

MINUTES OF THE MEETING OF THE NORTHERN NEW SOUTH WALES LOCAL HEALTH DISTRICT BOARD HELD ON WEDNESDAY 2 DECEMBER 2015 IN THE EDUCATION CENTRE, BALLINA DISTRICT HOSPITAL, CHERRY STREET, BALLINA COMMENCING AT 1.00PM

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1.00pm – 2.00pm Dr Jean-Frederic Levesque, MD PhD, Chief Executive, Bureau of Health Information (BHI) is to provide a presentation on the work undertaken by BHI

Dr Jean-Frederic Levesque, Chief Executive, BHI provided a presentation to the Northern NSW Local Health District (NNSW LHD) Board on the work undertaken by the BHI.

Dr Levesque advised that BHI is the only independent performance reporting organisation at a State level and the objective of BHI is to provide information that is useful to the NSW Health System. It needs to be an independent organisation to give the necessary credibility to the information that it provides. Dr Levesque noted that the National Health Performance Authority is a National authority, which will cease to exist in June 2016. Therefore, the BHI Peers are outside of Australia.

Dr Levesque referred to the Garling Report as the springboard for improvement across the NSW Health System noting that the public reporting of information about the Health System and Hospital performance is essential to the generation of a positive future for NSW Health. It is the single most important mechanism for the creation of public confidence in the NSW Health System, including engagement of Clinicians and enhancement of clinical practice and of cost efficiency.

The BHI's purpose is to provide information to the community, healthcare professionals and the NSW Parliament, in particular independent, timely and accurate information about the performance of the NSW Public Health System in ways that enhance the System's accountability and inform efforts to improve health care. The BHI has been working on developing new measures that are better adjusted for Activity Based Funding and are applicable to specific Units so that they better support Management and Clinicians. This will motivate Clinicians, Managers and decision-makers to do better, as they utilise their own current performance as a starting point. It was noted that being aware of the performance of other Local Health Districts also drives change.

Dr Levesque stated that the Public like to see a responsible Health System and to support this BHI produces a lot of reports including Annual Performance, Hospital Quarterly, Insights into Care, Patient Perspectives, Data Matters, Spotlight On Measurement And Snapshots, Briefs, Dashboards and Profiles. Dr Levesque said that over the last three years the BHI has tried to diversify the type of Reports that it produces. Dr Levesque referred to the Spotlight on Measurement Report and noted that this influenced the results for Grafton Base Hospital (GBH) in relation to the mortality results, which were flagging in the first report as an outlier with higher mortality than expected. This was due to the previous measurement method attributing mortality only to the discharging Hospital and it was ignoring that Hospitals do stabilise Patients when they arrive, prior to their being transferred to another facility for complimentary work.

Dr Levesque also stated that the NSW Patient Survey Program is an important component of the BHI and it encompasses Adult Admitted Survey, Children and Young Patients Survey, Emergency Department Survey and an Outpatient Survey. Other Surveys which will be undertaken in the future include a Maternity Care Survey, Small and Rural Hospital Survey and an Outpatients Cancer Clinics Survey. Other new Surveys will be developed and any

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suggestions for areas that need to be surveyed, which have not already been surveyed, would be appreciated, De Levesque said.

The BHI also has other products than its Reports and Surveys, which include the Healthcare Observer, an interactive online portal allowing users to access accurate data about the NSW Health System. Data is also available on results obtained from the NSW Patient Survey, Commonwealth Fund International Health Policy Survey, Hospital Quarterly Data, Hospital Profiles and tailored information for LHD Boards and Management.

Dr Levesque advised that the Hospital Profile Reports provide information on Readmission data, within which the BHI can control and adjust for Patient Co-morbidities and can identify the cause for readmission. This additional information is available in the Hospital Profile Reports.

BHI is producing more tailored information for Boards and Wards so that Clinicians and Board Members are better able to understand the indicators that are being measured by BHI for LHDs. Some dashboards have been piloted with more work to be undertaken with the Clinical Excellence Commission and the Agency for Clinical Innovation to refine these dashboards.

