

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

1. In-camera Session

No in-camera session was required.

Discussion with Ms Susan Pearce, Deputy Secretary, System Purchasing and Performance Branch, NSW Ministry of Health

Ms Pearce referred to the recent media coverage in relation to the Miriam Merten matter, and advised that the Ministry of Health (MOH) was reassured that appropriate systems were in place at the time however this incident was caused by human error. The LHD had done an exceptional job in the handling of this incident and with media management. Ms Pearce indicated that it is expected that the Local Health District will continue to be a focus in the media in the immediate future and that it will be important to be mindful of the impact this may have on staff. Ms Pearce also referred to the importance of any recommendations that may be identified from reviews that are being undertaken, are actioned.

Ms Pearce advised that the purchasing of activity negotiations for 2017/18 have been well received and there has been overall growth of around 4.5%. The 2017/18 Service Agreements will include the Australian Salaried Medical Officers Federation (ASMOF)/Australian Medical Association (AMA) Survey around clinician engagement.

The Board Chair spoke on the need to ensure that the loop for items that have been raised as part of the staff survey is closed to ensure that clinician engagement continues. Also enhanced clinician engagement needs to take place so that clinicians are involved in negotiations especially in terms of facility unit management with open and frank engagement as a two-way process. There was discussion on strategies to improve more effective communication including assisting managers and staff in being skilled in having difficult conversations, noting that NNSWLHD has provided workshops in this area.

Ms Pearce commented that mindfulness is important in terms of how we engage and treat staff particularly in performance management, conflict resolution and resilience processes. Additionally, the culture of an organisation is critical in giving effect to the organisation's Key Performance Indicators (KPIs).

The Chair raised concern that some LHD's continue to underperform yet continue to receive increased funding. Ms Pearce responded to the Chair's concerns and reassured the Board that those organisations that are not achieving in some areas continue to be closely monitored by the MOH and their performance is reflected in their rankings within the performance framework.

The Board stated that it appreciates that the MOH has been receptive to its requests and any additional funding that is received by NNSWLHD will be utilised well.

Ms Pearce explained that through the activity negotiation process local strategic investment and population growth factors including equity adjustors have been considered and will be factored into the budget received by NNSWLHD.

Dr Tyson referred to cross border matters in terms of funding and queried whether this should be part of the purchasing negotiation process. Ms Pearce responded that the funding model does take into account the activity that NNSWLHD performs for non-NSW residents.

The Chair also suggested that there is a need to engage the Agency for Clinical Innovation and Clinical Excellence Commission to achieve more cohesiveness in developing the pathways of care for the Leading Better Value Care (LBVC) programs for patients to facilitate greater standardisation of care for these specific clinical programs. Ms Pearce noted that there does need to be uniformity around the LBVC program so every LHD is working with the same KPIs. Mr Jones indicated that Dr Nigel Lyons has indicated the LBVC needs to be undertaken as a standardised approach.

The Chair raised concerns relating to NSW Ambulance Service (NSWAS) with accounting processes as well as its booking management system noting that its current accounting process impacts on budget management for LHDs. Ms Pearce advised that the MOH is working with the NSWAS on the management of its accounting and booking systems.

The Board Chair thanked Ms Pearce for taking the time to visit NNSWLHD to attend the Performance Meeting and address the LHD Board.

2.1 PRESENT AND APOLOGIES:

Dr Brian Pezzutti (Chair), Mr David Frazer, Dr Joe Ogg, Mr Mark Humphries, Ms Carolyn Byrne, Dr John Griffin, Mr Michael Carter, Professor Susan Nancarrow, Dr John Moran, Mr Patrick Grier and Dr Allan Tyson and Ms Deb Monaghan.

In Attendance : Mr Wayne Jones, Chief Executive
Ms Lynne Weir, General Manager Richmond Clarence Health Service Group
Dr Richard Buss, Acting Director of Workforce
Kim McGowan, Acting General Manager Mental Health and Drug and Alcohol
Mr Murray Spriggs (Secretariat)
Mrs Jennifer Cleaver (Secretariat)

Via Videoconference and teleconference (for part of meeting):

Dr David Hutton, Director Clinical Governance
Mr Tony Beashel, Acting Director of Corporate Services
Ms Bernadette Loughnane, General Manager, Tweed Byron Health Service Group (via teleconference)

Apologies: James McGuigan (AL), Annette Symes (AL), Janne Boot (AL), Vicki Rose

2.2 Declaration of Pecuniary and/or Conflicts of Interest

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

2.3 Previous Minutes:

2.3.1 The Minutes of the Board Meeting held on 26 April 2017 as circulated were ENDORSED as a true and accurate record of the meeting.

