

8.30am – 11.30pm Facilitated Workshop on NSW LHD Vision Statement contained in the NSW LHD Strategic Plan

Ms Carmen Stewart from FutureScapes, facilitated a three hour workshop with Board Members, NSW LHD Executive Directors and representatives from the NSW LHD Planning and Performance and Media Unit on the NSW LHD Vision Statement contained in the NSW LHD Strategic Plan and providing input into the development of a tagline for NSW LHD.

Ms Stewart is to submit proposed wording of the NSW LHD Vision Statement and a tagline for consideration by the NSW LHD Executive and Board.

11.30am – 12.30pm Mr Brian Dolan, Health Service 360⁰ to discuss the 360 Survey for NSW LHD Staff on Clinician Engagement

Mr Brian Dolan, Health Service 360⁰ presented to NSW LHD Board and Executive Directors an outline of how his organisation will undertake a 360 Survey for NSW LHD Staff and Clinicians on Clinician Engagement.

The aim of the 360 Survey is to ascertain the level of engagement and areas of strengths and weaknesses of Staff and Clinicians. The program includes identification and training of NSW LHD coaches who will provide support on how Staff and Clinician can make improvements in their level of Clinician engagement.

The Board and Executive were advised that the process being undertaken is a good opportunity to promote staff wellbeing and will deliver better opportunities for the Chief Executive to identify areas for Clinician engagement improvement across the LHD.

Board Members who wish to undertake the 360 Survey are to make contact with Ms Sharon Wright, Nurse Manager Nursing and Midwifery who will arrange for them to be included in the Survey process.

The Board Chair thanked Mr Dolan for presenting to the Board and Executive on this important process to improve Clinician engagement across the LHD.

1.40pm Mr Thomas George MP, Member for Lismore attended the Board Meeting

Mr Thomas George, MP Member for Lismore attended the Board Meeting and discussed relevant issues among his constituency.

Mr George complimented Ms Lynne Weir, Executive Director Richmond Clarence Health Service Group and her team on the management of the Lismore Base Hospital (LBH) multistorey carpark and the associated issues that have been raised by the staff and community. Mr George advised that there will be a low key official opening by the Minister for Health and the Parliamentary Secretary for Rural Health on 12 July 2016.

The plan for the Bonalbo Multipurpose Service has now been finalised and it is hoped to have a sod turning before the end of the year. The Board Chair referred to the expected cost to build this facility.

Mr George advised that he has undertaken a recent tour of the LBH Redevelopment including the helipad. Mr George indicated that the community is very appreciative of the work undertaken by the Board and the LHD Management on continuing to improve LBH facilities and local health services. The Board Chair also indicated that he will be raising his concerns over HI projected costs for TTH redevelopment with the Minister in the near future.

Mr George also advised that he recently visited the Byron Central Hospital and indicated that it is a wonderful facility for the whole LHD.

The Board Chair advised that he is continuing to advocate for the next stage of the LBH redevelopment to move the Intensive Care Unit and to put the two wards on LBH northern tower that will open in 2017/18.

Mr George suggested that consideration would need to be given to communities south and west of Murwillumbah who would be more impacted as they would have longer travel time to get to an acute facility if the greenfield option was to be progressed.

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

1. PRESENT AND APOLOGIES:

Dr Brian Pezzutti (Chair), Mr Malcolm Marshall, Mr David Frazer, Dr Joe Ogg, Dr Jean Collie, Dr Allan Tyson, Dr John Moran, Ms Rosie Kew, Ms Deb Monaghan and Dr Sue Page.

Via Teleconference: Professor Lesley Barclay

In Attendance : Mr Wayne Jones, Chief Executive
Mr Murray Spriggs, Ms Jenny Cleaver (Secretariat)
Bernadette Loughnane, Executive Director Tweed Byron Health Service Group (for Items 9.1 and 9.2)

2. Apologies: Ms Leonie Crayden, Mr Mark Humphries.

3. Declaration of Pecuniary and/or Conflicts of Interest

Ms Rosie Kew in relation to 6.13 declared a potential conflict of interest due to her role of in Allied Health Services.

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 Business Arising Agenda Items 6.1, 6.10, 6.13, 13.2, 14.2 and 14.3.

***5. Previous Minutes:**

a) The Minutes of the Board Meeting held on 25 May 2016 as circulated were ENDORSED as a true and accurate record of the meeting with an amendment to page 16 Item 13.1 to now read "Letter from Dr Graham Truswell, Chairman, Byron District Hospital Medical Staff Council, responding to Board Chair's letter of 23 February 2016 concerning the need to improve Rapid Response rate results."

