

1. **\*PRESENT AND APOLOGIES:** Brian Pezzutti (Chair), Lesley Barclay, Rosie Kew, Allan Tyson, Deb Monaghan, Jean Collie, Sue Page, John Moran, Mark Humphries, Malcolm Marshall, Joe Ogg, David Frazer, Leonie Crayden

**In Attendance :** Chris Crawford, Murray Spriggs, Alison Renwick (Minutes)

2. **\*Apologies: Nil**

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

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

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

4. **\*Board Members to asterisk non-asterisked items that they wish to discuss. 6.2a, 6.3, 6.6, 6.9, 6.10, 6.11, 6.12 and 6.14**

5. **\*Previous Minutes:**

a) The Minutes of the Board Meeting held on 28 January 2015 were ENDORSED as a true and accurate record of the meeting with the following amendment.

The Chair referred to Item 10.3 of the previous Minutes of the Medical and Dental Appointments Advisory Committee and indicated that at the last Board Meeting he had raised a concern regarding the number of Locum Medical Officers being utilised by the Lismore Base Hospital (LBH) Emergency Department (ED), despite the large number of Visiting Medical Officer (VMO) appointments having been made to the LBH ED and noted that this matter had not been included in the Board Minutes.

The Chair commented in relation to the reduction in the overall detail of the Board minutes and expressed concern at any discussion omitted due to confidentiality or sensitivity, indicating that approval should first be sought from the Chair or Deputy Chair, for such omissions. Mr Crawford responded that the Board had asked that less detail be included in the Board Minutes. Further he indicated that matters are not left out of the original Minutes of the Board Meeting due to sensitivity or confidentiality, where they are part of the substantive discussion of matters before the Board. Where they are tangential to the substantive discussion they may be left out as matters of detail are no longer included in the Minutes. Further, even where confidential or sensitive matters relate to substantive matters, they may be left out of the abridged Minutes that are posted to the NSW LHD Internet Site, if they fall within the classification of matters that the Board has determined should not be included in the abridged Minutes.

MOVED: Malcolm Marshall

SECONDED: David Frazer

CARRIED

b) Minutes NNSW LHD Board Evaluation Meeting held on 28 January 2015 were ENDORSED as a true and accurate record of the meeting.

MOVED: Allan Tyson  
SECONDED: Mark Humphries  
CARRIED

c) Abridged Minutes of 3 December 2014 Board Meeting were ENDORSED as a true and accurate record of the meeting for posting on the LHD Internet Site.

MOVED: Allan Tyson  
SECONDED: Sue Page  
CARRIED

d) Minutes of the combined Board and North Coast NSW Medicare Local Meeting held on 1 October 2014 were ENDORSED as a true and accurate record of the meeting.

MOVED: Brian Pezzutti  
SECONDED: Deb Monaghan  
CARRIED

The Chair welcomed Ms Deb Huxstep, Nursing Unit Manager, Rehabilitation Service, Murwillumbah District Hospital (MDH) to the Meeting.

#### **Patient story**

Ms Huxstep provided a Patient Story about a male patient who was admitted to the Murwillumbah Rehabilitation Unit following a hip replacement operation and while undergoing the hip replacement operation sustained damage to his sciatic nerve causing left sided weakness in his leg. Ms Huxstep indicated that in October 2014 the patient had to reduce his dose of Warfrin for a dental procedure and while on a reduced dose suffered left sided weakness of his arms and legs as the result of a CVA. Ms Huxstep advised that the patient was admitted to The Tweed Hospital (TTH) Medical Ward 1 in October 2014 and was then referred to the MDH Rehabilitation Unit on 13 October 2014, but was readmitted to TTH on 15 October for a dental procedure.

Following the dental procedure the patient returned to the Rehabilitation Unit and had twice daily Physiotherapy, Ms Huxstep said. During routine observations the Nursing Staff noted the patient had an elevated temperature and a clinical review was requested. Ms Huxstep advised that the patient was then admitted to the MDH Medical Ward on IV antibiotics for pneumonia, which delayed the patient's discharge by approximately one week. Ms Huxstep advised that the patient goal on admission was to go home and be able to cook and drink a beer. Ms Huxstep further advised that the patient continues to attend the Rehabilitation Service as an outpatient and reports significant improvement to his arm. Once the patient recovered from pneumonia in October 2014 he made progress quickly and was discharged in November 2014, following on from weekend and day leave.

Ms Huxstep advised that the patient was very positive regarding his admission in terms of service and therapy, however he did raise concerns about the food. Ms Huxstep advised that the patient also raised concerns regarding transport for his wife, who does not drive, which made visiting him difficult. Ms Huxstep referred to the outpatient bus which travels from and to Tweed Heads three times per week and offers to pick up relatives of Patients to transport them to the MDH Rehabilitation Unit. They must be at TTH at 9.00am for collection and will return to TTH at 3.00pm and they have to provide their own lunches. Ms Huxstep indicated that family involvement is a very key component to the success of Rehabilitation and noted that this is the only low cost transport option available for relatives to visit Patients, who are inpatients at MDH.

The Board discussed aspects of the Functional Independence Measure (FIM) in relation to Sub-Acute funding.

The Chair asked whether there is dedicated parking available for those patients attending Outpatient Services? Ms Huxstep advised that there used to be dedicated parking spaces for the Non-Admitted Rehabilitation Patients, however these parking spaces were lost during the ED redevelopment and have not been restored. Mr Crawford advised that there may be some good news about extra carparking spaces being developed at MDH in the next couple of weeks.

Ms Kew asked about the process for Patients who are admitted to a Rehabilitation Unit and then become unwell or require IV antibiotics? Ms Huxstep advised that each case of this nature is assessed based on the Patient's acuity and clinical need. Some patients who require IV therapy will remain in the Rehabilitation Unit, while other patients who become acutely ill will require transfer to the MDH Medical Ward or to TTH.

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

**6.1 Mr Chris Crawford is to submit a brief on costings, admissions and bed days of Aboriginal Patients to identify what savings can be made that can be utilised to strengthen the current programs to the 4 March 2015 Board Meeting for consideration.**

The Board noted the Memorandum and Brief relating to Chronic Care for Aboriginal Patients submitted to the Board by Mr Crawford.

**6.2 Mr Crawford is to request Mr James McGuigan, Executive Director of Finance to provide a report to the 28 January 2015 Board Meeting that provides the total number of Pharmacists across Northern NSW LHD, where they are located and the work that they undertake. Information is also to be provided on whether there is a benchmark for the number of Pharmacists that should be employed.**

The Chair advised that he discussed this Report with Mr McGuigan at the pre-Board Meeting as he was concerned about the way in which the information is presented, particularly the differences between the first and second pages. The Chair further advised that the second page includes a correction for acuity using the National Weighted Activity Unit (NWAU) 2014, with all Facility records having been fully coded. The Chair advised that this addresses the difference in acuity and therefore Pharmaceutical resources

between for each Facility. The Chair advised that Mr McGuigan will undertake further work on this matter and build into next Budget an allowance for increases to Pharmacy Services and Anti-Microbial Stewardship. The Chair advised that he has requested some benchmarking work be undertaken to compare the Pharmacy resources of NNSW LHD with another LHD of equivalent size.

