr Spriggs spoke to a brief concerning the changes to the proposed new By-Laws that will apply from 1 September 2017.

Board members are to advise of any proposed changes to the proposed new By-Laws to Mr Spriggs by 14 July 2017. Mr Spriggs will submit all feedback to the 26 July 2017 Board Meeting for consideration.

Action:

Board Members are to advise of any proposed changes to the proposed new By-Laws to Mr Spriggs by 14 July 2017. Mr Spriggs will submit all feedback to the 26 July 2017 Board Meeting for consideration.

5.1.8 Capital Works/Planning Projects

- Noted the recent The Tweed Hospital redevelopment funding allocation announcement of \$534 million and advised that \$2.5 million has been allocated in 2017/18 budget for the development of a business case and Expression of Interest for a greenfield site
- The previous Bangalow Community Health property sale settled on 21 June 2017.

5.1.9 Matters for Noting

- Byron Central Hospital celebrated its first birthday in 7 June 2017.
- The Surgical Dashboard item concerning the inclusion of child dental surgery and caesarean section activity is to remain on the action list for the Board Chair to discuss with the Chief Executive.

5.1.10 Important Meetings/ Diary Commitments

- The Board Budget Meeting is scheduled on 14 July 2017 at 3pm at Crawford House, Lismore.
- The NNSWLHD Quality Awards are being held on 14 July 2017 in Ballina commencing at 6.00pm.

Action:

The Board suggested that the Chief Executive consider having some media coverage of the NNSWLHD Quality Awards which would include naming and thanking the sponsors.

5.1.11 Questions for the Chief Executive without Notice

- The Board was advised that in relation to the NNSWLHD Risk Management Key Performance Indicator Report June 2017 Governance Item, risk management is to be embedded into the Finance and Performance Committee Meeting Agenda on a quarterly basis.
- A report has been received from TTH advising that risks are being entered into the Enterprise Risk Management System (ERMS).
- Patient Outcomes – A negative reaction to medication measure, the result for NNSWLHD was 1% higher than the NSW result. Dr Hutton explained that 4% is not statistically significant and this related to two instances that impacted on the LHD result and this has been fed back to both LHD sites.

Dr Hutton also noted that the patient outcome measure results are based on the patient survey results and there are delays in receipt of information on patient outcome result in the NNSWLHD Service Agreement and this could be substituted as it would be more timely than patient survey results.

Dr Hutton indicated that for future reports information will be included advising year to date for each month.

The Board raised concern with the result for Mental Health presentations staying longer than 24 hours results and noted that this is often due to LBH and TTH not having mental health beds available and patients not being medically cleared to progress to the Mental Health Unit.

Action:

The General Manager Mental Health & Drug and Alcohol is to provide to the 30 August 2017 Board Meeting a Brief outlining what strategies are being undertaken to address the results of Presentations including Mental Health presentations, staying in Emergency Departments longer than 24 hours and information on what is occurring in similar LHDs.

- The Board requested that Ms Weir follow-up on the Surgery Dashboard April 2017 NNSWLHD results for <1 hour : Life Threatening and <72 hours; semi urgent, not stable for discharge results and provide feedback to the 26 July 2017 Board Meeting.

The Board suggested that for future Board meetings a Brief be included in the Chief Executive Report that provides an explanation of any results that have not been achieved in the Surgery Dashboard Report (red boxes).

Action:

The Chief Executive is to follow-up on the Surgery Dashboard April 2017 NNSWLHD results for <1 hour : Life Threatening and <72 hours; semi urgent, not stable for discharge results and provide feedback to the 26 July 2017 Board Meeting.

A Brief is to be included in the Chief Executive Report that provides an explanation of any results that have not been achieved in the Surgery Dashboard Report (red boxes).

- Page 39 of the By-Laws - The Acting Board Chair noted that he is an independent member of the Audit and Risk Committee and therefore a third member is not required.
- Page 40 of the By-Laws – The Board noted that all requirements concerning Committee memberships are being addressed with an Executive Member on all Board Sub-Committees.
- Page 42 of the By-Laws – The Board requested that a letter be forwarded to NNSWLHD Medical Staff Councils advising of the requirements of the current By-Laws and requesting that their current procedures including membership meet the By-Law requirements.