Moved: Mr David Frazer
Seconded: Dr John Moran
CARRIED

2.3.2 Business Arising from the Minutes:

2.3.2.1 Wayne Jones is to provide a Brief to the 31 May 2017 NNSW LHD Board Meeting on Surgical Services in the Tweed Byron Health Service Group (TBHSG)
Mr Jones advised the Surgical Services Plan for the TBHSG requires some additional work to complete and requested that it be presented to the July Board meeting.

Action:

Mr Wayne Jones is to provide a Brief to the 26 July 2017 NNSW LHD Board Meeting on Surgical Services in the Tweed Byron Health Service Group (TBHSG)

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

Mr Jones noted that Mr McGuigan is currently on annual leave and advised that he will discuss the timing of this meeting with Peter Clark, Acting Chief Financial Officer and provide feedback to the 28 June 2017 Board Meeting.

Action:

Mr Wayne Jones is to discuss with Mr Peter Clark, Acting Chief Financial Officer, appropriate timing for a meeting with Dr Joe Ogg, Dr Alan Tyson and a representative from the LBH Medical Staff Council.

Mr Jones is to provide a Brief to a future NNSWLHD Board meeting on the equity in funding across the LHD.

Mr Jones reported that equity in funding across the LHD will be included as part of the Budget presentation to the Board Budget Meeting on 14 July 2017.

2.3.2.3 Mr Jones is to provide a bi-monthly report to the Board on what progress is being made with governance on the Pavilion Health recommendations.

The Board noted the updated report on the Clinical Coding Improvement Project.

Ms Loughnane reported The Tweed Hospital had undertaken a specific project in the Intensive Care Unit and a focused piece of work in the Emergency Department. TTH is now on target to meet the 30-day coding KPI. Dr Ogg reported that in TTH ICU joint coding and clinician rounds are being conducted twice per week and after four weeks additional coding has resulted in an additional \$360K being identified.

Ms Lynne Weir also indicated that there is a lot of work underway across Lismore Base Hospital (LBH) with coders working with clinicians to assist in increasing the coding results.

Mr Jones stated that the coding workforce varies and more work is needed to obtain a better return. Agreement has been reached with the Medical Staff Councils (MSCs) from LBH, TTH and GBH following the receipt of the workforce plan from Pavilion Health. Meetings will be held with the respective MSCs on the type of coding model that is required across the LHD.

Mr Jones indicated that Pavilion Health will be continuing with NNSWLHD for another quarter to ensure that the identified changes are embedded across the LHD.

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

Dr Tyson reported that he recently attended a meeting to discuss the GBH Master Plan and the inclusion of a secure unit to accommodate inmate patients from the Correctional Facility which is yet to be included in the Plan.

Mr Jones advised that he has clarified with JH&FMHN that the secure unit is part of GBH Master Plan and total GBH redevelopment.

Dr Tyson noted that he has become aware that the nurses working in the Prince of Wales secure unit are Justice Health nurses, not NSW Health Nurses.

Mr Jones advised that he is currently updating an Information Brief for the Minister of Health in relation to estimated costs on the impact on GBH with the development of the new Correctional Centre. Mr Jones also indicated that he is in the process of contacting the consortia for the Correctional Centre to discuss several aspects of the new Correctional Centre including what services they will provide.

Action:

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

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

Mr Jones advised that he has raised the issue of child dental surgical and caesarean section data being included in the Health Service Monthly Theatre Attendance and Surgical Separations Reports with the MOH.

The Chair requested that Mr Jones correspond with the MOH with this request.

Action:

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

- 2.3.2.6 A Brief to a future Board Meeting on the finalised report on the review of chemotherapy patients that had been undertaken across NNSWLHD as part of the Statewide review on Cancer patients following confirmation of the result by the MOH.**

Mr Jones referred to the Chief Executive Report Item 5.1.6 and advised that NNSWLHD completed a review of 96 cases of cancer treatments and there were nil cases reviewed that were deemed outside of expected/reasonable conditions of treatment.

- 2.3.2.7 Mr Jones is to provide advice to the 31 May 2017 Board Meeting why a temporary appointment is required if a medical officer has been appointed at another LHD Health Service Group facility.**

The Board noted the information contained in the Brief explaining why a temporary appointment is required if a medical officer has been appointed at another LHD Health Service Group facility. It was noted that the particular instance involved the medical officer's contract changing from a part-time Staff Specialist to a Visiting Medical Officer appointment.