Dr Tyson advised that he found it difficult after reading the Report to work out whether the level of Pharmacy staffing is appropriate and asked Mr Crawford for his comment. Mr Crawford advised that some additional Pharmacy resourcing may be required and advised that an additional Pharmacist is currently being recruited at Grafton Base Hospital (GBH) and 1.5 FTE additional Pharmacists are currently being recruited for the Richmond Network and noted that an additional 1.3 FTE Pharmacists have been recently recruited at TTH. Mr Crawford further advised that with the implementation of eASY, a further enhancement of the NNSW LHD Pharmacy Services may be required; however this should be determined by monitoring developments, on an ongoing basis, once eASY has been fully implemented.

Dr Moran commented that he also found the report to be somewhat confusing and referred to the information contained on Page 2 of the Report, which seems to be inaccurate in terms of calculations.

Dr Ogg provided an overview of the background to the request for information relating to Pharmacy Services for the benefit of the new Board Members. Dr Ogg expressed strong concerns regarding the content of the Report in terms of the calculations applied and the distribution of resources across the LHD. Mr Crawford suggested inviting Mr McGuigan to attend the next meeting to respond to the concerns raised by Dr Ogg and further suggested that the presentation prepared by Dr Ogg be provided to Mr McGuigan.

Mr Frazer suggested that the Report be referred back to James McGuigan, seeking further explanation of the calculations applied, the variables utilised, the number of Pharmacist training positions, where they are located and to seek the inclusion of a State-wide benchmarking analysis in an amended Report.

MOVED: David Frazer

SECONDED: Joe Ogg

CARRIED

**Action:**

**Mr Chris Crawford is to refer the Pharmacist Report back to Mr McGuigan and invite Mr McGuigan to attend the next Board Meeting to provide a response to the concerns raised by Dr Ogg in relation to the Report on Pharmacy resourcing for NNSW LHD and seek further advice regarding the calculations applied, the variables utilised, the number of training positions, where they are located and seek the inclusion of a State-wide benchmarking analysis in the amended Report.**

**Mr Crawford is to make enquiries with the Management of the Health Service Groups as to whether there has been an occasion(s) where there has been a**

**shortage of some drugs at any of their Hospitals due to a lack of normal saline availability and whether the Health Service Groups have a strategy for addressing this problem should it occur and provide a response to the 4 March 2015 Board Meeting.**

The Board noted the Reports provided by Ms Lynne Weir and Ms Bernadette Loughnane, Executive Directors on behalf of the Richmond Clarence (RCHSG) and Tweed Byron (TBHSG) Health Service Groups regarding drug shortages in their respective HSGs.

**6.3 A report on the potential for the introduction of a Hub and Spoke Model for Chronic Pain Care Services to provide services via a Telehealth Outreach Model to TTH and GBH supported by the LBH Chronic Pain Care Service is to be provided to the 4 March 2015 Board Meeting.**

The Chair noted that there has been a decision made by the NSW Ministry of Health (MOH) to have only be one Chronic Pain Service within each Local Health District (LHD) and given the challenges faced by residents of rural centres, who have to travel the greatest distances to access services, this decision should be noted by the Board. Mr Crawford advised that representations have been made to the MOH seeking a Chronic Pain Service for TTH. Further, he advised that subsequent to his letter to that effect the advice about the MOH decision was received, which lead to the Board's decision for NNSW LHD to pursue a hub and spoke model until the MOH Policy changes. The Chair suggested that a further letter be written to the Agency for Clinical Innovation (ACI) asking it to review its Policy on Chronic Pain Services, highlighting the need for a Chronic Pain Service at TTH. Consideration should be given to NNSW LHD purchasing Chronic Pain Services from the Gold Coast University Hospital with funds allocated by the ACI. The Board supported this request of the Chair.

**Action:**

**Mr Chris Crawford is to write to the ACI seeking review of it's Policy relating to Chronic Pain Services and highlighting the need for a Chronic Pain Service at The Tweed Hospital or consideration be given to provision of funding for the purchasing of Chronic Pain Services by NNSW LHD from the Gold Coast University Hospital and provide a copy to the next Board meeting for information.**

The Chair referred to the letter from Phil West, MOH regarding the allocation of recurrent Pain Service funds and asked Mr Crawford what those funds will cover. Mr Crawford advised that these funds will pay for a 0.4 FTE Psychologist position being appointed to assist with the development of the outreach Pain Model. The Chair asked why the funding is referred to as Teaching, Training and Research? Ms Crayden advised that it may be because the funding has been allocated by the Pain Management Research Institute.

**6.4 Mr Spriggs is to write to the NNSW LHD CEAC Chair advising that as part of a discussion on whether to place the CEAC Minutes on the NNSW LHD Intranet or Internet Site, the Board has requested the CEAC to review its current communications strategy and provide advice and feedback to the Board on how it can move forward to provide more information to the Community on the work which it undertakes.**

This item was held over for discussion at the next Board Meeting.

**Action:**

**Mr Spriggs is to write to the NNSW LHD CEAC Chair advising that as part of a discussion on whether to place the CEAC Minutes on the NNSW LHD Intranet or Internet Site, the Board has requested the CEAC to review its current communications strategy and provide advice and feedback to the Board on how it can move forward to provide more information to the Community on the work which it undertakes.**

- 6.5 Mr Crawford is to correspond with Dr Hutton, Executive Director Clinical Governance advising of the Board's request for development of a Key Performance Indicator (KPI) for Rapid Response Rates for the Health Service Group (HSG) Hospitals and that regular Reports on this KPI are to be provided to the Health Care Quality Committee. Also the requirement to achieve a KPI for Rapid Responses is to be included in the Performance Agreements of the two HSG Executive Directors. This item was held over for discussion at the next Board Meeting.**

**Action:**

**Mr Crawford is to correspond with Dr Hutton, Executive Director Clinical Governance advising of the Board's request for development of a Key Performance Indicator (KPI) for Rapid Response Rates for the Health Service Group (HSG) Hospitals and that regular Reports on this KPI are to be provided to the Health Care Quality Committee. Also the requirement to achieve a KPI for Rapid Responses is to be included in the Performance Agreements of the two HSG Executive Directors.**

- 6.6 Mr Crawford is to submit a Brief from Dr David Hutton, Executive Director, Clinical Governance that provides advice on how the MOH Nutrition Policy should be rolled out across the LHD and how to utilise a multidisciplinary approach to ensure that the Nutrition Policy is successfully implemented to the 4 March 2015 Board Meeting.**

Ms Kew advised that she had worked with Pam Mitchell to develop the Brief on the rollout of the Nutrition Policy, as it is a matter that is raised regularly at the Health Care Quality Committee (HCQC). Ms Kew indicated that it is a Policy Directive which has been issued by the MOH and covers the implementation of Nutrition promotion activities across NSW. Ms Kew noted that there are varying degrees of this occurring across NNSW LHD and identified through the HCQC the need for a level of governance to be established to ensure a consistent approach is applied.