Action:

A letter is to be forwarded to NNSWLHD Medical Staff Councils advising what the requirements of the current By-Laws and requesting that their current procedures including membership requirements met the By-Law requirements.

The Board **ENDORSED** the Chief Executive's Report.

5.2 Committee Minutes (discussed on exception basis otherwise noted)

5.2.1 Health Care Quality Committee (HCQC) – 13 June May 2017

Dr Hutton spoke to the HCQC Meeting Minutes of 13 June 2017 as Dr Ogg had been an apology for the meeting.

Dr Hutton referred to the discussion in relation to recording of observations following the death of a patient that occurred in 2014 in the Mental Health Unit.

Dr Ogg suggested that this matter could be broadened to other areas, as this may be occurring in other wards and advised he will take this matter back to the HCQC for consideration and advice on a way forward.

Item 6.6 Clinical Handover Observational Audit results have overall improved. However, in some wards there remains a reluctance to involve the patient or carer in the handover process and referred to the electronic medical record as part of the handover. Dr Hutton indicated that nursing leadership in the ward is the key leadership factor in addressing improved safe clinical handover practices.

The Board asked that the HCQC consider how to address improving clinical handover observational results and provide advice to the Board.

Dr Ogg referred to a document that is being developed by the Executive Director Medical Services that is to be a template for a structured ward round process that will include a

review of vital signs and why a met call did or did not occur. Dr Ogg indicated that this item is on the HCQC Agenda for follow-up action.

Dr Griffin made reference to a document that he received at the Board Conference that supported Dr Ogg's comments and suggested there may be a strategy that is currently in use elsewhere that may assist.

There was discussion on what process is available where innovative ideas can be workshopped, progressed and how the LHD is responding and driving innovation across the LHD. Dr Ogg advised that he will place an item on the next HCQC Meeting agenda for discussion on how to process capturing innovation across the LHD.

Action:

The Chief Executive is to follow-up on the status of the template that is to be developed for a structured ward round process that will include a review of vital signs and why a met call did or did not occur and provide feedback to the HCQC.

Items for inclusion in the July 2017 HCQC Meeting Agenda referred from the Board and to be reported back via the HCQC Minutes were:

- **recording of observations across all Wards;**
- **improving Clinical Handover by involving the patient or carer in the handover process and including nursing leadership in the ward; and**
- **a process for the capturing innovative ideas across the LHD and how feedback is to be provided to the Board via the HCQC Meeting Minutes.**

The unconfirmed Minutes of the HCQC Meeting held on 13 June 2017 were noted.

5.2.2 Finance and Performance Committee (FPC) – 21 June 2017

Mr Carter provided a verbal summary of the FPC Meeting of 21 June 2017.

In relation to the ranking of risk associated with the cyber security threats that had occurred in the United Kingdom National Health Service, the NNSWLHD risk rating has been changed to "I" based on the LHD experience. The MOH has also advised of antivirus software that will be implemented across the State to stem these incidents.

The MOH has released the latest changes to the LHD revenue notifications, including DVA with a changed result of \$1.1 million for the month, and a significant reduction in MAA and due to the rate that is now being charged the LHD is still achieving the same revenue outcome for last year.

\$1.1 million insurance has been received for the LBH Pod and in discussions will be undertaken with HI who managed the project, concerning the transferring of this revenue.

Mr Carter congratulated Mr Clark for his work in completing all of the budgets for 2016/17 and training at the Cost Centre level has been rolled out across the LHD. The 2017/18 budgets are now in the process of being built up and are likely to be distributed before the

end of July 2017 which will place the Cost Centre Managers in a more favourable position.

The results for private health conversion rate are good however there are still some difficulties in identifying private health conversions.

The work with Pavilion is continuing to provide excellent results.

The Byron Shire Council has not yet received the contract for Mullumbimby Hospital. However, the Council remains keen to progress the signing of the contract.

There was a large amount of activity across the LHD in May 2017 and indications are that there has been strong activity in June 2017, 56% of presentations to the ED are being converted to admissions and a large proportion presenting are over 80 years of age.

The unconfirmed Minutes of the FPC Meeting held on 21 June 2017 were noted.

Ms Loughnane, Ms Rose and Mr Beashel left the meeting.