Moved: Mr David Frazer
Seconded: Dr Alan Tyson
CARRIED

b) Minutes of the NNSW LHD Special Board Meeting held on 15 June 2016 as circulated were ENDORSED as a true and accurate of the meeting.

Moved: Dr Alan Tyson
Seconded: Dr Jean Collie
CARRIED

Business Arising from the Minutes:

***6.1 Mr Wayne Jones, Chief Executive 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 to the 29 June 2016 Board Meeting.**

Dr Collie noted that AHPRA supervision requirements for IMGs are now even more rigorous as supervisors now have to be registered with AHPRA as supervisors and undertake additional training to be recognised. Dr Collie also noted that of IMGs recruited six have now resigned as they can obtain better supervision at other facilities. Currently there is one IMG in place at GBH.

Mr Jones, Chief Executive responded that while the IMG Program was considered a sensible approach to make savings, the identified potential savings using the IMG program at GBH were not achieved, however significant savings were made at other sites.

Mr Jones advised that he has held discussions with the GBH Medical Staff and Management on how to address medical cover issues. It has been agreed that a proposed model of medical coverage for GBH is to be developed and submitted to Ms Lynne Weir, Executive Director Richmond/Clarence Health Service Group (RCHSG) and the Chief Executive for consideration on how to move forward, including utilising CMO positions and at this stage expanding the IMG model is not being put forward by RCHSG.

Mr Jones advised that discussions with GBH Medical Staff and Management included exploring the potential of providing Junior Medical Staff (JMOs) from the Health Education and Training Institute (HETI) Program at GBH. The discussion explored a number of

potential options including rotating JMOs out of the LBH allocated numbers. Mr Jones is to explore the options discussed and will have further discussions with HETI.

Dr Page suggested that an opportunity may exist with the Northern Rivers University Centre for Rural Health (NRUHR) for fractionated clinical appointments which could assist GBH.

Mr Jones advised that following two key resignations at Ballina District Hospital (BDH) he is discussing with Ms Lynne Weir, Executive Director RCHSG options for a Staff Specialist/CMO mix at Casino and Ballina Hospitals.

Dr Tyson raised the issue of the need for a governance process for appointments of CMOs which will be raised under Item 11.3.

6.2 Mr Wayne Jones, 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 takes account of models of care now and over the next five years to the 29 June 2016 Board Meeting.

The Board noted that 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 takes account of models of care now and over the next five years is to be submitted to a future Board Meeting.

Action:

Mr Wayne Jones, 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 takes account of models of care now and over the next five years to a future Board Meeting.

6.3 Mr Jones is to meet with Ms Susan Privalld, Family and Community Services (FACS) on the potential impact of the National Disability Insurance Scheme (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

Mr Jones reported that he has met with Ms Susan Privalld, Family and Community Services (FACS) and discussed the NDIS Program and Ms Privalld will be attending a NNSWLHD Executive Meeting to present on the NDIS from a FACS perspective and the potential impact of NDIS for NNSW LHD.

Mr Jones also indicated that he will be organising a small team from the NNSW LHD Executive to visit the Hunter New England LHD (HNELHD) to obtain more information on the operational challenges that HNELHD experienced during the pilot of the rollout of NDIS.

6.4 Mr Jones is to provide a response to the Financial Reporting Review document setting out a way forward in terms of a suite of dashboards on activity, workforce and finance for the Board's consideration

The Board noted that Mr Jones will provide a response to the Financial Reporting Review document setting out a way forward in terms of a suite of dashboards on activity, workforce and finance to a future Board meeting for consideration.

Action:

Mr Jones is to provide a response to the Financial Reporting Review document setting out a way forward in terms of a suite of dashboards on activity, workforce and finance for the Board's consideration

6.5 Mr Jones is to submit a further Brief on the cost analysis of the impact of the Rural Doctors Association rates that are in place at Grafton Base Hospital and the potential impact of private revenue should the RDA arrangement be ceased and provide a report to the 29 June 2016 Board Meeting for consideration.

The Board noted the good information provided in the Brief from Lynne Weir, Executive Director RCHSG on the financial impact of removing the Rural Doctors Agreement Fee for Service contracts for specialists at GBH.

The Board supported that consideration of the issue concerning RDA rates at GBH will form part of discussions when quinquennial appointments are undertaken by the LHD.

6.6 Mr Jones is to provide a report to the NNSW LHD Board in December 2016 outlining how the Oral Health Service at Yamba Community Health Centre is progressing and the amount of services being provided from that Service.