Ms Kew indicated that the implementation appears to be occurring quite well in the TBHSG, however, further work on it is required within the RCHSG. Ms Kew advised that it was proposed through the HCQC that there be KPIs written into the Executive Director's Performance Agreements with regard to the implementation of the Nutrition Policy.

Ms Kew further advised that in implementing the Policy Directive there may be resource implications for the LHD. Dr Tyson indicated that there are only 1.2 FTE Dieticians in the Clarence Network covering 50,000 residents.

Ms Kew advised that the next step is to seek data from the southern Sites and request a further progress report be submitted to the Board for consideration in September 2015. Ms Monaghan reported on a Conference she attended recently where a presentation was given by a Monash University representative on malnutrition in Hospitals, who referred to a retrospective study undertaken in Victoria on the coding of malnutrition with only 1.8% of episodes of malnutrition accurately captured, resulting in a loss of \$1.8M of funding in Victoria and an increase in length of stay by four to ten days.

Dr Page advised that the issue is not capturing malnutrition at the time when a patient is admitted and discussed the development of a standardised assessment template to assist this information being captured in the Medical Record and coded correctly. Dr Moran discussed the difference of practice between an assessment made in a GP Practice and upon a Hospital Admission and agreed that development of a template would assist in capturing the required information.

Mr Crawford suggested that this matter should be referred to Ms Lynn Hopkinson, soon to become the Acting Redesign Manager, as part of the work to be undertaken around Sub-Acute care and to the NNSW LHD Executive for consideration of the Board's suggested next course of action.

**Action:**

**Mr Chris Crawford is to refer the Brief relating to the MOH Nutrition Policy to Ms Lynn Hopkinson, soon to become the Acting Redesign Manager and the NNSW LHD Executive for consideration of the Board's suggested next course of action and feedback to the next Board Meeting.**

Ms Kew put forward a motion that Mr Crawford is to submit a further Nutrition Report from Dr David Hutton, Executive Director, Clinical Governance that provides advice on implementation of the MOH Nutrition Policy across the LHD to the September 2015 Board Meeting.

MOVED: Rosie Kew  
SECONDED: David Frazer  
CARRIED

**Action:**

**Mr Crawford is to submit a further Report from Dr David Hutton, Executive Director, Clinical Governance that provides advice on implementation of the MOH Nutrition Policy across the LHD to the September 2015 Board Meeting.**

- 6.7 Mr Crawford is to forward the NNSW LHD Improving Clinician Engagement Paper and Clinician Engagement Action Plan to the Health Education and Training Institute (HETI) with a request that it review both documents in terms of their effectiveness and whether any other strategies need to be included in the documents.**

The Chair advised that the Improving Clinician Engagement Paper and Action Plan were referred to Heather Gray, Chief Executive Health Education and Training Institute (HETI)

for review and comment. The Chair further advised that Ms Gray has since retired from her position as HETI Chief Executive and it appears she may not have passed on the documents to the Acting Chief Executive, Ms Susan Pearce. Mr Crawford advised that the documents and a follow up letter were sent to Ms Susan Pearce, who has responded to advise that HETI has reviewed the documents and would like to personally visit NNSW LHD to have a meeting with the Board Chair and Chief Executive to discuss them.

The Chair reported that the Improving Clinician Engagement Action Plan was distributed to all Board Chairs by Ms Deb Oong, Associate Director, Corporate Governance and Risk Management, MOH at the recent Council of Board Chairs Meeting.

The Board noted the correspondence to Ms Susan Pearce.

**6.8 Ms Janne Boot, Manager Workforce Change and Sustainability Service and Ms Yvette Bowen, Manager, Work Health Safety & Injury Management, are to be invited to attend the 1 July 2015 Board Meeting to provide the Board with a further Workers Compensation performance update.**

This item is scheduled for the 1 July 2015 Board Meeting.

**Mr Crawford is to follow-up on a security incident that occurred at TTH as explained by Dr Ogg to ascertain why TTH Security did not better manage this incident and why the Escalation process was not activated in response to this incident and provide feedback to the 4 March 2015 Board Meeting.**

The Board noted the information provided relating to the Security incident at TTH.

**6.9 Mr Crawford is to request Health Infrastructure provide a Brief on what its process is for considering the use of renewable energy and energy efficiencies, when it is building new infrastructure across the LHD.**

Mr Crawford reported that Health Infrastructure (HI) has provided advice regarding the energy efficiency initiatives undertaken in the Capital Works Projects, for which it is responsible. Mr Crawford indicated that HI aims to be 10% better than it is required to be with regard to energy efficiency on all of the Projects for which it is responsible. This involves making use of renewable energy initiatives and building infrastructure in a manner that is energy efficient.

The Board noted the Report on energy efficiency and renewable energy initiatives on Capital Projects for which HI is responsible, provided by Mr Jeffrey Arthur of HI.

**Mr Crawford is to make representations to the Westpac Helicopter Service Newcastle Board on behalf of the NNSW LHD Board to ascertain whether the new Northern Region Westpac Helicopter Service Board, when established, is able to accommodate more than one Member from Lismore on it.**

The Chair expressed concern regarding the new Helicopter Board, which operates the Newcastle / Lismore Retrieval Helicopter Service, potentially having only one local representative on it. Dr Pezzutti further indicated that the Advisory Committee at Tamworth will have only one local representative on the new Board, as is the case with the present Board. Therefore, it is likely that the Advisory Committee in Lismore will have



only one local representative on the Board with the remaining Members being likely to be resident in the Newcastle/Hunter Valley locality. In such a situation it may prove challenging to maintain the current level of community support for the Lismore based Helicopter.

The Chair suggested that a letter be written to the Newcastle Helicopter Board asking that three local representatives from the Lismore area be included within the Membership of the new Board. Ms Crayden advised that such an appointment would be dependant on the new Organisation's constitution and it may be inappropriate for the NNSW LHD Board to seek three representatives. Mr Spriggs advised that the letter could say that the NNSW LHD Board notes that the current Westpac Helicopter Service in Lismore has strong community support and would consider it advisable that there be more than one Northern Rivers representative included on its Board Membership.

The Chair put a motion forward that a respectful letter be written to the new Westpac Helicopter Service Board, indicating that the NNSW LHD Board notes the strong community support of the current Westpac Helicopter Service in Lismore and in order to maintain this strong connection, the NNSW LHD Board considers it advisable from a community engagement and fundraising perspective, that there be more than one Northern Rivers representative appointed to the new Board, with a blind copy to Mary Foley, MOH Secretary.

MOVED: Brian Pezzutti

SECONDED: Leonie Crayden

CARRIED

**Action:**

**Mr Murray Spriggs is to draft a respectful letter for the Board Chair's signature to the new Westpac Helicopter Service Board Chair, indicating that the NNSW LHD Board notes the strong community support of the current Westpac Helicopter Service in Lismore and in order to maintain this strong connection, the NNSW LHD Board would consider it advisable from a community engagement and fundraising perspective, that there be more than one Northern Rivers representative appointed to its new Board, with a blind copy to Mary Foley, Secretary Ministry of Health.**

**A letter is to be drafted for the Board Chair's signature to Ms Heather Gray, former Chief Executive, Health Education and Training Institute recognising her achievements and wishing her well in her retirement.**

The Board noted the correspondence to Ms Heather Gray, former Chief Executive, HETI tabled at the Meeting.