5.2.3 Medical and Dental Appointments Advisory (MDAAC) Committee – 8 June 2017

Dr Tyson provided a verbal report of the MDAAC Meeting held on 8 June 2017.

Appointments were made for a VMO GP Sexual Assault to Lismore, a Haematologist and Nephrologist were appointed to Tweed.

In relation to Pathology appointments, the Board Chair is seeking advice in relation to why LHDs are required to reaccredit Pathology Medical Officers if they are appointed to the State body.

Dr Tyson suggested that the LHD may need to seek advice concerning some GPs being appointed as GPs to a Hospital with an associated payment rates when they are classified as specialists by APHRA and are seeking to be remunerated accordingly.

Professor Nancarrow noted that due to work commitments she is not able to attend the MDAAC meetings and the Board Chair has excused her from being on the MDAAC membership.

The unconfirmed Minutes of the MDACC Meeting held on 8 June 2017 were noted.

5.2.4 Health Services Development Committee (HSDC) – 13 June 2017

The Board noted that the HSDC Minutes will be provided to the 26 July 2017 Board Meeting.

5.2.5 Audit and Risk Committee (ARC) – 14 June 2017

Mr Frazer provided a verbal report of the 14 June 2017 ARC Meeting

Mr Frazer reported the normal reports in respect of finance and performance and risk were considered by the ARC meeting.

A positive report was received from the State Audit Office and NNSWLHD was not mentioned in the report to Parliament.

Dr Buss attended the ARC meeting to discuss various matters concerning mental health matters.

The ARC Minutes of the 14 June 2017 will be submitted to the 26 July 2017 Board Meeting for consideration.

5.2.6 Clinical Council (CC) - 16 May 2017

The Board noted that a verbal report of the CC Meeting held on 16 May 2017 was provided to the 31 May 2017 Board Meeting.

The unconfirmed Minutes of the CC Meeting held on 16 May 2017 were noted.

5.2.7 Community Engagement Advisory Council (CEAC) – 26 June 2017

The Board noted the Minutes of the CEAC Meeting held on 26 June 2017 will be provided to the 26 July 2017 Board Meeting.

Mr Spriggs reported that Dr Hutton presented on the Clinical Governance Framework. Feedback from CEAC included that when the Framework is finalised and endorsed it should be forwarded to all clinicians in a similar way the Code of Conduct is circulated and is required to be signed off.

Mr Frazer suggested that the feedback by CEAC be considered by the Executive.

5.2.8 Medical Staff Executive Council (MSEC)

The Board noted the next MSEC Meeting is scheduled on 20 July 2017.

5.2.9 Aboriginal Partnership Meeting

The Board noted the next Aboriginal Partnership meeting is scheduled on 3 July 2017.

5.2.10 Mental Health Forum (MHF) – 5 June 2017

Ms Monaghan provided a verbal report on the MHF held on 5 June 2017.

Dr Buss had attended the Forum and spoke on the Miriam Merten matter and advised of the process that had been undertaken by the LHD.

Ms Olivia Pantelidis from the Primary Health Network addressed the Forum on Mental Health Reform and the challenges in outsourcing.

Mr Jones addressed the Forum and responded to questions of the future of forum and other issues of concern to the members.

The unconfirmed Minutes of the MHF held on 5 June 2017 were noted.

5.2.11 Health Education Workforce Research Forum

A date for the HEWRF is still to be scheduled.

5.2.12 Drug and Alcohol Community Advisory Committee (DACAC) – 8 June 2017

The DADAC Meeting Minutes of 8 June 2017 are to be deferred to the 26 July 2017 Board Meeting to enable the Board Chair to provide feedback.

6. Matters for Noting/Information (discussed only on exception basis)

- Dr Griffin reported on the 19 June 2017 Board Conference and advised that it was a very worthwhile conference with the issues well thought out. Dr Ogg indicated that the Conference was more patient centred than in previous years.
- Mr Frazer referred to the meeting he, Dr Ogg and Dr Hutton had attended with the ACHS Surveyors as part of the current Tweed Byron Health Service Group accreditation process.

Mr Frazer advised that the Surveyors requested a letter of commitment that action would be taken to improve compliance for interhospital transfers with reference to patients being transferred from BCH and the deteriorating patient REACH program and Standard. It was noted that the REACH program had been a recommendation made at the previous Accreditation Survey three years ago and had not been implemented until 1 June 2017.