The Board noted that Mr Jones will provide a report to the NNSW LHD Board in December 2016 outlining how the Oral Health Service at Yamba Community Health Centre is progressing and the amount of services being provided from that Service.

This item can be removed from the Decision and Resolution Register noting that a Brief will be submitted to the December 2016 Board Meeting for information.

6.7 Mr Jones is to submit a comparative report to the December 2016 Board Meeting providing information on comparisons between the services being provided from the Maclean District Hospital and Yamba Community Health Centre.

The Board noted that Mr Jones will provide a comparative report to the NNSW LHD Board in December 2016 outlining comparisons between the services being provided from the Maclean District Hospital and Yamba Community Health Centre for noting.

This item can be removed from the Decision and Resolution Register noting that a Brief will be submitted to the December 2016 Board Meeting for information.

6.8 Mr Jones is to provide a further Brief to the 27 July 2016 Board Meeting on the standardisation of Patient Safety Officer positions across the LHD.

The Board noted that a further Brief on the standardisation of Patient Safety Officer positions across the LHD will be submitted to the 27 July 2016 Board Meeting for consideration.

Action:

Mr Jones is to provide a further Brief to the 27 July 2016 Board Meeting on the standardisation of Patient Safety Officer positions across the LHD.

6.9 Mr Jones is to provide feedback to the Board on his discussions with Mr Gary Forrest, Chief Executive, Justice Health and Forensic Mental Health Network.

Mr Jones reported that he has met with Mr Gary Forrest, Chief Executive, Justice Health and Forensic Mental Health Network regarding planning for the new Grafton Correctional Centre and he and Mr Forrest are drafting Terms of Reference for the Health Operational Steering Committee and an initial meeting is expected to take place in August/September 2016.

***6.10 Mr Jones is to request Ms Vicki Rose, Executive Director Allied Health and Manager Chronic and Primary Care to provide a brief outlining her role at a state level and how information from a state level is fed down to the LHD Allied Health Service and staff to the 29 June 2016 Board Meeting.**

The Board noted the information provided in the Brief from Ms Vicki Rose, Executive Director Allied Health and Manager Chronic and Primary Care providing information on how information provided at a state level is disseminated to NSW LHD Allied Health Clinicians.

The Board requested that further information is provided on what the Executive Director's role is at a state level especially on projects and strategic opportunities that are occurring at state level including benchmarking of allied health workforce.

Mr Jones advised that he will discuss the further request from the Board with Ms Rose and provide a Brief to the 27 July 2016 Board Meeting.

The role of former Senior Discipline Leads and the potential benefit for the LHD if these were reintroduced was raised. Mr Jones advised that he will consider this request and provide feedback to the 29 July 2016 Board Meeting.

Action:

Mr Jones is to discuss the request for further information to be provided with Ms Vicki Rose, Executive Director Allied Health and Manager Chronic and Primary Care on her roles at a state level especially on projects and strategic opportunities that are occurring at state level including benchmarking of the allied health workforce. A Brief outlining this information is to be provided to the 27 July 2016 Board Meeting.

Mr Jones is to consider the roles of former Senior Discipline Leads and what the potential benefit would be for the LHD if these were reintroduced and provide feedback to the 29 July 2016 Board Meeting.

6.11 The Acting Board Chair forward a letter of thanks to Dr Colin McDonald following his recent retirement from Ballina District Hospital.

The Board noted the letter of thanks from the Acting Board Chair to Dr Colin McDonald thanking him for his years of service following his recent retirement.

6.12 The Acting Board Chair is to meet with the Board Chair and Chief Executive to discuss a more streamlined approach with the drafting of Board papers and the management of Board meetings.

Due to competing priorities this meeting has been deferred until late July/August.

***6.13 Mr Jones is to clarify the current status of Student Placement Agreements with the Northern Rivers University Centre for Rural Health, Southern Cross University and other Universities**

The Board noted the information contained in the Brief from Vicki Rose, Executive Director Allied Health and Manager Chronic and Primary Care Services on Allied Health Student Clinical Placements.

The Board noted that first preference for Allied Health Student Clinical Placements was to be given to students who reside in the local area no matter what university they are from, second preference was to be given to local universities and the third preference was for any spaces that are identified and could be given to other universities to maximise the number of training opportunities that are available and indicated that this does not seem to be occurring.

Professor Barclay indicated that the current process does not meet the Commonwealth Funding contract requirements.

Mr Jones advised that his understanding was that this initially occurred as the principle objective was to provide support to local universities so local students could remain in the LHD community following the completion of their placement as the retention rate for students out of area had been low.

The Board requested that Mr Jones undertake negotiations to implement the decision of the Board in relation to Allied Health Clinical Placements and to train local students irrespective of the university as outlined above.