**A letter of congratulations is to be drafted for the Board Chair's signature to the LBH and TTH Emergency Department (ED) Directors thanking them for their leadership and the excellent work of their teams during the Christmas/New Year period when high quality, timely services were delivered despite a higher number of patients presenting to the EDs.**

The Board noted the correspondence to the LBH and TTH ED Directors tabled at the Meeting.

**6.10 The NNSW LHD Quarterly Strategic Risk Register is to be resubmitted to the 4 March 2015 Board Meeting for consideration.**

Mr Crawford advised that the Executive has discussed the Strategic Risk Register and has revised some of the Risk Ratings previously allocated, to take more account of probability than frequency, as requested by Mr Frazer. Mr Crawford advised that the only rating which may be higher than Mr Frazer may have requested relates to Child Protection, due to the strong support of the Executive for this rating. Mr Crawford advised that there will be a Special Executive Meeting scheduled to formulate additional measures to address Child Protection Risks and it will include the provision of the advice from Ms Rosa Flaherty, Child Protection Coordinator. Mr Crawford further advised that even with more weight given to probability as the main determinant for rating the Child Protection Risk, it was agreed by the Executive that this Risk be rated as an H.

Mr Frazer indicated that the NNSW LHD has not received a response to its Strategic Risk Register from MOH, which receives it four times per year. Mr Crawford indicated that the MOH has recently provided a response to a previous NNSW LHD Strategic Risk Register, which response was provided to the HCQC.

Mr Frazer asked Mr Crawford whether he supported the H rating allocated to the Child Protection Risk. Mr Crawford advised that he does support the rating based on the advice received by the Executive relating to the under-reporting of Child Protection concerns. Mr Crawford further advised that once a report is made to the Risk of Significant Harm Hotline and once assessed, if the Department of Community Services (DOCS) Staff do not provide a response, the initial Reporter must follow up within one month, which is another element of the process that is not sufficiently occurring. Mr Crawford noted that after agreeing to accept the H rating he advised the Board Chair that substantial efforts will be required to mitigate this risk. Mr Frazer raised concern about the way the Child Protection Risk is worded, indicating that it is misleading and asked that Mr Crawford to arrange for the Risk to be reworded to clearly reflect the intention of the Risk referring to children, who should be referred to DOCS, not all children.

Mr Frazer expressed concern regarding the Mental Health and Drug and Alcohol and Aboriginal Health Risks, indicating that if the Board accepts the Risk Ratings allocated to these Risks then the Board should be provided with monthly Reports outlining the actions being taken to meet the mitigation objectives and the Executive should nominate who will be accountable for the actions to mitigate these risks being taken and for the making of progress towards the risk being mitigated to the extent being pursued.

Dr Tyson agreed with Mr Frazer's comments. Ms Crayden commented that the Child Protection Risk does not indicate that NNSW LHD is a Certified Child Safe Organisation, which goal the LHD should be working towards through the achievement of formal Child Safe accreditation and certification in NSW, which would assist to mitigate the risks identified. Mr Marshall suggested that this objective could be added to the preamble of the controls for the Child Protection Risk.

Mr Frazer put forward a motion that the amended NSW LHD Strategic Risk Register be accepted with the further amendments suggested relating to the rewording of the Child Protection Risk and inclusion of NSW LHD working towards becoming a Certified Child Safe Organisation. Mr Crawford will arrange monthly reports for the Board on the progress of implementing risk mitigation strategies relating to the four Risks that have been given a Risk Rating of "H".

MOVED: David Frazer  
SECONDED: Leone Craydon  
CARRIED

**Action:**

**Mr Chris Crawford is to ask Dr David Hutton, Executive Director Clinical Governance to reword the Child Protection Risk to clearly reflect the intention of the Risk as relating to children who should be referred to Child Protection Services, not all children and include in the preamble of the Risk Controls that NSW LHD is working towards formal accreditation and certification as a Child Safe Organisation in NSW and provide confirmation of this action back to the 1 April 2015 Board Meeting.**

**Action:**

**Mr Chris Crawford is to seek regular monthly progress Reports in relation to the four Risks rated as "H" to monitor the progress of their Risk Mitigation Strategies. The Reports will outline the actions being taken to meet the mitigation objectives, who is accountable for taking the actions to mitigate these risks and what progress has been made since the last monthly Report.**

- 6.11 Dr David Hutton, Executive Director Clinical Governance, is to provide a Brief to the 4 March 2015 Board Meeting on Statewide benchmark data for Rapid Response Rates comparing NSW LHD with other LHDs and providing a comment on whether the tool needs to be reviewed, if it is not being utilised as intended.**

The Chair noted that a response to this item will be provided to the 1 April 2015 Board Meeting.

The Chair commented on the need to provide ongoing education about Rapid Responses to Nursing Staff and Junior Medical Officers rather than simply undertaking audit processes. Ms Kew advised that one of the RCAs discussed at the last HCQC Meeting related to a patient who met the criteria for a Rapid Response nine times and only received one Rapid Response.

Mr Crawford agreed with the Chair's comments regarding additional education and stated he will arrange for Ms Tracy Schipp, Project Officer, Between the Flags and Clinical Handover, to undertake Rapid Response education at all the main NSW LHD Sites and progress the addition of Rapid Response KPIs into the Performance Agreements of the HSG Executive Directors. Dr Tyson commented that Ms Schipp continues to be seconded to her position in the Clinical Governance Unit, which arrangement has been ongoing for

around three or four years and causes Staff, who are providing her backfill, to also be on rolling Contracts. Mr Crawford agreed to progress recruiting to the Project Officer, Between the Flags and Clinical Handover on a permanent basis.

**Action:**

**Mr Chris Crawford is to progress permanent recruitment to the Project Officer, Between the Flags and Clinical Handover position and report on the progress being made on this task to the 1 April 2015 Board Meeting.**

**Action:**

**Mr Chris Crawford is to arrange for Ms Tracy Schipp, Project Officer Between the Flags and Clinical Handover to undertake Rapid Response education at all the main NNSW LHD Sites and progress the addition of Rapid Response KPIs into the Performance Agreements of the Health Service Group Executive Directors.**

- 6.12 Mr Murray Spriggs is to provide a Brief for the Board's consideration setting out what processes are currently in place and how these processes may be enhanced for the NNSW LHD to better engage with young people to improve health services.** The Chair noted that a response to this item will be provided to the 1 April 2015 Board Meeting.

Mr Spriggs advised that youth engagement was raised at the HCQC and Health Services Development Committee (HSDC) Meetings and advised that he intends to follow up with Ms Gina Francis and Mr Brendan Pearce, the youth representative on the Community Engagement Advisory Council, to look at better options for progressing enhanced engagement with young people. Once he has completed that consultation he will submit a Briefing Note to the 1 April 2015 Board Meeting responding to request from the Board.

