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The Chair opened the meeting and Mr Monaghan acknowledged the Traditional Owners of this Land. He also paid his respects to Elders both past and present. He extended his respect to other Aboriginal people and colleagues present today.

**1. In-camera Session**

An in-camera session was not required.

**2.1 PRESENT AND APOLOGIES:**

**Board Members:**

Mr Mark Humphries (Chair), Mr Peter Carter, Mr Scott Monaghan, Mr Thomas George, Dr John Griffin, Dr Alasdair Arthur, Dr Allan Tyson, Ms Naree Hancock, Dr John Moran, Mr Michael Carter, Ms Carolyn Byrne

**Via Microsoft Teams:**

Professor Susan Nancarrow

**Apologies:**

Mr Pat Grier

**In Attendance:**

Mr Wayne Jones, Chief Executive  
Mr Ged May, Community Engagement Manager  
Ms Jennifer Cleaver, Manager Chief Executive Unit  
Ms Kate Greenwood, Board Secretariat

**In Attendance for part of meeting:**

Mr Janelle Saffin, MP, Member for Lismore  
Cr Steve Krieg, Mayor, Lismore City Council  
Dr Louise Imlay-Gillespie, Chair, Lismore Base Hospital, Medical Staff Council  
Dr Chris Ingall, Clinical Head of Department, Lismore Base Hospital

**2.2 Declaration of Pecuniary and/or Conflicts of Interest:**

There were no declarations of pecuniary and/or Conflicts of Interest.

**2.3 Previous Minutes:**

**2.3.1** The Minutes of the Board Meeting held on 26 October 2022 as circulated were **ENDORSED** as a true and accurate record:

**Moved:** Dr Allan Tyson

**Seconded:** Mr Scott Monaghan

**CARRIED**

**2.3.2 Business Arising from the minutes:**

**2.3.2.1 Mr Jones to request Ms Kathryn Watson, Associate Director Planning to review the effectiveness of the CPCEC committee and report back 30 November 2022 Board meeting.**

Dr Tyson provided a summary of the information in the report and a brief discussion followed on the effectiveness of the committee.

Mr Jones agreed that the concept of the committee is useful, however the current model needs refreshing.

The Board supported Mr Jones explanation of the difference between clinical planning, clinician engagement and operational conflict and indicated that a new model needs to be implemented to better engage with clinicians. Mr Jones is to seek advice from various stakeholders who can assist in proposing a new model including Mr Peter Carter meeting with Dr Tyson to discuss a potential new model for the engagement of clinicians around clinical planning and work with Mr Jones to develop a report back to the 22 February 2023 Board meeting.

**ACTION:**

**Mr Jones to provide a brief on feedback from various stakeholders on possible future models for the CPCEC to the 22 February 2023 Board meeting.**

Mr Jones acknowledged the commitment of Dr Tyson over the past several years in his dedication to the committee's effectiveness.

**2.3.2.2 Mr Jones to draft a letter for the Board Chair's signature to Minister Farraway, MLC, Minister for Regional Transport and Roads to review the section of the M1 to ensure access to the TVH during flood events.**

The Board noted the letter to Minister Farraway is in the process of being drafted.

**2.3.3 Other Matters Arising from the minutes**

Nil for this meeting.

**3. Matters for Decision**

**3.1 2023 Board Meeting Dates**

Following a brief discussion, the Board agreed to the 10 dates and locations for 2023 Board meetings.

The Board also agreed to hold a half-hour virtual meeting prior to the Combined Board meeting on 31 January 2023.

**Moved:** Mr Michael Carter

**Seconded:** Dr John Moran

**CARRIED**

**4. Board Strategic Priorities**

**4.1 Workforce and Culture** - due 2023.

**4.2 Patient Flow** - due 2023.

**4.3 Environmentally Sustainable Healthcare** - next update due February 2023.

**4.4 Aboriginal Health** - Mr Jones provided an overview of the Aboriginal Health Dashboard advising the LHD is in the process of drafting a NNSWLHD Aboriginal Health Dashboard.

General discussion followed on several data sets across the LHD compared to the State.

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It was noted that Immunisation hesitation continues to be a challenge across certain pockets of the LHD and strategies are being implemented with relevant stakeholders and partners to improve the LHD's results.