Ms Kew declared a conflict of interest as an Allied Health Clinician whose role includes management of student placements.

Action:

Mr Jones is to undertake negotiations to implement the decision of the Board in relation to Allied Health Clinical Placements and to train local students irrespective

of the university with the first preference for Allied Health Student Clinical Placements to be given to students who reside in the local area no matter what university they are from, second preference is to be given to local universities and the third preference being for any spaces that are identified and could be given to other universities to maximise the number of training opportunities that are available.

***6.15 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 25 May 2016 Board Meeting were noted.

The Board Chair noted that Item 411 will be completed in August 2016 during BreastScreening month, 522 has been superseded due to the 360 Clinician engagement survey being undertaken and can be removed from the table, 523 Dr Ogg, Mr Beashel or Mr Jones will arrange a visit to the Gold Coast Hospital, Item 549 and 550 can be removed from the table as a report will be submitted to the December 2016 Board Meeting and Item 551 will be submitted to the 27 July 2016 Board Meeting.

7.1 Changes to Register Items 532, 540, 541, 546, 548, 549, 550 and 551 covered in Item 6 Business Arising.

Noted

7.2 New Register items 554 and 555 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 2016/17 Service Agreement, 2015/16 Budget, Elective Surgery and Emergency Patient results, Capital Works Projects and Planning Projects – Byron Central Hospital, The Tweed Hospital Stage 1 and Bonalbo MPS, LBH Stage 3A and LBH Multi-storey Carpark, EMR2 Implementation, Non-Admitted Funding Brief, New Director for NRUCRH, My Food Choice ; Better Food Better Service, Aboriginal Family Health Co-ordinator, Additional Security Funding, NNSW LHD Education and Training Strategic Plan, Last Days of Life Home Support, Medical Research Future Fund, GBH, High Performing Organisation, Performance Reports, NDIS and Grafton Correctional Centre.

The Board discussed the following matters:

- The areas of concern that have not been included in the 2016/17 NNSW LHD Service Agreement are capital funding for Bonalbo MPS and Evans Head HealthOne, contingency funds from HI and a range of issues concerning the DRG variations in relation to weighting of higher end acuity that rural LHDs do not normally treat.

- It is expected that a response will be provided from Susan Pearce, Deputy Secretary, Systems Purchasing and Performance to the Non-Admitted Funding Brief prior to the Board Chair signing the 2016/17 Service Agreement.

Professor Barclay referred to good information from the submission by the Royal Flying Doctor Service about the difference and demand of rural and remote health which demonstrates the costs for rural and remote health services are higher than being provided elsewhere and this may be useful as a reference when developing the budget documentation.

- Budget priorities for allocation of 2016/17 growth funds will be linked with the Board priorities and in accordance with the current financial year being a year of consolidation. The proposed budget priorities for allocation of 2016/17 growth funds will be submitted to the Board for final approval.
- The Board was advised that information has been received that some other rural LHDs have received a degree of subsidisation on budget based on rurality. NNSW LHD has indicated to the MOH that NNSW LHD also needs to be included in this process.
- Staff backfill for training/education in preparation for EMR2 implementation has cost \$1.6m. The Chief Executive and Executive Director Finance are negotiating with eHealth to subsidise some of these costs, indications are that eHealth will make \$300K available to assist NNSW LHD in meeting this cost.
- In conjunction with the North Coast Primary Health Network (NCPHN) an invitation is to be extended to Mr Martin Bowles, Secretary, Commonwealth Department of Health to discuss the Heads of Agreement between the Commonwealth and States and Territories and how assistance could be provided to the PHN to fund some of the gaps for regional and rural health services.
- The Combined NNSW LHD and NCPHN Executive was held on 28 June 2016 and discussion took place on commissioning. The NCPHN is one of three national pilots that will manage Mental Health Non-Government Organisation (NGO) funding and NNSW LHD will progress partnering this opportunity on an alliance contracting basis.
- Mr Jones referred to a Grants Management Improvement Program at state level to look at services run as a public function but not considered core that the LHD could contract out to the NGO Sector. Contracts have been extended of the Mental Health and Drug and Alcohol NGO Sectors until the end of June 2017. Consideration is being given to combining funding from the NCPHN and LHD to establish clear criteria of outcomes expected and allow all NGO sectors to bid for the services.