- 2.3.2.8 The Board Chair is to correspond with the Premier of NSW requesting that a process is developed for a more formal governance structure that allows the setting up of multi-portfolio issues that impact on health and other portfolios**

Mr Jones is to discuss with the Board Chair whether forwarding correspondence to the Premier of NSW requesting that a process is developed for a more formal governance structure that allows the setting up of multi-portfolio issues that impact on health and other portfolios, is appropriate at this time. Feedback will be provided to the 28 June 2017 Board Meeting.

Action:

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

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

Mr Jones requested that this item be deferred until the 26 July 2017 Board Meeting, as the Director of Workforce is currently on leave.

Action:

Mr Jones is to provide an update Brief to the 26 July 2017 Board Meeting on the work that has been undertaken to address the YourSay Survey results.

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

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

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

The Board noted that the NNSWLHD Planning Unit is developing a document that provides information on what services are available at all LHD facilities which will be submitted to a future Board meeting for information.

2.3.2.11 Mr Jones is to schedule a further meeting with Mr Gulaptis MP, Member for Clarence, Dr Pezzutti and Dr Tyson to discuss the possibility of the ambulatory care unit being abandoned until full funding is identified for a full redevelopment of GBH.

The Chair advised that a meeting was held with Mr Chris Gulaptis MP, Member for Clarence, Dr Tyson and Mr Jones to discuss the possibility of the GBH ambulatory care unit funding being identified as part of a full redevelopment of GBH. Mr Gulaptis was going to convey our concerns directly with the Minister for Health.

2.3.2.12 Mr Jones is to forward a memorandum to Dr Richard Buss, Executive Director Mental Health and Drug and Alcohol Services reminding him of the requirement to attend the Medical and Dental Appointments Advisory Committee (MDAAC) and speak to applications for Visiting Medical Officer (VMO) appointments within his portfolio area.

The Board noted that a memorandum has been forwarded to Dr Richard Buss, Executive Director Mental Health and Drug and Alcohol Services reminding him of the requirement to attend the MDAAC and speak to applications for VMO appointments within his portfolio area.

2.3.2.13 Mr Jones is to provide advice to the 31 May 2017 Board Meeting on why the electronic medication system used at The Tweed Hospital (TTH) was not implemented at the new Lismore Base Hospital (LBH) and Byron Central Hospital (BCH) EDs and across the LHD.

Mr Jones referred to Item 2.3.2.13 in the Chief Executive Report. He advised that BCH reviewed the purchase of an automated medication dispensing system prior to commissioning and opening and based on the feedback from the Chief Pharmacist that the system was labour intensive for Pharmacy staff, a decision was made to not proceed with that system. LBH currently utilise the PIXUS automated medication dispensing system in the new ED.

2.3.2.14 Ms Byrne is to provide a report on the recent Board training attended by the new Board Members on what they found valuable and how the Board can be improved in terms of its processes and functions.

Ms Byrne tabled a report that was prepared with input from Professor Nancarrow, Dr Griffin and Mr Grier following their attendance at the Nour Governance Training Program, in March 2017.

Ms Bryne provided a verbal precis of the training and summarised that an effective Board, is made up of members who understand their role, have involvement in sub-committees and reporting back, are free to ask questions in meetings and receive accurate responses, are involved in discussions, have an established shared vision for the health service and strategically plan and monitor performance and are genuinely engaged with the community.

Ms Byrne indicated that while the NNSWLHD is working well there are always opportunities for continuing improvement and to identify opportunities to improve.

Ms Nancarrow noted the importance of having a good organisational culture and indicated that the Chief Executive is undertaking work in this area.

In relation to quality and risk, the Board needs to be confident that there are governance structures in place to ensure that clinicians are monitoring patients appropriately and also how are complaints used to drive continued improvement.

Following discussion around complaints processes, the Board requested that it receive a summary report every three months including what are the main complaints being received, are they increasing and identification of any trends.

Mr Griffin noted the difference in the operation of Health Boards compared to how other Boards operate. A good Board adds value to the Executive and this needs to be mindful in the Board's discussions. Mr Griffin also indicated that the legislative framework for health can be restrictive.

Mr Grier advised that he is assisting Mr Jones in organising the Board Strategic Planning workshop with emphasis on how the Board and Executive can together establish the Strategic Priorities for the LHD.

The Board Chair thanked those Board members who had attended the governance training and provided comprehensive feedback.