## 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 including:

#### 5.1.1 Current and Significant Issues

- **People Matters Employee Survey** - Please refer to Item 5.1.2.
  - **The Tweed Hospital Medical Staff Council (TTH MSC)** – brief update on recent meetings the TTH MSC with further engagement to continue.
  - **Coronavirus/Influenza** – the LHD is experiencing it's fourth wave of COVID positive cases. Media releases and interviews are encouraging appropriate behaviours including social distancing and hand hygiene. As of 17 November 2022, NSW Health has moved to AMBER alert with face masks required in all non-clinical settings as well.
  - **Elective Surgery** – negotiations continue with private operators to undertake further public elective surgery patients from the overdue wait list, with all possible options being explored.
  - **Grafton Redevelopment** – the Clinical Services Plan and associated bed table has been supported by the MOH and LHD. Master Planning process has commenced and relevant stakeholders will be updated on progress.
  - **Urgent Care Centres** – MOH have released their guidelines for applying for funding to establish an LHD Urgent Care Service and discussions continue with Healthy North Coast around virtual referral, assessment and service booking model.
  - **Vaccination** – update provided on LHD vaccination program.
  - **Long Service Leave (LSL)**- Ms Jenny Cleaver, Manager Chief Executive Office will be taking LSL from January 2023. Ms Liz Blake will commence in the role permanently in November 2022. Mr Jones thanked Ms Cleaver for her tireless and professional service to the position for 17 years.
- Annual Leave** - The Board ENDORSED Mr Jones' request for Annual Leave from Wednesday 21 December to Monday 23 January 2023. Ms Weir will be A/CE during this time.

#### 5.1.2 Update on Strategic Issues

- **Strategic Priority: Value Develop and Empower Our People** – People Matter Employee Survey results: Mr Jones provided a brief update on the PMES survey across the LHD. As a result of some of the feedback from the PMES survey, LeaderSHAPE, has been engaged with facilitator Mr Terry Reynolds to undertake a raft of work including development work with Tier 3 managers within LHD. An action plan will be created from Mr Reynolds' work and will be provided to the Board for review and endorsement in early 2023.
- **Strategic Priority: Champions of Innovation and Research** – The Board noted the NNSWLHD Virtual Care Strategy 2021-2026.

#### 5.1.3 Matters for Approval

- Nil for this meeting

#### **5.1.4 Major Key Performance Indicators**

- Emergency Treatment Performance (ETP) during October 2022 NNSWLHD did not meet the ETP target of 50% (admitted) with a result of 30%.
- Elective Surgery Access Performance during October 2022 was Category 1 99% against a target of 100%, Category 2 69% against a target of 97% and Category 3 was 64% against a target of 97%.
- Elective Surgery overdue numbers for October 2022 were Category 1 – 1, Category 2 – 520, Category 3 – 1053.
- Triage – NNSWLHD met triage Category 1 target, Category 2 October 2022 result was 79% with a target of 95% and Category 3 result was 74% against a target of 85%.
- Transfer of Care target for September 2022 was 90% with a result of 87%.

#### **5.1.5 Security, Risk and Compliance Update**

- Nil for this meeting.

#### **5.1.6 Governance Update**

- Ministerial Quarterly Performance Meetings: The Board noted the advice from Mr Matthew Daly, Deputy Secretary Patient Experience and System Performance detailing changes to the format of the Quarterly Performance meetings with the MOH.
- Quarterly Board Report: The Board noted the April – June 2022 NNSWLHD KPI Board Report.

#### **5.1.7 Digital Health Update**

- An update was provided on Digital Health progress across the LHD.

#### **5.1.8 Capital Works/Planning Projects**

- The LHD has successfully applied for Rural Minor Works funding for foyer enhancements at MDH to be brought forward to this financial year.
- An update was provided on the planning underway for the commissioning of the Tweed Valley Hospital.
- All LBH stage 3C redevelopment and renovations building works are complete.

#### **5.1.9 Matters for Noting**

- Nil for this meeting.

#### **5.1.10 Important Meetings/ Diary Commitments**

- AGM to be held in the new LBH Auditorium 2pm 30 November 2022.
- Farewell dinner for Board members, Mr Mark Humphries and Dr Allan Tyson, 6pm 30 November 2022 to be held in Ballina.
- The NSW Health Awards will be held 1 December 2022 in Sydney.
- NCPHN Combined Board meeting to be held 31 January 2pm -3.30pm with venue to be confirmed.

#### **5.1.11 Questions for the Chief Executive without Notice**

- Ms Byrne spoke highly of the Cultural Awareness programme and encouraged all Board members to attend.
- Brief discussion followed on pay disparities with QLD and NSW and the cross border

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issues that continue to be of concern.

- Board visibility across the LHD remains on the Board Development Plan and Mr Peter Carter indicated he will meet with Mr Jones regarding this on the CE's return from annual leave in late January 2023.
- A lengthy discussion ensued on the importance of the results in the People Matter Employee Survey and the work that will be undertaken by the LHD to address the concerns of staff raised through this.
- Fatigue and exhaustion of staff was discussed following a challenging few years. Mr Jones advised that where possible, staff were being encouraged to take annual leave.
- Mr Peter Carter advised the HCQC continues to monitor 3<sup>rd</sup> and 4<sup>th</sup> degree perineal laceration rates.
- Mr Jones advised that under NSW Health requirements, Board members do not need a Directors Identification Number to sit on any NSW Health Board.