- An invitation should be made to Professor Debora Picone, Chief Executive, Australian Commission on Safety and Quality in Healthcare to present to the NNSW LHD Board on the Australian Atlas of Healthcare Variation.
- The request by the Clinical Excellence Commission to visit GBH as the 2014 performance across patient experience, safety, culture and patient safety metrics showed GBH to be a higher performer. Interviews will be conducted with Mr Dan Madden, Executive Office and 4 – 5 Staff members. The Board requested that a letter of congratulations be forwarded to GBH Management following receipt of the results of the interviews being held.
- Mr Jones indicated that his expectation is that Last Days End of Life Home Support packages should be available in the Clarence Network and he will provide feedback to the July 2016 Board Meeting as to whether packages are available for the Clarence Network through Silver Chain.
- In relation to EMR2 implementation the project management was conducted exceptionally well with staff and clinicians noting the high levels of support provided during implementation. The Board requested a letter of congratulations be forwarded to Mr Kevin Gunn, Manager to congratulate him and the EMR2 team for the work undertaken to achieve this outcome.
- Mr Jones advised that to date there has been no response to the GBH Ambulatory Care Unit Master Plan and Business Case other than the Financial Impact Statement being a good document.
- Issue of placing patients on surgery lists was raised and the difficulties around providing funding required to undertake additional surgical activity was discussed. Mr Jones advised that he has requested the Executive Director TBHSG and TTH Surgeons to develop a plan to provide additional surgery utilising MDH for Orthopaedic Surgery to alleviate the pressure on TTH and manage growth pending capital development of additional operating theatre capacity at TTH.
- The Board noted the NNSW LHD theatre start on time result and it was suggested that this result is due to work being undertaken in the anaesthetic bay and not in the actual operating theatre, as occurs in some other LHDs.

Action:

An invitation is to be extended by the North Coast Primary Health Network (NCPHN) and NNSW LHD to Mr Martin Bowles, Secretary, Commonwealth Department of Health to discuss the Heads of Agreement between the Commonwealth and States and Territories and how assistance could be provided to the PHN to fund some of the gaps for regional and rural health services.

An invitation is to be extended to Professor Debra Picone, Chief Executive, Australian Council of Quality and Safety in Healthcare to present to the NNSW LHD Board on the Atlas

Mr Jones is to provide feedback to the 27 July 2016 Board Meeting on whether there are Last Days End of Life Home Support packages in the Clarence Network.

A letter of congratulations is to be forwarded to Mr Kevin Gunn, Manager EMR2 Implementation Team, thanking him and the EMR Team for the well organised and seamless way the EMR2 implementation has occurred.

The Board ENDORSED the Chief Executive's Report.

***9. Strategic and Planning Items**

9.1 Draft Tweed Byron Health Service Group Maternity and Newborn Services Plan 2016 – 2026 for endorsement

Ms Bernadette Loughnane, Executive Director Tweed Byron Health Service Group (TBHSG) provided background on why the Maternity and Newborn Services Plan 2016 – 2026 was developed for the TBHSG and the process that was undertaken in the development of the Services Plan.

Professor Barclay commended the good work that had been undertaken by the TBHSG Maternity Service Steering Committee in the development of the Maternity and Newborn Services Plan 2016 – 2026.

The Board Chair advised that he had provided some minor amendments to the text of the document to Ms Loughnane and subject to these changes being accepted, commended the TBHSG Maternity and Newborn Services Plan 2016 – 2026 to the Board for endorsement.

Mr Jones, Chief Executive advised that there is a process through the Health Services Development Committee where Services Plans are reviewed annually as part of the milestone reporting, and where necessary changes can be made to the Services Plan as required.

Moved: Dr Sue Page
Seconded: Dr John Moran
CARRIED

9.2 Brief on the establishment of a Midwifery Group Practice at The Tweed Hospital for endorsement

Ms Bernadette Loughnane, Executive Director Tweed Byron Health Service Group (TBHSG) provided background on the establishment of a Midwifery Group Practice at TTH.

The Board Chair advised he has made some suggestions to some of the text of the Description of Service document including the need to reference the Ministry of Health (MOH) Policy Directive as well as the Australian College of Midwives, as NNSW LHD works with MOH Policies.

The Board noted that the diagram on page 23 should include an exit point.

Moved: Dr John Moran

Seconded: Dr Alan Tyson

CARRIED

The Board Chair suggested that the document on the Midwifery Group Practice at TTH be submitted to the MOH Chief Nursing Officer as an exemplar for development of other Midwifery Group Practices. The Board also noted that the two consumers on the Reference Group have submitted a nomination for the Midwifery Group Practice model to the NNSW LHD Quality Awards.

Action:

Mr Wayne Jones, Chief Executive, is to submit a copy of the Midwifery Group Practice at The Tweed Hospital document to the MOH Chief Nursing Officer suggesting that this model could be used as an exemplar for the development of similar Midwifery Group Practices.