**Action:**

**Mr Murray Spriggs is to provide a Brief for the Board's consideration setting out what processes are currently in place and how these processes may be enhanced for the NNSW LHD to better engage with young people to improve health services.**

- 6.13 Mr Crawford is to provide an update to the 4 March 2015 Board Meeting on the outcome of work being undertaken by the NNSW LHD Executive about a proposed Memorandum of Understanding with the LBH Medical Staff Council (MSC).** The Board noted the correspondence to Dr Chris Ingall from the Board Chair referring the matter of a Memorandum of Understanding (MOU) between the NNSW LHD and the LBH MSC to Ms Lynne Weir, Executive Director, RCHSG so that the said MOU can be negotiated between the LBH Executive and the LBH MSC.
- 6.14 Mr Crawford is to make enquiries with representatives from Southern Cross University as to whether they still maintain an objection to Board Members who have other University appointments, such as Dr Joe Ogg and Dr John Moran being appointed as Members of the NNSW LHD Health Education Workforce and Research Forum (HEW & RF) and provide feedback to the 4 March 2015 Board Meeting.**

Mr Crawford reported that he had raised the issue of Board Members who hold other University appointments being appointed as Members of the HEW & RF with the Southern Cross University (SCU) Vice-Chancellor, who maintains his previous objection to Board Members with such appointments being appointed as members of the HEW & RF. Dr Collie expressed an interest in participating as a Member of the Forum, however noted that she is employed by the University of Western Sydney. Mr Crawford advised that he would put forward the suggestion of Dr Collie being appointed to the HEW & RF to SCU and report back to the 1 April 2015 Board Meeting on the SCU response.

**Action:**

**Mr Chris Crawford is to discuss with the Vice Chancellor of Southern Cross University the option of a Board Member, Dr Jean Collie, being appointed as a Member of the NSW LHD Health Education Workforce and Research Forum and provide feedback to the 1 April 2015 Board Meeting.**

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

**6.15.1 Mr Crawford is to contact the Facilitators who have been nominated by Board Members, to ascertain their availability to facilitate a special Board Session in April or May 2015 and provide feedback to the Board on what each would offer to the Board in his/her role as a Facilitator.**

Mr Crawford advised that selecting a facilitator for this special Board planning session is still a work in progress. He said this special Board Planning session is now likely to be held on the morning prior to the 27 May 2015 Board Meeting.

**6.15.2 The Guide for the Health Service Board on how to implement the 10 National Quality and Safety Standards is to be included on the Agenda of the Board's externally facilitated Strategic Session, which is to be scheduled in May 2015.**

Mr Crawford confirmed that the Guide for the Health Service on how to implement the 10 National Quality and Safety Standards will be included on the Agenda of the Special Board Planning Session, which is proposed to be held on the morning prior to the May Board Meeting.

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

The Updated NSW LHD Board Resolution and Decision Register from the 3 December 2014 Board Meeting was noted.

**7.1 Changes to Register Items 360, 370, 383, and 387 covered in Item 6 Business Arising**

The Board noted the NSW LHD Board Resolution & Decision Register changes.

**7.2 New Register items 391 to 401 were covered in Item 5 Business Arising.**

The Board noted the new items included in the NSW LHD Board Resolution & Decision Register.

**8. \*Chief Executive's Report**

Mr Crawford referred to the issues that were covered in the Chief Executive Report to the Board, which included Minister for Health and Medical Research visit, visit by Minister for Mental Health and Healthy Lifestyles, ED Patient Survey, eHealth NSW visit to NNSW LHD, Integrated Care, Health on a Page, 2014/15 Budget, NEST, NEAT and Triage Results, Capital Works Projects – The Lismore Base Hospital Stage 3A, Byron Central Hospital, Casino District Hospital ED upgrade, Murwillumbah District Hospital Palliative Care upgrade, Planning Projects – Ballina District Hospital Operating Theatre Suite and Medical Imaging upgrade, LBH Stage 3B, 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, Board Facilitated Strategic Session, Clinician Engagement, Minor Works and Maintenance Backlog, Capacity Assessment Project, Organ Donation, Advocacy to Mr Kevin Hogan MP Member for Page, Cancer Services, Mental Health and Substance Abuse Taskforce, NSW Pathology, Mental Health Enhancements, End of Life, Activity Based Funding, Commonwealth Funded Programs, Non Government Organisations, Energy Performance Contract, Fluoridation, Warehousing and Distribution, Visit by the Sydney LHD Chief Executive, Off-Site Storage of Medical Records, Lismore Base Hospital Health Precinct, Dr Austin Curtin honoured, Voices of the Northern Rivers, Address to the Tweed Chamber of Commerce, Award of OAM, Dr Turner recognised, Resignations and Departures, Efficacy of Radiotherapy over Surgery, Christmas message from the NSW Minister for Health and Medical Research, Volunteers Appreciation Day, Port Macquarie Base Hospital expansion open, Interdisciplinary Clinical Training Network and Leave.

Mr Crawford reported that he has received an instruction from the Board Chair regarding the Mental Health enhancements, that he is to actively seek the maximum amount of funding for NNSW LHD Community Mental Health Services from the enhancement funding being made available by the NSW Government in response to the NSW Mental Health Commission Strategic Plan.

Mr Crawford reported that a further Ministerial visit is expected within the next two weeks and many of the items mentioned under the Planning and Advocacy section of the Chief Executive's Report may be addressed as part of the visit. Mr Crawford indicated that he is not able to provide precise information regarding the proposed date for the visit at this stage.

Mr Crawford reported that on the initiative of the Board Chair, two representatives of the Sydney LHD, Dr Therese Anderson and Ms Lou-Anne Blunden were invited to visit NNSW LHD over past two days. Mr Crawford advised that the visit had been very successful and had included a meeting with the NNSW LHD Executive, where presentations were made on showcase initiatives by representatives of both LHDs. Mr Crawford reported that visit also included time spent with each of the Health Service Groups Executive Teams and a visit to Northern Rivers University Centre for Rural Health facility in Lismore.

Mr Crawford reported that the NNSW LHD was asked by the ABF Taskforce whether it would like Maclean and Casino District Hospitals to be classified as ABF Hospitals? Mr Crawford advised that analysis was undertaken of the likely effect on NNSW LHD of these hospitals becoming ABF Hospitals, which highlighted potential benefits for LHD. Therefore,

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both Hospitals have now been included as ABF Hospitals from the beginning of the 2015/16 Financial Year.

The Chair commented regarding the recent funding announcement for TTH of \$48M and indicated that is yet to be fully determined what clinical services will be developed with that funding due to changes in demand having occurred, since TTH Clinical Services Plan was developed and advised that a reprioritisation of the highest priority Clinical services will be undertaken by TTH Clinicians, as part of the development of a Service Statement. The Chair advised that a review of the TTH clinical service priorities will be undertaken by June 2015, with planning funds likely to be allocated in 2015/16. Further, Mr Crawford advised that HI will prepare a Business Case for NSW Treasury about the entire TTH Project.