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

## **5.1 Committee Minutes (discussed on exception basis, otherwise noted)**

### **5.2.1 Health Care Quality Committee (HCQC) – 8 November 2022.**

Mr Peter Carter provided a brief overview of the HCQC minutes.

An overview was provided of the Discharge Against Medical Advice and Take Own Leave rates at Byron Central Hospital compared to other sites across the LHD. Discussion followed on the challenges around this with Aboriginal patients and Mr Jones advised that he is working with Ms Kirsty Glanville, Associate director Aboriginal health to meet with site Executives and monitor this data and report through the HCQC.

The Board noted the 2022 ISQua Conference Summary brief.

The Board noted the unconfirmed HCQC minutes.

### **5.2.2 Finance and Performance Committee (F&PC) – 16 November 2022**

Mr Michael Carter spoke to the F&PC minutes and provided an overview of the LHD budget.

Challenges and concerns remain with the deterioration of the fiscal position and a brief update was provided on the major contributing factors.

Mr Jones updated the Board on how the MOH will be reviewing the budgets across all LHDs in relation to COVID expenditure. Workforce and flood costs continue to impact the unfavourable result.

The MOH Quarterly Performance review will be held on 2 December 2022 at which time the NNSWLHD budget concerns will be discussed further.

The Board noted the unconfirmed F&PC minutes.

### **5.2.3 Medical and Dental Appointments Advisory (MDAAC) Committee – 10 November 2022.**

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Dr Arthur provided a brief overview of the resignations and appointments across the LHD.

Following a brief discussion around EEG reporting, Mr Jones advised he will follow up on the reporting process and report back to the February 2023 meeting.

**ACTION:**

**Mr Jones to follow up on EEG reporting across the LHD and provide feedback to the 22 February 2023 Board meeting.**

Responding to a query, Mr Jones advised that LHD is up to reiteration three of the TVH Workforce Plan and provided an update on its progress.

The Committee noted the unconfirmed MDAAC minutes.

**5.2.4 Audit and Risk Committee Special Finance (ARC) – next meeting 6 December 2022.**  
The Board noted the next ARC meeting is the 6 December 2022.

**5.2.5 Clinical Planning and Clinician Engagement Committee (CPCEC) – 18 October 2022.**  
The Board noted a verbal update was provided to the 26 October 2022 Board meeting.

The CPCEC minutes were noted.

**5.2.6 Community Partnership Advisory Council (CPAC) – next meeting 5 December 2022.**  
The Board noted the next CPAC meeting is the 5 December 2022.

**5.2.7 Research and Innovation Committee (RIC) – next meeting 2023.**  
The Board noted the next RIC meeting will be held in 2023.

**6. Matters for Noting/Information (discussed only on exception basis)**  
Nil for this meeting

**6.1 Major correspondence**  
Nil major correspondence

**6.2 NNSWLHD Seal**  
There were no items requiring the NNSWLHD Seal to be applied.

**6.3 Calendar**  
**6.3.1 Chairman's Calendar**  
The Board noted the Chairman's Calendar.

**6.3.2 Updated Board Calendar**  
The Board noted the updated Board Calendar.

**6.4 Other matters for noting**  
Nil for this meeting.

**6.5 Business without notice:**

- Today, being Mr Humphries and Dr Tyson last Board meeting, Mr Peter Carter

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acknowledged the commitment and dedication of both members on behalf of the Board. He indicated they would be missed and thanked them for their 10 years of contribution to the LHD.

- The Chair thanked Ms Cleaver for her contribution and dedication to supporting the Board over the past 17 years and wished her well with her upcoming long service leave.
- The Chair thanked Mr Jones for his open communication with the Board and congratulated him on his continued commitment to the LHD during such difficult times. He acknowledged that during his time on the Board and as Chair, he appreciated working with the Chief Executive.
- The Chair provided a brief update on the recent Council of Board Chairs meeting in Sydney last week.
- The Board Chair presented Ms Vicki Rose, Director Allied Health a floral arrangement on behalf of the Board to acknowledge her commitment and dedication to the LHD and wish her well for her upcoming retirement.

## **7. Meeting Finalisation**

Dr Tyson provided a critique of the meeting.

### **7.1 Next Meeting**

22 February 2023

Crawford House Lismore

### **7.2 Meeting closed**

There being no further official business, the Chair declared the meeting closed at 12.39pm

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

Signed ..... Date .....

Mr Mark Humphries

Chair

Northern NSW Local Health District Board

### **9.00am – 9.30am Ms Janelle Saffin, MP Member for Lismore**

The Board welcomed Ms Saffin to the meeting.