9.3 Evans Head and Surrounds Health Services Plan 2016 for endorsement

Mr Jones advised that meetings have been held with the Richmond Valley Council and the Council has identified some land options for the LHD's consideration. Meetings have also been held with local General Practitioners on the proposed HealthOne model and they engaged in consultations to progress development of the model.

Moved: Dr Alan Tyson

Seconded: Ms Rosie Kew

CARRIED

10. Items for Decision/Resolution

There were no item for Decision/Resolution.

***11. Minutes – Governance Committees**

11.1 Finance and Performance Committee Meeting (F&PC)

Mr Marshall provided a verbal report of the summary document of the F&PC Meeting held on the 22 June 2016.

The LHD activity performance is slightly down against the bed day target however ED attendances are 2.6% above target. The projected end of year result as at 31 May 2016 is expected to break even with the recent confirmation from the MOH that the LHD will received \$1.2 million funding for annual leave adjustments.

Mr Marshall referred to the Individual Hospital Reports received at the F&PC and he advised that the financial information that is now being provided is reliable. However, more informed commentary is needed particularly in the areas of analysis of issues and corrective actions that are being undertaken or required to meet targets. The F&PC will continue to closely monitor the content of the commentary being received from each Health Service Group to ensure analysis has been undertaken on the key results' areas, and that appropriate corrective actions are being progressed.

Coding issues is one of the highest risks for the LHD which needs to be addressed and an emphasis on ensuring the coding data accurately reflects the volume and acuity of the activity will be a focus for the LHD over the coming months. Mr Jones advised that work is currently underway to address the identified issues of coding which includes the need to ensure adequate resources to support clinician engagement and tools to support coder's transition to EMR documentation.

The unconfirmed Minutes of the FPC Meeting held on 22 June 2016 were noted

11.2 Health Care Quality Committee (HCQC)

Dr Collie, as Acting Chair HCQC, provided a verbal report of the HCQC Meeting held on 14 June 2016.

Dr Collie reported that four new Procedures were endorsed and two reviews of Policy and Procedures were considered and there was discussion regarding Advanced Care Directives and the scanning into the EMR2.

Dr Collie advised that the HCQC Community Member had expressed concern about the lack of preventative services for youth adolescence and young adults and was advised of a new program that is about to commence called 'GOT IT!' or 'Getting On Track on Time' which is an Early Intervention Program based in Yamba and Byron Bay aimed at ages 5 to 8 year olds who are children of parents with significant mental health challenges.

It was noted that diagnostic error has been included as an agenda item on the next Statewide Directors of Clinical Governance Forum and the Clinical Excellence Commission is conducting a program related to diagnostic errors.

Dr Collie advised that four RCAs were discussed with significant discussion concerning one RCA and the HCQC agreed that a clear LHD procedure should be developed on the escalation of care processes to a Consultant and appropriate response timeframes.

A HCQC Policy Review meeting was held on 17 June 2016 and all but one Policy was endorsed.

Dr Collie noted that the HCQC meeting attendance needs to be improved. Mr Jones responded that he will forward a memorandum to the members of the HCQC reminding them of the importance to attend each HCQC Meeting.

The unconfirmed Minutes of the HCQC Meetings held on 14 June 2016 were noted.

Action:

The Chief Executive is to forward a memorandum to the members of the HCQC reminding them of the importance to attend each HCQC Meeting.

11.3 Medical and Dental Advisory Appointments Committee (MDAAC)

Dr Tyson provided a verbal report on the MDAAC Meeting held on 9 June 2016.

Dr Tyson advised that there was discussion on the issue of compliance for the credentialing of CMOs and it was noted that there are no MOH policies that require credentialing of CMOs and the MDAAC has requested the NNSW LHD Executive consider if the current arrangements for credentialing CMOs are appropriate.

The number of advertisements to fill some vacant positions was noted.

Dr Tyson referred to the appointment of two Anaesthetists from Coffs Harbour however reported that since these appointments were made, one of the applicants has now withdrawn her application due to personal reasons. Dr Tyson also noted the appointment of Dr Ken Marr, Senior Staff Specialist Palliative Care.

The unconfirmed Minutes of the MDAAC Meeting held on 9 June 2016 were noted.

11.4 Health Services Development Committee (HSDC)

The Board noted that the Minutes of the 9 June 2016 HSDC Meeting are to be submitted to the 27 July 2016 Board Meeting for noting.

11.5 Audit and Risk Committee (ARC)

Mr Frazer provided a verbal report of the ARC Meeting held on 8 June 2016.