Dr Hutton advised that a draft letter was being prepared by the Clinical Governance Unit for the Acting Board Chair's signature for submission to the Lead Surveyor by 30 June 2017. The draft letter is to be circulated to the Board for consideration prior to the Deputy Board Chair signing the letter before 30 June 2017.

The Board requested that it receives a report from the Clinical Governance Unit and The Tweed Hospital Management on why the REACH Program was not implemented until 1 June 2017.

Action:

The Board is to receive a report to the 26 July 2017 Board Meeting on why the REACH Program was not implemented until 1 June 2017 in the Tweed Byron Health Service Group.

- The Board ENDORSED Dr Griffin taking leave of absence from the Board due to his leave arrangements from 25 July 2017 to 9 September 2017.

6.1 Major correspondence

6.1.1 Letter from Vahid Saberi Chief Executive Officer, North Coast Primary Health Network concerning Board Membership

The Board noted the letter from Dr Vahid Saberi, Chief Executive Officer, North Coast Primary Health Network in relation to the Board's representation on the Network's Board.

6.1.2 Letter from Mr Sam Sangster, Health Infrastructure (HI) I re information from Mr Max Boyd concerning the Tweed Valley Hospital project.

The Board noted the letter from Mr Sam Sangster, HI concerning a letter to Mr Max Boyd about the Tweed Valley Hospital project.

6.1.3 Letter of congratulations to Dr John Moran on Queens Birthday Honour

The Board noted the letter of congratulations to Dr John Moran concerning his receipt of a Queen's Birthday Honour Award.

6.2 NNSW LHD Seal

6.2.1 NNSWLHD and FACS Program Level Agreements – Aboriginal Child, Youth and Family Strategy; Families NSW Clarence and Bugelwena Service Tweed Heads

The Board resolved to ENDORSE the applying of the NNSWLHD Seal to the Program Level Agreements with NNSWLHD and FACS for Aboriginal Child, Youth and Family Strategy; Families NSW Clarence and Bugelwena Service Tweed Heads.

Moved: Ms Deb Monaghan

Seconded: Dr John Griffin

CARRIED

6.1.1 NNSWLHD and NSW Rural Doctors Network – Rural Health Outreach Services; Medical Outreach Indigenous Chronic Disease Program; Healthy Ears, Better Hearing, Better Listening

The Board resolved to ENDORSE the applying of the NNSWLHD Seal to the NNSWLHD and NSW Rural Doctors Network Rural Health Outreach Services Funding Agreement Schedules for Medical Outreach Indigenous Chronic Disease Program; Healthy Ears, Better Hearing, Better Listening.

Moved: Ms Deb Monaghan

Seconded: Dr John Griffin

CARRIED

6.3 Updated Board Calendar

The updated Board Calendar was noted.

6.4 Other matters for noting

6.4.1 Status Report on NNSWLHD Integrated Care Strategy

Ms Weir advised that NNSWLHD has been recognised by the NSW Agency for Clinical Innovation, Clinical Excellence Commission and the MOH as top performers in relation to Integrated Care.

The Board resolved to ENDORSE that a letter be drafted for the Board Chair's signature to Ms Vicki Rose, Director of Integrated Care and Allied Health thanking her for her commitment to the implementation of Integrated Care programs across the LHD.

Action:

The Chief Executive is to draft a letter for the Board Chair's signature to Ms Vicki Rose, Director of Integrated Care and Allied Health thanking her for her commitment to the implementation of Integrated Care programs across the LHD.

Moved: Dr Joe Ogg
Seconded: Mr Michael Carter
CARRIED

7. Meeting Finalisation

Dr Ogg provided a critique of the Board meeting.

7.1 Next Meeting – Board Budget Meeting - 14 July 2017 Ground Floor Meeting Room, Crawford House, Hunter Street, Lismore commencing at 3.00pm

26 July 2017 – 9am – 12.30pm WHS Workshop – Ballina Education Centre
26 July 2017 – 1.00pm – 5.00pm Board Meeting

7.2 Meeting close

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

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

Signed  Date ... 28/6/17

Mr David Frazer
Acting Chair
Northern NSW Local Health District Board