The Chair reported that the Council of Board Chairs was provided with a presentation on the Government's Response to the Mental Health Commission's Strategic Plan, which includes \$115 million of funding over two and a half years. The Chair advised that the funding is broken into various allocations, including Special Services in the Community - \$45 million, Housing Accommodation Support Initiative (HASI) \$25.5 million, HASI Plus \$10.5 million, \$11.5 million for other Housing and \$25.5 million for HASI in the Home. The Chair advised that this funding represents the first instalment of a ten year plan, which will produce other funding in subsequent years. Ms Crayden advised that she has been asked to Co-Chair the ACI Forum on Mental Health. The Chair advised that Mr Ken Whelan, Deputy Secretary, System Purchasing and Performance has full responsibility for how this Mental Health funding is allocated and has arranged for Mr Peter Carter, Director, Mental Health and Drug and Alcohol Office, to visit Dr Richard Buss to discuss the NNSW LHD priorities for expenditure of this funding. Also the Chair said that Mr Whelan, amongst others that he has been in communication with, has complimented Dr Buss, as a very highly regarded Executive Director of Mental Health and Drug and Alcohol Services, and noted the comments of high praise made about Dr Buss.

The Chair noted the progress of the Bonalbo MPS and asked whether there is any resolution regarding the obtaining of the Residential Aged Care Bed licenses. Mr Crawford advised that this matter may take another month or two to resolve and he will regularly update the Board on the latest developments regarding the matter.

The Chair raised the LBH Multi Storey Carpark, noting that parking is the single biggest issue at LBH. The Chair stressed the importance of the Carpark being completed and opened prior to the opening of the redeveloped LBH ED. Mr Crawford offered reassurance that it will be the Board which decides when the new LBH ED is opened.

The Chair commented regarding the Integrated Aboriginal Health and Wellbeing Plan, indicating it is an excellent body of work. The Chair suggested that the title which reads 'North Coast' be amended to 'Northern Rivers'. Ms Monaghan indicated that the Plan will be uploaded onto the NNSW LHD Internet Site and will be open for public comment for one month. Ms Monaghan advised that following that period Ms Maureen Lane will collate the feedback and incorporate the comments into the final draft of the Plan, which will be submitted to the Board for endorsement some four to six weeks later. Ms Monaghan advised that good community responses and good input from State Government Agencies,

such as TAFE, NSW Police, the Department of Premier & Cabinet and the Joint Investigation Response Team and from Non-Government Organisations, such as the North Coast Medicare Local, were received during the development of the Plan.

Professor Barclay moved that the Board write to congratulate the Managers and Planners involved in the development of the Integrated Aboriginal Health and Wellbeing Plan.

MOVED: Lesley Barclay  
SECONDED: Deb Monaghan  
CARRIED

**Action:**

**A letter of congratulations is to be drafted for the Board Chair's signature to those Managers involved in development of the Integrated Aboriginal Health and Wellbeing Plan.**

The Chair discussed the new Patient Flow Portal, which will provide an opportunity for Clinicians to review up-to-date and relevant data such as about Patient length of stay and infection rates, which should assist them to reduce unwarranted clinical variation. It also provides NNSW LHD the opportunity to compare its data with that of other LHDs and NSW and National averages. The Chair advised that there has been a delay in the roll out of the Portal. The Chair advised that the Executive has decided to use the Portal in a targeted way initially by providing a suite of reports to Clinicians, until they have received the appropriate training that will allow them to interrogate the ABF Portal themselves.

Mr Humphries thanked Mr Crawford for providing a presentation to the Tweed Chamber of Commerce breakfast meeting and indicated that there had been positive comments made at the meeting, about his presentation.

The Chair advised that he would like to write to Dr Austin Curtin on behalf of the Board to congratulate him on being selected as the Lismore 2015 Citizen of the Year.

**Action:**

**A letter is to be drafted for the Board Chair's signature to Dr Austin Curtin congratulating him on being selected as the Lismore 2015 Citizen of the Year.**

The Board ENDORSED the Chief Executive's Report.

**\*9. Strategic and Planning Items**

There were no strategic and planning items for discussion.

**\*10. Minutes – Governance Committees**

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

Mr Marshall provided a brief overview of the items discussed at the F&PC Meeting, noting that YTD admissions increased by 2.9%, operations increased by 4.7% and the YTD ED attendances recorded a result to the end of January of 1.5% above target. Mr Marshall



further reported that ED attendances had increased at GBH had by 7.3%, at LBH by 4.7% and at TTH by 9.5%. Further, Mr Marshall reported that the average length of stay has remained constant at around three days.

Mr Marshall reported that YTD to the end of January 2015 the budget position is \$1.6 million unfavourable, with a projected General Fund result of \$2.0 million unfavourable at the end of June 2015.

Mr Marshall indicated that in terms of expenditure, Salaries and Wages recorded an unfavourable result of \$941K and Visiting Medical Officer costs recorded an unfavourable position of \$850K, being the major contributors to the overall unfavourable budget position.

Mr Marshall reported that in terms of staffing levels the LHD recorded an increase of 76 FTE compared to the same period last year.

Mr Marshall reported that overtime has reduced and sick leave remains consistent with the same period last year.

Mr Marshall reported on Capital Projects, in particular the announcement of \$48 million made by the Minister for Health and Medical Research for the first two stages of The Tweed Hospital Redevelopment. Mr Marshall discussed the Energy Performance Contract and indicated that NNSW LHD is borrowing \$7 million from NSW Treasury to implement the recommendations of the Energy Performance Report provided by Honeywell and there are \$800K per annum of recurrent energy savings anticipated to be generated by this change. Mr Marshall advised that the LBH Redevelopment is progressing well. Mr Marshall further advised that the issue of sewage disposal for the Byron Central Hospital is ongoing. Mr Crawford advised that three options to resolve the sewage disposal challenge were put to the Byron Shire Council representatives at a recent meeting with them.

Mr Marshall advised that a presentation was made by Ms Rebecca Burton, Revenue Manager and Ms Sue Trehella, Statewide Revenue Tools Development Manager, MOH of the new Revenue Portal which will assist Patient Liaison Officers to better identify and manage patients who hold Private Health Insurance. Training is being rolled out to frontline staff across the LHD, Mr Marshall said. Dr Tyson asked whether the issue of the delayed billing has been resolved by the NSW Ambulance Service? Mr Crawford advised that the issue is ongoing.

Dr Moran commented in relation to the Net Cost of Service result by Budget Holder Report to the end of January 2015 noting that the BreastScreen Service is reported to have expended only \$321 YTD, but has a YTD budget of \$103K and queried this information? Mr Marshall advised that he would seek advice on this matter and provide feedback to the next Board meeting.

**Action:**

**Mr Malcolm Marshall is to seek advice regarding the Net Cost of Service result by Budget Holder Report to the end of January 2015, relating to BreastScreen which is**

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reported to have spent \$321 YTD, but has a YTD budget of \$103K and provide feedback to the next meeting.

The unconfirmed Minutes of the FPC Meeting held on 25 February 2015 were noted.