Dr Levesque spoke about some of the new ways that the BHI will be presenting data in its Reports and explained how these Reports should be interpreted. Dr Levesque advised that recently analysed data indicates that 2015 was a busy winter with an increase in urgent patients attending acute Hospitals. The Tweed Hospital (TTH) achieved above the State targets, while Lismore Base Hospital (LBH) did not meet the State targets. In the Report on the change in Elective Surgery percentage on time performance Grafton Base Hospital (GBH) achieved a 15% increase and met the target, while LBH, TTH and Murwillumbah District Hospital results were below the target. The Report also showed an increase of 10% this year of Patients who left the Emergency Department (ED), after being treated within four hours. Dr Levesque advised that NNSW LHD was in line with the State average performance for Patients receiving their Elective Surgery on time for July to September 2015 quarter.

Following a query from the Board concerning Patients who attend EDs and would be triaged as Category Four or Five Patients but who did not wait and re-presented to the ED with their Triage categories being increased to a Category Two or Three, does this correlate to a longer length of bed stay? Dr Levesque indicated that the BHI could explore this matter by utilising the Linc data that the BHI has access to.

Dr Levesque advised that the BHI is to undertake an analysis of Mental Health and Cancer Care Patients attending an ED in terms of timeliness of the treatment which they receive.

Dr Ogg suggested that data transfer between NNSW LHD Sites and Gold Coast Hospitals concerning specific illnesses, such as Ischaemic Stroke, should be placed on a Cross Border Committee Agenda for discussion.

Dr Levesque indicated that analysis of depth of coding showed that it did not have a significant influence on the results for the specific treatments reviewed.

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Overall, NSW LHD is one of the LHDs that have shown the most improvement in the Patient Perspective Survey results.

The BHI Strategic Orientations for 2015 – 2019 will have new measures included in them based on system needs. A renewed emphasis will be placed on collaboration with 'Pillars' and Academic groups, more timely, detailed and tailored information, increased access and use of digital data, interactive media and advanced visualisation and Innovative ways of engaging users in prioritising, producing and using information will be key aspects of the BHI future Strategic Orientation.

Dr Levesque advised that BHI information can be used by LHDs to systematically look at their performance, including via graphical representation, which shows variations and through use of local detailed profiles where the data will identify gaps and successes.

Dr Levesque advised that he hoped to be able to do an economic analysis on health funding, which will demonstrate the positive outcomes, which are being achieved at a good price in the future.

The Board Chair thanked Dr Levesque for travelling to Ballina and for providing an outstanding and thought provoking presentation on the work being undertaken by BHI to the Board.

1. PRESENT AND APOLOGIES:

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

In Attendance : Mr Chris Crawford (Chief Executive), Mr Murray Spriggs, Ms Jenny Cleaver (Secretariat)

2. Apologies: Nil

3. Declaration of Pecuniary and/or Conflicts of Interest

There were no declarations of Pecuniary and/or Conflicts of Interest by Board Members.

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

4. Board Members to asterisk non-asterisked items that they wish to discuss.

The Board Members asterisked Agenda Items 6.2, 6.4, 6.5 and 6.7 for discussion.

***5. Previous Minutes:**

a) The Minutes of the Board Meeting held on 28 October as circulated were ENDORSED as a true and accurate record of the meeting.

Moved: Mr Malcolm Marshall

Seconded: Dr Allan Tyson

CARRIED

Business Arising from the Minutes:

- 6.1 Mr Crawford is to request Dr David Hutton, Executive Director Clinical Governance to provide advice to the Board on how situations involving complaints concerning communications with Patients, Families and Carers should be managed and provide information to the 2 December 2015 Board Meeting.**

The Board noted the Recommendations contained in the Brief from Dr Hutton, concerning open disclosure regarding a serious clinical incident and addressing the concerns that had been raised by the family about a Clinician.

- *6.2 Mr Crawford is to review the cost of electricity for the Yamba Community Health Centre (YCHC) and provide advice to the 2 December 2015 Board Meeting**

The Board noted the Brief on electricity usage and cost information for the YCHC did not outline what action is to be taken to remediate the costs for electricity use at the YCHC. Mr Crawford advised that the NSW LHD Capital Works Unit has indicated that in relation to the electricity cost of the Pottsville HealthOne the electricity cost is high due the storage of medical records at that site, which requires air-conditioning to maintain the temperature of the storage area to ensure that the medical records are maintained in good order.

Mr Crawford also advised that the NSW LHD Capital Works Unit is undertaking a further examination of the high electricity costs at YCHC and additional advice on this matter will be provided to the next Board Meeting for noting.