Mr Frazer noted that a recruitment process is to be undertaken for an additional Internal Auditor position. The Chief Executive has also engaged a consultant to undertake a comprehensive review of the VMO governance framework and payments authorisation processes across NNSW LHD which is expected to be completed by the end of 2016 and a report will be submitted for consideration in due course.

Mr Frazer advised that the newly formatted NNSW LHD Risk Register was endorsed and the ARC commended Mr Craig McNally, Corporate and Clinical Risk Manager for the work he had undertaken in the development of the new Risk Register.

The response rate for Internal Auditors Recommendations was reported at 32% which is unusually low and was mainly from one area and a report is to be submitted to the next ARC on whether the response rate has improved. Mr Frazer advised that if the response rate does not improve he will advise the Board.

Mr Frazer advised that the other two ARC Committee Members have completed their Conflict of Interest or Pecuniary Interest Forms and he is not required to make a further declaration as this was done as an LHD Board Member.

The unconfirmed Minutes of the ARC Meeting held on 8 June 2016 will be submitted to the 27 July 2016 Board Meeting for noting.

11.6 NSW LHD Clinical Council (CC)

Mr Spriggs provided a verbal report of the CC Meeting held on 14 June 2016.

Mr Spriggs advised there was a lot of discussion on the Board and Executive's approval for a review of the Clinical Council structures which was supported and the LHD Clinical Council will continue until 2017.

A report was received on the Reconciliation Action Plan and Sorry Business Sad News Document and the approach was supported by the Clinical Council. It was noted that there are local differences in how both health and police operate in relation to Sorry Business Sad News and there was a suggestion to develop localised information which can be provided to family members. The Board Chair requested that the Sorry Business Sad News document be submitted to the HCQC as soon as possible for consideration.

The unconfirmed Minutes of the NSW LHD CC Meeting held on 14 June 2016 were noted.

11.7 Community Engagement Advisory Council (CEAC)

The Board noted that the Minutes of the CEAC meeting held on 27 June 2016 will be submitted to the 27 July 2016 Board Meeting for noting.

11.8 Medical Staff Executive Council (MSEC)

The Board noted the MSEC meeting scheduled on 16 June 2016 was cancelled and the next MSEC is scheduled on 15 September 2016.

Mr Jones advised that following the recent resignation of the MSEC Chair, consideration will now be given to the process for the appointment of a new MSEC Chair.

11.9 NSW LHD Interim Aboriginal Partnership Meeting (APM)

The Board noted the next meeting of the APM is scheduled on 21 July 2016.

11.10 NSW LHD Mental Health Forum (MHF)

Ms Monaghan provided a verbal report on the MHF held on 20 June 2016.

Ms Monaghan advised that a presentation was received from Ryan Rooney on seclusion and restraints and de-escalation of situations with mental health patients, which was very informative.

A report was received on eating disorders and a draft Service Development and Workforce Plan is to be submitted to the Executive for consideration prior to being submitted to the MOH by 30 June 2016 and one of the main recommendations within the Plan is to create an Eating Disorders Co-ordinator position for the LHD. Working parties for both adult, child and adolescents are to be established.

There was discussion on representation on the MHF including volunteer representation. There was also discussion on the time taken for a volunteer to be engaged for the Mental Health Unit, Ms Monaghan reported. Mr Jones advised that he will discuss these delays with Dr Richard Buss, Executive Director Mental Health and Drug and Alcohol Services and also the need to develop a formalised process that includes a timeline which could be advised to potential volunteers.

An overview was also provided on Trauma Informed Care by Mim Weber and the MHF noted how well this program has been received across the LHD and it was suggested that Trauma Informed Care should be part of the education process when commencing your career. Ms Monaghan advised that she has discussed this proposal with Ms Annette Symes, Executive Director of Nursing and Midwifery who will raise this proposal with relevant bodies.

Ms Monaghan reported that better signage for directions to the Byron Central Hospital needs to be considered.

The unconfirmed Minutes of the MHF Meeting held on 20 June 2016 will be submitted to the 27 July 2016 Board Meeting for noting.

11.11 Health Education Workforce Research Forum (HEWRF)

The Board noted that following discussion the next HEWRF meeting will be scheduled in September/October 2016 at a date to be advised.

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

The Board noted that the Minutes of the 9 June 2016 DACAC Meeting are to be submitted to the 27 July 2016 Board Meeting for noting.