## **10.2 \*HCQC**

Ms Kew reported that at the 12 February 2015 HCQC Meeting ten Policies and Procedures were discussed and then endorsed, some with minor amendments. Ms Kew advised that Root Cause Analysis Reports and clinical impacts are becoming a large part of the HCQC meeting, some of the issues of note included Rapid Responses at TTH, Retrievals and Maternity Services. Ms Kew advised that an RCA Action Directory which documents RCA recommendations and how they are being implemented, has been included as a standing agenda item and will be reported back to HCQC meetings on a monthly basis.

Ms Kew reported that an extraordinary HCQC meeting has been scheduled to approve an additional twenty Policies at the end of March 2015.

## **10.3 \*Medical and Dental Advisory Appointments Committee (MDAAC)**

Mr Crawford reported that there have been some disappointments in relation to Medical Officer Recruitment for GBH. Dr Tyson commented on the process of recruiting overseas Medical Officer applicants and the problems which occur after an offer is made in terms of the length of time taken to obtain a 457 Visa. Mr Crawford said that a number of suitable GBH applicants, who had been offered positions, had declined to accept them.

In particular, Mr Crawford reported that two of the three Physicians applicants did not accept the offers of appointment, however Dr Thomas being the third Physician applicant did accept his offer. Mr Crawford further reported regarding a Physician and a General Surgeon, who have submitted applications to work across both LBH and GBH. Mr Crawford advised regarding another Physician who has an interest in Renal Medicine and has accepted a Physician appointment to work at GBH from August 2015. He will be mentored by Dr William James a LBH Renal Physician, if he takes up his appointment at GBH.

Mr Crawford reported that the appointment of a new Obstetrician and Gynaecologist (O&G) who will be commencing duties at GBH in the near future, will mean GBH will have three O&Gs, one of whom works part-time.

Mr Crawford reported that the Staff Specialist Medical Oncologist 0.8 FTE position for TTH agreed by the Board, as part of the Budget, was recommended by MDAAC for appointment.

Mr Crawford further reported regarding Dr Turner, a former VMO Orthopaedic Surgeon at TTH, who has been allocated a Consultant Emeritus and Honorary Medical Officer appointment at TTH and who as a consequence will continue to support his Orthopaedic colleagues, in particular, in the area of Registrar education.

The Chair raised a concern regarding the number of Locum Medical Officers who continue to be given temporary appointments to cover the Roster for the LBH ED. The Chair indicated that he would like to tighten the resolve of the Board to reduce the number of Locum Medical Officers engaged to provide the LHD's Medical Services. The Chair further advised that if the Board agreed the Chief Executive would be given a direction to reduce the number of Locum Medical Officers across the LHD, but specifically in the EDs by 1 April 2015. Professor Barclay referred to a strategy in place to reduce the number of Locum Medical Officers engaged in the EDs, through the appointment of International Medical Graduates (IMGs). Professor Barclay advised that funds have been allocated centrally for training and up-skilling of these IMGs through the NRUCRH Simulation Centre, including a mentoring and supervision process for those IMGs working at the medium sized Sites by the ED FACEMs. Mr Crawford sought an exception to the request put forward by the Chair, indicating that there has been a Locum Medical Officer utilised in the LBH ED to provide backfill for Dr Andre Danforth, while he has been on sick leave and asked that this arrangement continue to cover Dr Danforth's position. The Chair asked that Mr Crawford send a Memorandum to all relevant Executive Directors indicating a firm direction from the NNSW LHD Board to reduce the number of Locum Medical Officers across the LHD, specifically in the EDs, by 1 April 2015.

**Action:**

**Mr Chris Crawford is to write a Memorandum to all relevant Executive Directors indicating a firm direction from the NNSW LHD Board to reduce the number of Locum Medical Officers across the LHD, specifically in the Emergency Departments by 1 April 2015.**

The Chair expressed concern regarding Dr Ken Marr, Senior Staff Specialist, Palliative Care, being appointed under a further three month temporary contract and asked why the position he occupies has not been filled on a permanent basis? Mr Crawford indicated that the Board Chair's understanding may be incorrect, as he understands that Dr Marr had been permanently appointed to a 0.6 FTE Palliative Care Staff Specialist position in the Richmond Network.

**Action:**

**Mr Chris Crawford is to follow up regarding the temporary appointment of Dr Ken Marr, Senior Staff Specialist in Palliative Care in the Richmond Network and provide feedback to the 1 April 2015 Board Meeting.**

The Chair expressed concern about Dr Anthony Leslie, Vascular Surgeon and his continued temporary appointments. Mr Crawford advised that he has sent a strong Memorandum to Dr Katherine Willis-Sullivan, Richmond Network Director of Medical Services asking her to address the matter of Dr Leslie's ongoing temporary appointments. Dr Moran advised that Dr Robert Kearney, General Practitioner, MDH and Dr Anthony Van Dyken, General Practitioner, MDH are also on continuing temporary appointments.

The unconfirmed Minutes of the MDAAC Meeting held on 12 February 2015 were noted.

**10.4 \*Health Services Development Committee (HSDC)**

The Chair advised that the HSDC Meeting held on 12 February 2015 received many Reports from different parts of the LHD, particularly a Patient Journey story from the Mental Health Service. The Chair advised that a Report was received from the Renal Service, which was impressive, however he noted that the utilisation of Home Renal Dialysis appears to be falling behind its 50% target, in particular in Lismore. The Chair indicated that there had been local media coverage relating to the need for a Renal Dialysis Home Training program at TTH and indicated that hopefully this may be addressed as part of the review of Clinical Service priorities at TTH. Mr Crawford discussed the potential establishment of a Renal Dialysis Satellite Service at MDH with six chairs and indicated that a feasibility study into the establishment of such a service is currently underway.

The Chair reported regarding a delay with the Ballina District Hospital Redevelopment, noting the difference between what was initially proposed to be built and what resulted from the final planning, which will require additional funds. The Chair advised that Ms Lynne Weir, Executive Director, RCHSG and Ms Maureen Lane, Manager, Planning and Performance are preparing a Report for the Board on this matter, which will outline the options available to explain and address this funding shortfall.

The Chair referred to the draft Integrated Aboriginal Health and Wellbeing Plan as being an outstanding Plan.

The Chair advised that he and the Chief Executive are scheduled to attend the Cross Border Executive Meeting on 5 March 2015 and following that meeting are scheduled to meet with the Gold Coast University Hospital and Health Service Chief Executive and Board Chair to discuss establishing a Preferred Provider Agreement between NSW LHD and the Gold Coast University Hospital.

The unconfirmed Minutes of the HSDC Meeting held on 12 February 2015 were noted.

#### **10.5 \*Audit and Risk Committee (ARC)**

The next NSW LHD Audit and Risk Committee Meeting is scheduled to be held on 11 March 2015.

#### **10.6 \*NSW LHD Clinical Council (CC)**

Mr Spriggs reported that the Minutes of the 10 February 2015 CC Meeting will be submitted to the 1 April 2015 Board Meeting.