Action:

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

2.3.3 Other matters arising from the Minutes:

There were no other matters arising from the Minutes.

3. Matters for Decision

3.1 Proposal for NNSWLHD Board Member to temporarily stand down

The Board considered the information contained in the Brief.

The Board **RESOLVED** to approve Mr Patrick Grier to temporarily stand down from the NNSWLHD Board until December 2017, not November 2017, as noted in the Brief.

The Board indicated that no Board meeting papers will be forwarded to Mr Grier until December 2017

Moved: Dr John Moran
Seconded: Mr David Frazer
CARRIED

4. Chairman's Update

4.1 Chairman's Calendar

The Board Chair's Calendar was noted.

Mr Frazer will be acting Board Chair during the Chair's leave from 20 June 2017 to 11 July 2017.

5. Matters for Discussion

5.1 Chief Executive's Report

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

5.1.1 Current and Significant Issues

- Mr Jones apologised to those Board members who were not advised of the possible media coverage that was to occur in relation to the Miriam Merten matter. Mr Jones assured the Board that the LHD has investigated and responded appropriately in this matter. Mr Jones noted that the Coroner had indicated that this was not a system issue but was a human factor issue and LHD policies were appropriate.
- A letter is being drafted to the Editor of the Northern Star in response to the continuing negative media coverage.
- The Chair noted that NNSWLHD patient satisfaction survey results are very positive.
- Professor Nancarrow referred to an organisation called Patient Opinion that advocates for anonymous complainants that may be a useful resource for the Chief Executive.
- The Board will receive a presentation on the 2017/18 Budget and proposed priority areas for consideration at a special meeting that has been scheduled on 14 July 2017.

5.1.2 Update on Strategic Issues

- The NNSWLHD Board Planning Day is not expected to be held until early August 2017 due to the availability of the preferred Facilitator.
- The Board approved Mr Grier assisting Mr Jones in the development of the Board Workshop.

5.1.3 Update on Strategic Plan Implementation

There were no specific Strategic Plan Implementation issues for discussion.

5.1.4 Matters for Approval

- The Board noted the information contained in the Brief seeking approval to commence recruitment for additional Community Health staff to the value of \$5 million based on the negotiations that have been held with the MOH which has resulted in an increase of 1,293 Non-Admitted Patient activity NWAUs. Discussions are to be held with community health clinicians and managers on the priority areas including further support for Hospital in the Home, the Integrated Care and Leading Better Value Care Programs.

The Board RESOLVED to approve the commencement of recruitment for additional FTE to support achievement of the additional activity targets.

Moved: Dr Alan Tyson
Seconded: Dr John Moran
CARRIED

The Board suggested that this is a good news story that could be raised with the media.

Board Members applauded the Board Chair for pursuing additional funding for community based services.

5.1.5 Major Key Performance Indicators

- The Board noted that results for Emergency Treatment Performance during April 2017 with NNSWLHD meeting the ETP target of 81% with a result of 81.2%.
- Elective Surgery Access Performance targets during April 2017 for Categories 1, 2 and 3 were respectively met.
- The Transfer of Care target during April 2017 was met with a result of 91%.

5.1.6 Risk and Compliance Update

- Mr Jones commended the work undertaken by Ms Susan Brooks, former Nurse Unit Manager Cancer Care Service at TTH, who was very committed to the review of the cancer treatments within NSW project. The full report has now been submitted and of 96 cases being reviewed, NNSW LHD had nil cases that were deemed outside of the expected/reasonable conditions.

- A further quarterly Work Health and Safety (WHS) report update will be provided at the June 2017 Board Meeting.
- Ms Yvette Bowen, Manager Work Health and Safety is arranging WHS training for new Board Members, however, all Board Members can attend if they wish.

5.1.7 Governance Update

There were nil governance matters to report.

5.1.8 Capital Works/Planning Projects

- The Board noted that should there be any announcements made in the 2017/18 Budget it is expected that it will include funding for the full Tweed Valley Clinical Services Plan.
- The expected sale of Bangalow Community Health building for market value has not brought the anticipated amount. Therefore, there will be a funding shortfall of around \$600K for the complete Ballina District Hospital development that will need to be identified.

5.1.9 Matters for Noting

- The Board noted the information contained in the Brief on progress being made in implementing a key strategy in NNSW Integration Plan with the development of a Shared Informatics and Planning Unit.

The Board suggested that a Phase 5 be added to the plan around the evaluation of the initiative to ensure that the investment reaps expected results.

The Board noted and agreed in principle with the development of a Regional Planning Unit.