***12. Items Without Notice/Late Business**

- Mr Jones advised the Board that he is developing a Position Description for a 0.4 FTE Medical Research Lead position for the LHD with a joint appointment being considered with NCURCH.
- The Board Chair tabled a collation of information that had been received from Board Members on a skills matrix of Board Members. The Board Chair advised that he would include an item for discussion on succession planning and skills needed for Board Members on the 27 July 2016 Board Meeting.

- Dr Collie stated that briefing papers developed by the NCPHN on the population of the PHN specifically Northern NSW, relating to workforce and co-ordination, aboriginal health, older persons, mental health, drug and alcohol and information on Local Government Areas contain good information and may be of interest to Board Members.
- Dr Sue Page provided a verbal briefing on strategies being used to increase the vaccination rates across the LHD. Dr Page noted that there has been some increase in vaccination rates but indicated that there is more work to be done. Dr Page noted that there is a lot of “catch up” vaccination now occurring due to the “no jab no pay” strategy that has been introduced by the Commonwealth Government.
- Dr Moran provided a verbal summary evaluation of the chairing of the Board Meeting and indicated that the Board Chair had maintained focus and kept to the point of Agenda items and changed the format of the agenda as appropriate. The Minutes and reports were distributed in a timely manner, the Board Chair allowed for free discussion as appropriate and there was good inclusion by all Board Members and generally the Board meeting went well.

13. Items for Noting

13.1 Letter to Ms Tracey McCosker, Chief Executive, NSW Health Pathology advising the NNSW LHD Board and Executive would like to receive a presentation on Health Pathology’s progress and plan toward Contestability
Noted

13.2 Brief from Dr Richard Buss, Executive Director Mental Health and Drug and Alcohol Services on implementation of Trauma Informed Care pilot projects
Noted.

The Board noted the expansion of the implementation of Trauma Informed Care across NNSW LHD through funding a Project Officer.

The Board agreed that the Board Chair could forward the Update Report on the NNSW LHD Trauma Informed Care to the MOH, Minister for Health and Minister for Mental Health for information.

The Board ENDORSED the continuation of the work being undertaken and funding for this work.

Moved: Mr David Frazer
Seconded: Ms Deb Monaghan
CARRIED

14. Items for Information:

14.1 Paper prepared by Professor Lesley Barclay on a Workshop at Macquarie

University with Paul Long on 30 May 2016

Professor Barclay provided a verbal summary of the information contained in the Paper on a Workshop that she had attended at Macquarie University on 30 May 2016.

Professor Barclay cautioned that there had been a suggestion that the LHD may need to engage an external consultant to undertake work to progress clinical engagement and suggested that currently NNSW LHD has strategies underway to improve clinician engagement across the LHD.

14.2 Report from Dr Brian Pezzutti on meeting with Dr Adrian Hopper, Consultant at St Thomas Hospital London

The Board Chair provided a verbal summary of his meeting with Dr Adrian Hopper, Consultant at St Thomas Hospital London. The Board were advised that discussions centred around arrangements on the management of acutely ill medical patients who attend EDs. A training program for medical staff has been developed for the specialty of acute medical care to manage the acute phase before being referred to specialised teams, such as cardiac or renal services. The Board Chair indicated that Ms Lynne Weir, Executive Director Richmond Clarence Health Service Group advised that she is considering a similar model with a Staff Specialist Physician allocated to care for these patients in the ED.

Discussion also took place on the establishment of an Acute Frailty Team which has a Proactive Peri-operative Care of the elderly coming in for surgery that may become delirious and is aimed at identifying these patients pre-operatively and working with them as a group, the Board Chair reported. This subject has met with a lot of interest in the anaesthetics speciality.

14.3 Report from Dr Brian Pezzutti on meeting with Sir Robert Naylor, Chief Executive, UCLH Trust

The Board Chair spoke on the meeting he had with Sir Robert Naylor, Chief Executive, UCLH Trust and discussions on how UCLH manage capital works and issues surrounding the replacement of Senior Consultants and how this is being managed by the UCLH Trust.

15. Close of Meeting



There being no further official business, the Chair declared the meeting closed at 4.55 pm.

16. Date and Time of next Board Meeting

Wednesday, 27 July 2016 in the Conference Centre, Grafton Base Hospital, Arthur Street, Grafton commencing at 1.30pm

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

MINUTES OF THE MEETING OF THE NORTHERN NEW SOUTH WALES LOCAL HEALTH DISTRICT BOARD HELD ON WEDNESDAY 29 JUNE 2016 IN THE GROUND FLOOR MEETING ROOM, CRAWFORD HOUSE, HUNTER STREET, LISMORE COMMENCING AT 8.30PM

Signed  Date 

Dr Brian Pezzutti
Board Chair
Northern NSW Local Health District