Action:

The Acting Chief Executive is to provide further information on how the high cost of electricity usage at the Yamba Community Health Centre is to be remediated to the 3 February 2016 Board Meeting for noting.

- 6.3 Mr Crawford is to forward a letter to the Editor of the Grafton Examiner after an acceptable period of time has elapsed emphasising that NSW LHD is concerned about the recent suicides that have occurred in the Clarence Valley and expressing the LHD's sympathy to the families involved and also providing advice about the services that are available in the Clarence Valley for people suffering Mental Illness.**

The Board noted that the Acting or new Chief Executive will forward a letter to the Editor of the Grafton Examiner at an appropriate time emphasising that NSW LHD is concerned about the recent suicides that have occurred in the Clarence Valley and expressing the LHD's sympathy to the families involved and also providing advice about the services that are available in the Clarence Valley for people suffering Mental Illness.

- *6.4 Mr Crawford is to request Mr Wayne Jones, Chief of Staff, Chief Executive Unit, to undertake additional work to address the queries raised by the Board concerning TTH and GBH Simulation Centres and to provide an updated Brief to the 2 December 2015 Board Meeting for consideration.**

Mr Crawford referred to the Brief that was provided in the Board Meeting Agenda Papers and advised that following consideration of all the costs incurred there is a surplus of funds from the Bond and Griffith University contributions to TTH that can be applied to support the operation of TTH Simulation Centre and initially recruitment of a Staff Member will occur to assist with the operation of TTH Simulation Centre following the determination of how this funding is to be utilised at TTH to support the Simulation Centre.

Dr Moran noted that the Murwillumbah District Hospital (MDH) Simulation Centre which is operated by the Northern Rivers University Centre for Rural Health (NRUCRH) is not mentioned in the Brief. The Board was advised that the NRUCRH will be losing its funding to assist with the employment of the MDH Simulation Centre Educator and sought assistance from NNSW LHD with funding to enable the MDH Educator to continue to provide education at the MDH Simulation Centre.

Professor Barclay explained how the NRUCRH Simulation Centre has been funded and noted that the NRUCRH Simulation Centre also supports Staff from Tweed Heads to Grafton including MDH.

Professor Barclay also noted that education has been provided to Nursing Students as well as professional Staff, as they are the teachers of the Students, as they need to be up to date and competent and this needs to continue.

Following a suggestion that the top floor of the Southern Cross University (SCU) building opposite TTH could be utilised for a TTH Simulation Centre, Professor Barclay suggested that another Simulation Centre is not required at TTH, as the MDH Simulation Unit is an excellent Unit and suggested that Staff and Students travel from TTH to MDH to undertake their Simulation training instead of setting up a Simulation Centre at or within close proximity to TTH.

The Board requested that Wayne Jones, Bernadette Loughnane, Executive Director Tweed Byron Health Service Group, Dr Joe Ogg, Intensivist and Board Member and Ms Sharene Pascoe, NRUCRH Simulation Centre Manager meet to develop a specific proposal for the provision of Simulation Centre Services for TTH Clinicians and Students.

The Board ENDORSED the Recommendations contained in the Brief with an additional Recommendation for a Report to be provided to the February 2016 Board Meeting on what progress has been made by the Working Party which was established. Also a Report will be provided to the February 2016 Board Meeting on how the Executive will establish a Working Party in line with Recommendation Four of the Brief.

Action:

The Acting Chief Executive is to provide a Report to the 3 February 2016 Board Meeting on the work undertaken by the NNSW LDH Executive concerning the establishment of a Working Party to progress the work required to maintain LHD Simulation Training Facilities at identified LHD Sites.

A Report is to be provided to the April 2016 Board Meeting on what progress has been made by the Simulation Centre Working Party.

An update is also to be provided by the Working Party of Mr Wayne Jones, Ms Bernadette Loughnane, Dr Joe Ogg and Ms Sharene Pascoe to the 3 February 2016 Board Meeting on the progress they have made towards developing a specific proposal for the provision of Simulation Centre Services for The Tweed Hospital Clinicians and Students.

- *6.5 Mr Crawford is to submit an outline of how a NNSW LHD Education and Training Strategic Plan will be developed to the 2 December 2015 Board Meeting for consideration.**

The Board ENDORSED the Recommendation contained in the Brief on the proposed process to develop the NNSW LHD Education and Training Strategic Plan with a request that a first draft of the Strategic Plan be provided to the May 2015 Board Meeting and that a final draft of the Strategic Plan be submitted to the June 2016 Board Meeting for endorsement.