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

Action:

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

5.1.10 Questions for the Chief Executive without Notice

- Mr Jones advised that the links with research and partners will be covered in Phase 2 of the establishment of the Informatics and Planning Unit.
- There was discussion on the automated medication dispensing system in relation to the decision made at BCH. Mr Jones indicated that BCH may revisit their initial decision as feedback is that the clinicians value the PIXUS system.
- Following a query on media coverage around LBH, Mr Jones advised that the LHD Board has injected a significant amount of growth funding in mental health

services. However, there is a need to look closely at alternative models of care to get better engagement and outcomes for mental health patients across health services.

- Mr Jones provided a verbal report on the recent NDIS Forum that was held on 29 May 2017 in Coffs Harbour with many agencies attending. Mr Jones indicated that NNSWLHD has initially registered to be a dormant NDIS provider. The area of psychosocial behaviour support needs to be determined in relation to NDIS. Mr Jones also indicated that as an organisation NNSWHD may need to structure a program that has a default system that supports NDIS clients.

5.1.10 Important Meetings/ Diary Commitments

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

5.2 Committee Minutes (discussed on exception basis otherwise noted)

5.2.1 Health Care Quality Committee (HCQC) – 9 May 2017

Dr Ogg referred to the HCQC Meeting Minutes of 9 May 2017.

Dr Ogg noted that there has been an LHD-wide improvement in rapid response calls.

The HCQC agreed to assist in improving the engagement of Attending and Visiting Medical Officers with the Between The Flags results with the development of a checklist template by Dr Ian Fielding, Executive Medical Director for clinicians to utilise on ward rounds.

Dr Ogg advised that there had been discussion on the potential to establish more multidisciplinary meetings, such as nursing staff attending Heads of Department meetings. Dr Ogg suggested that this should also be considered at Board level to get better engagement across the LHD.

The Board discussed this issue and Mr Jones indicated that this is not reflective of processes in place across the LHD and relates to more than one facility. Mr Jones advised that promoting multidisciplinary processes and systems is a priority across operational units. The Board agreed to reconsider this matter at the end of July 2017 when the Chief Executive will provide feedback on how enhanced clinician engagement is occurring across the LHD.

The Board noted the Board Chair will sign a letter to Carrie Marr, Chief Executive, Clinical Excellence Commission querying why the Safety Notice 0007/17 Povidone-iodine use in NSW Hospitals was released without the endorsement of the Surgical Services Taskforce.

The unconfirmed Minutes of the HCQC Meeting held on 9 May 2017 were noted.

5.2.2 Finance and Performance Committee (FPC) – 24 May 2017

Mr Humphries provided a one-page summary of the FPC Meeting of 24 May 2017.

Mr Humphries reported the LHD is financially well positioned with the net operating estimated end of year result being \$3.6 million favourable, with the majority of the favourability driven by revenue improvements.

Mr Humphries noted that this FPC was a very positive meeting and it was noted that the difficulties that had continually been raised by the Health Service Groups on how difficult it has been to manage budgets without a budget being loaded into the system, has now been resolved. The Acting Chief Financial Officer has consulted widely to engage the Health Service Groups in relation to the development of the 2017/18 budget

Mr Jones advised that for the 2017/18 Budget a presentation to the Board on 14 July 2017 will be organised. Mr Jones emphasised that this budget will be the first time a budget will be signed off by the Executive Directors that represent FTE and activity, which will be down to cost centre level, where managers will be expected to manage within the allocation and support will be provided as required.

The unconfirmed Minutes of the FPC Meeting held on 24 May 2017 were noted.

5.2.3 Medical and Dental Appointments Advisory (MDAAC) Committee – 11 May 2017

Dr Tyson provided a verbal report of the MDAAC Meeting held on 11 May 2017.

Dr Tyson advised that an Obstetrician/Gynaecologist that has been appointed to the Clarence Network had not taken up the position due to the variation in the Staff Specialist Award between jurisdictions.

Also, consequent to the previous MDAAC meeting, another General Physician is to be appointed to the Clarence Network as a Staff Specialist.

A new Ear Nose and Throat Surgeon has been appointed to LBH.

A large number of Everlight Radiologists have been appointed as Visiting Practitioners for the Tweed/Byron Health Service Group.

The unconfirmed Minutes of the MDACC Meeting held on 11 May 2017 were noted.

Mr Humphries left the meeting.

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

The Board noted that a report of the HSDC Meeting of 13 April 2017 was provided to the 26 April 2017 Board Meeting.