Mr Spriggs advised that Dr Richard Buss attended the meeting to discuss the NSW Mental Health Strategic Plan. Mr Spriggs further advised that the proposal to hold an End of Life Forum was discussed. Mr Crawford reported that Professor Ken Hillman has been secured as the Key Note Speaker for this Forum. Ms Kew asked that the Chronic Care Physicians, such as Renal Physicians, should be encouraged to attend this Forum, noting that there are clinical planning issues involved in End of Life Care and it would be beneficial for this Forum to address them.

Mr Crawford further reported that the CC will commence examining Activity Based Funding Quality Indicators at a future Meeting and advised that Dr David Hutton, Mr James

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McGuigan and Mr Wayne Jones are scheduled to attend that Meeting to be involved in the discussion of that topic.

**10.7 \*Community Engagement Advisory Council (CEAC)**

The next CEAC Meeting is scheduled to be held on 23 March 2015.

**10.8 \*Medical Staff Executive Council (MSEC)**

Dr Tyson reported that the next MSEC Meeting is scheduled to be held on 26 March 2015 and indicated that there is now a wider range of nominees available to attend the MSEC from each respective Medical Staff Council.

**10.9 NNSW LHD Aboriginal Partnership Meeting (APM)**

The next APM is scheduled to be held on 1 April 2015.

Mr Crawford provided feedback on a matter that was raised at the last APM relating to the Casino Aboriginal Medical Service (AMS) relocation to its new Headquarters and advised that negotiations have occurred with MOH in regards its making a contribution to the establishment of new Headquarters of the AMS by amending the rules which govern the Aboriginal Health MOH Capital Works funding allocation. Mr Crawford indicated that the MOH has agreed to consider changing the rule, which restricts the use of Aboriginal Health Capital Works funding to being used on LHD infrastructure and then to consider making a \$400K funding allocation to assist with acquisition of the furniture and fittings for the new AMS Headquarters.

**10.10 \*NNSW LHD Mental Health Forum (MHF)**

The unconfirmed Minutes of the MHF Meeting held on 9 February 2015 were noted.

**10.11 Health Education Workforce Research Forum (HEWRF)**

Mr Spriggs reported that the Minutes of the HEWRF Meeting will be submitted to the 1 April 2015 Board Meeting.

Professor Barclay spoke about an upcoming Health Workforce Charette, to discuss matters which relate to the Health Workforce of the Northern Rivers. A facilitated Workshop is scheduled to be held on 11 and 12 March 2015, convened by the Lismore City Council, which will include Training Providers and Local Government representatives, according to Professor Barclay.

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

**\*11.1 Brief Implementing Bring Your Own Device (BYOD) Capability within NNSW LHD**

The Chair commented in relation to the roll out of new Wi-Fi at TTH, which will facilitate Staff utilising their own devices. This is part of the reason for introducing a BYOD Policy, the Chair said.

Mr Crawford advised that once the roll out of the additional Wi-Fi points and the Blue Coat Internet Filtering System have been completed across the LHD, this will then allow the BYOD Policy to be implemented, should the Board endorse it. Mr Crawford briefly outlined

the benefits and risks of the BYOD proposal and indicated confidence that the challenges associated with the proposal can be overcome. Mr Crawford advised that there has been strong advocacy from Junior Medical Officers (JMOs) and other Staff for this enhanced, Wi-Fi capability to be introduced over the next few months.

Dr Tyson noted the need for adequate security and appropriate bandwidth to cope with the additional internet traffic and as well he said access restrictions will need to be applied. Dr Tyson raised the future option of expanding the BYOD to include Patients admitted to Hospital. Dr Tyson further advised that many of the JMOs are keen to use applications designed to improve the Patient bedside handover.

Mr Frazer put forward a motion that the Board ENDORSE the Recommendations contained in the BYOD Capability within NNSW LHD Brief.

MOVED: David Frazer

SECONDED: Rosie Kew

CARRIED

#### **\*11.2 Brief Honeywell Energy Performance Contract**

Mr Crawford apologised to the Board for the unexpected delays in providing the Facility Study Report to the Board, which relates to the higher level approvals and negotiations required to be undertaken with Honeywell about the initiatives under consideration to improve energy Performance in NNSW LHD Facilities. Mr Crawford sought the Board's endorsement of the recommendation to approve the Report and approve the application to NSW Treasury for Loan Funds. Mr Crawford advised that the Energy Savings are guaranteed by Honeywell and the Loan Fund repayments are over an eight year period.

Mr Marshall put forward a motion that the Board ENDORSE the Recommendations of the Honeywell Energy Performance Contract Brief and Detailed Facility Study.

MOVED: Malcolm Marshall

SECONDED: Rosie Kew

CARRIED

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

- The Chair reported that he had received an invitation to attend a Conference hosted by the Cognitive Institute scheduled to be held on 26 March 2015 in Sydney. The Chair sought support from the Board for one or two Board Members to attend. Dr Tyson expressed an interest in attending. This request was agreed to by the Board.

#### **13. Items for Noting**

##### **13.1 Board Representation on Governance and other Committees**

Dr Page stated that she has a difficulty in attending the Mental Health Forum Meetings due to the timing and frequency of these Meetings. Ms Crayden expressed an interest in being an alternate representative to the Mental Health Forum. The Board agreed to Ms Crayden being an alternate Board representative on the Mental Health Forum. With Ms

Crayden appointed as an alternative Board representative on the Mental Health Forum, Dr Page agreed to continue as a appointed Member of the Mental Health Forum.

Mr Spriggs advised that Expressions of Interest are currently being reviewed for the new Drug and Alcohol Forum, which Dr Page has agreed to Chair. Dr Page provided advice regarding her preferred timing options to facilitate her availability to undertake her role as Chair of the Drug and Alcohol Forum. These timing options were noted by Mr Spriggs, who undertook to put them into effect.

**13.2 Correspondence to Dr John Moran re Board Minutes**

The Board noted the correspondence to Dr John Moran.

**13.3 Correspondence to Dr Jean Collie re Board Minutes**

The Board noted the correspondence to Dr Jean Collie.

**13.4 Correspondence to Ms Edna Fuller re OAM**

The Board noted the correspondence to Ms Edna Fuller.

**14. Items for Information:**

**14.1 Email from Michael Moriarty re link on Facebook**

The Board noted the email from Michael Moriarty regarding the NNSW LHD Facebook Site.

**14.2 Letter Sam Sangster re ICT and response**

Mr Crawford referred to the correspondence received from Mr Sam Sangster, Chief Executive, HI in response to the matter raised by Dr Tyson and indicated that he considers it to be a positive response. Dr Tyson advised that at a local level further thought needs to be given to the way ICT Services are included in the planning and implementation processes for new Capital Works developments.

The Board noted the correspondence from Mr Sangster.

**16. Close of Meeting**

There being no further official business, the Chair declared the meeting closed at 5:07 pm.

**17. Date and Time of next Board Meeting**

Wednesday 1 April 2015 commencing at 1.00pm in the Conference Room, Grafton Base Hospital, Arthur Street, Grafton.

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

Signed .....

Dr Brian Pezzutti  
Chair, Northern NSW Local Health District

Date ..... 18/6/15 .....