Ms Saffin provided a summary of the points she wished to discuss which included the challenges with accommodation and the ongoing need of agency nurses. Ms Saffin also advised she has received further calls from Kyogle residents with concerns to the lack of access to GPs.

Mr Jones advised of the recent engagement of several GP trainees in that area and provided a brief overview of the new recruitment process involved. He indicated that he would provide further feedback to Ms Saffin as the information becomes available.

Ms Saffin provided an update on the recently tabled petition to NSW Parliament regarding the Northern Tablelands area and the challenges it faces in being so far from the Hunter New England LHD.

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The Chair spoke on the importance of the Murwillumbah District Hospital (MDH), with Mr Jones providing a further update on the services that will be provided at MDH when the Tweed Valley Hospital is commissioned.

Mr Jones spoke briefly on the differences between Visiting Medical Officers (VMO) and Staff Specialists which continues to be an ongoing discussion around the benefits/challenges with both to the LHD. Dr Tyson reiterated the concerns with losing staff to QLD Health from the LHD due to pay disparities between the two States.

Referring to the local sentiment in the greater Lismore area in relation to the recent floods, Ms Saffin indicated that the community go through various stages as is to be expected. Some parts of the community feel there should be more clear direction in certain areas of the recovery phase and Ms Saffin advised this is a matter she has raised with the NSW Government and leader of the opposition often.

Ms Saffin thanked the LHD for the open communication between her office and LHD CE Office and the timely responses with any concerns that are raised.

The Board thanked Ms Saffin for her time in attending the meeting today.

### **9.30– 10.00 Lismore City Council – Cr Steve Krieg, Mayor**

The Board welcomed Cr Krieg to the meeting and acknowledged his dedication and commitment to the local community during such a devastating time for so many people.

Cr Krieg provided an overview of how he made the decision to run for council and ultimately the Mayor and the challenges he has faced both personally and professionally the past 12 months.

Cr Krieg indicated he would like to see the Lismore area become a health precinct with the goal of residents not needing to attend other areas for their health matters. To provide these services, more accommodation is needed, and a discussion followed on the possibility of providing multiple story high density housing which will encourage growth in the Lismore area.

Mr Jones reassured Cr Krieg that the LHD is supportive of Lismore's future growth around its forward planning. Whilst there may be some housing and staffing challenges at present, the LHD's focus is to expand services across the area with several examples being referred to. NNSWLHD looks forward to working with and supporting the Lismore City Council around the accommodation issues.

Referring to the Lismore's 50 Year - Present document, Cr Krieg provided a brief overview on how the document will be finalised and published in due course.

Mr George reiterated the Board Chair's comments and acknowledged the work of Cr Krieg with leading the local community so well through history's most devastating floods. Cr Krieg said that the Council has achieved a lot in a brief period of time and recognised the support of other stakeholders through this period.

The Board thanked Cr Krieg for his time to present to the meeting.



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**9.30am – 10.00am – Dr Chris Ingall, Clinical Head of Department, LBH and Dr Louise Imlay-Gillespie, Lismore Base Hospital, Medical Staff Council (MSC)**

The Board welcomed Dr Imlay-Gillespie and Dr Ingall to the meeting.

Dr Ingall provided a brief overview of his presentation advising the Doctor's groups from LBH aim to work with the Board, ELT and Managers across the LHD to achieve both better service delivery and fiscal savings. Dr Ingall spoke on a proposed structure which would allow clinicians (as Heads of Department) to manage their departmental budget to achieve both savings and service enhancements.

Dr Ingall provided an overview on the MOH Medical Leadership and Management Programme, this is aimed at helping clinicians fulfil the roles of District Clinical Leads. Dr Ingall spoke on the importance of doctors being at the forefront of policy-making and strategic planning. However, noted there is no reference to fiscal responsibility or budgetary governance which is at odds with other LHD practices which encourage doctors to be involved in managing their budgets within their respective department.

Dr Imlay-Gillespie went on to speak of the various examples of why this approach would be beneficial to the LHD and would enable better communication between the Board, ELT and the Doctor's groups. The proposed structure would require the need to build managerial, fiscal and leadership skill within the groups to enable this, with the view to it being a five-year plan.

A lengthy dialogue ensued around the suggested new structure and Mr Jones concluded the discussion with his reiteration the proposed arrangement would potentially have multiple benefits for the LHD.

The Board Chair thanked Drs Ingall and Imlay-Gillespie for attending the meeting and presenting their proposal.

**ACTION:**

**Mr Jones to progress a small working party to discuss strategies to the proposed Clinical Streams structure which would allow clinicians (as Heads of Department) to have greater responsibility with Departmental planning and budget management.**

**Board Development: Update by individual Board members**

As an action from the NNSWLHD Board Development Plan, Professor Susan Nancarrow and Ms Naree Hancock provided a brief overview on their professional background and the strengths they bring to the Board.