Dr Richard Buss has followed up on a discharge summaries audit of 240 recent discharged patients. The audit showed that there was good compliance in providing discharge summaries at time of discharge. However, Mental Health will now provide a

contact summary to General Practitioners on admission of the patient in addition to discharge summaries.

Liver screening results for Aboriginal people show that NNSWLHD is below the Mid North Coast LHD (MNCLHD) level and this is being addressed with the assistance from MNCLHD.

Following a query, Mr Jones advised that a schematic plan of how all NNSWLHD plans relate to each other and their timelines, can be provided to the HSDC for information.

The unconfirmed Minutes of the HSDC Meeting held on 13 April 2017 were noted.

Action:

Mr Jones is to request the NNSWLHD Planning and Performance Unit to develop a schematic plan of how all NNSWLHD plans relate to each other and their timelines, which is to be submitted to the Health Service Development Committee for information.

5.2.5 Audit and Risk Committee (ARC) – 13 April 2017

The Board noted the next ARC Meeting is scheduled on 14 June 2017.

5.2.6 Clinical Council (CC) - 18 April 2017

The Board noted that a verbal report of the CC Meeting held on 18 April 2017 was provided to the 26 April 2017 Board Meeting.

Mr Spriggs advised that a CC Meeting was held on 16 May 2017 in Grafton with a presentation provided on health literacy and a discussion on the future of the CC, how it operates and the membership being due to change in September 2017.

The Board ENDORSED the CC Terms of Reference being amended to reflect the inclusion of the General Managers of the Tweed Byron and Richmond Clarence Health Service Groups being members of the CC.

Moved: Dr Alan Tyson
Seconded: Mr David Frazer

The unconfirmed Minutes of the CC Meeting held on 18 April 2017 were noted.

5.2.7 Community Engagement Advisory Council (CEAC) – 27 March 2017

The Board noted the next CEAC Meeting is scheduled on the 26 June 2017.

5.2.8 Medical Staff Executive Council (MSEC)

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

5.2.9 Aboriginal Partnership Meeting

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

5.2.10 Mental Health Forum (MHF)

The Board noted that a verbal update of the Mental Health Forum meeting held on 3 April 2017 was provided to the 26 April 2017 Board Meeting.

The Board Chair advised that he provided a copy of MHF Meeting Minutes of 3 April 2017 to the Mental Health Commissioner for information.

The Board noted that the MHF has corresponded with Commissioner John Feneley to thank him for his commitment to mental health during his tenure as Mental Health Commissioner. The Board requested that the Board Chair forward a letter to Commissioner Feneley endorsing the contents of the letter from the MHF and wishing him well in his future endeavours.

The unconfirmed Minutes of the MHF held on 3 April 2017 were noted.

Action:

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

5.2.11 Health Education Workforce Research Forum

The Board was advised that with the new Executive Leadership Team and commencement of the Director of Research, the Health Education Workforce Research Forum will be reconsidered.

5.2.12 Drug and Alcohol Community Advisory Committee (DACAC) – 13 April 2017

The Board noted that next DACAC is scheduled on 8 June 2017.

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

6.1 Major correspondence

6.1.1 Letter of thanks to Dr Warwick Herbert for his years of service

Noted

6.2 NNSW LHD Seal

There were no items for consideration of the application of the NNSW LHD Seal.

6.3 Updated Board Calendar

Noted

6.4 Other matters for noting

- Board Members are to advise Mr Murray Spriggs if they are attending the Board Conference scheduled on 19 June 2017.

7. Meeting Finalisation

Mr Frazer provided a critique of the Board meeting.

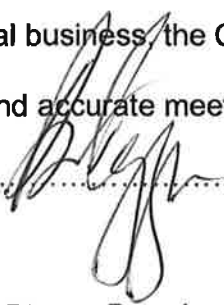
MINUTES OF THE MEETING OF THE NORTHERN NEW SOUTH WALES LOCAL HEALTH DISTRICT BOARD HELD ON WEDNESDAY 31 MAY 2017, IN EDUCATION CENTRE, GRAFTON BASE HOSPITAL, ARTHUR STREET, GRAFTON COMMENCING AT 1.00PM
Page 15 of 15

7.1 Next Meeting – 28 June 2017 The Tweed Hospital commencing at 1.00pm

7.2 Meeting close

There being no further official business, the Chair declared the meeting closed at 4.45pm.

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

Signed  Date 14/7/17

Dr Brian Pezzutti
Chair
Northern NSW Local Health District Board