Ms Kew suggested inclusion of the value, support and capacity of the Harvard Course she had outlined in a short presentation made to the Board, prior to the commencement of the Board Meeting be circulated to the Board Members and Chief Executive for their information. Ms Kew is to provide an outline of this information for this purpose and for utilisation in the development of the NNSW LHD Education and Training Strategic Plan.

Action:

The Board is to receive a first draft of the NNSW LHD Education and Training Strategic Plan at its May 2016 Board Meeting with a final draft for endorsement to be submitted to the June 2016 Board Meeting.

Ms Kew is to provide an outline of the Harvard University Course she had attended in relation to Value, Support and Capacity, which information is to be captured in the NNSW LHD Education and Training Strategic Plan and is to be circulated to Board Members and the Chief Executive.

- 6.6 Mr Crawford is to forward information on the Sydney Children's Hospital Network Project on Scope of Practice to Drs Page and Moran for their information and input on the Project is to be provided to the Health Care Quality Committee (HCQC)**

The Board noted that information on the Sydney Children's Hospital Network Project on Scope of Practice has been forwarded to Drs Page and Moran for their information and any input on the Project from Drs Page and Moran is to be provided to a HCQC Meeting.

- 6.7 Mr Crawford is to provide a report on existing inequities and differences between TTH and LBH to a future Board Meeting.**

The Board ENDORSED the Recommendation contained in the Brief from Maureen Lane, Manager Planning and Performance, concerning a review of existing differences in clinical services and/or staffing types and levels between LBH and TTH. The Board requested

that the initial Report concerning a review of existing differences in clinical services and/or staffing types and levels between LBH and TTH is provided to the April 2016 Board Meeting with a final Report to be provided to the June 2016 Board Meeting for consideration.

6.8 Any other Matters Arising from the Board Minutes

- The Board Chair thanked Mr James McGuigan, Executive Director of Finance, Ms Moira Waters, Planning Officer and Dr David Hutton, for the work that they had undertaken in providing the support and information concerning the Board Chair's letter of response to the NSW Ministry of Health for the 2015/16 Service Agreement negotiations.
- The Board Chair provided verbal feedback on the meeting that he and Mr Crawford had attended with the three Local National Party Members of Parliament to discuss the 2015/16 Service Agreement and the negotiation of the 2016/17 Service Agreement. The three Members of Parliament have indicated that if the NSW Ministry of Health (MOH) does not positively address the three issues that have been raised by NNSW LHD they will raise this matter with the Leader of the National Party, Mr Troy Grant.

Mr Crawford reported that the letter from the MOH concerning the negotiation of the 2016/17 Service Agreement has now arrived and this has been forwarded to the NNSW LHD Executive for consideration, prior to negotiations being commenced with the MOH early in 2016.

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

The Updated NNSW LHD Board Resolution and Decision Register from the 28 October 2015 Board Meeting were noted.

7.1 Changes to Register Items 484, 485, 489, 497, 501 and 502 covered in Item 6 Business Arising.

Noted

7.2 New Register items 505 and 506 were covered in Item 6 Business Arising.

Noted

8. *Chief Executive's Report

Mr Crawford referred to the issues that were covered in the Chief Executive's Report to the Board, which included the Upcoming Ministerial Visits, NNSW LHD Award Winner, Recruitment of the New Chief Executive, Mental Health Projects, National Disability Insurance Scheme, Innovation Symposium, Casino District Hospital Emergency Department Opening, GBH Orthopaedic Surgery Service, Co-payment Removal on Section 100 Drugs, MDH Maternity Service, MDH Paediatric Service, Discharge/Transfer of Care, MOH/NNSW LHD 2015/16 Service Agreement, Health On A Page, Community Engagement Conference, Clinician Engagement, Family/Domestic Violence, Risk Management, Patient Surveys, Integrated Care, Health Literacy, 2015/16 Budget, Elective Surgery and Emergency Patient Results, Capital Works Projects – LBH Stages 3A and 3B, Byron Central Hospital (BCH), LBH Multistorey Carpark, MDH Carpark, Planning Projects –

Ballina District Hospital (BDH) Operating Suite and Medical Imaging Upgrade, TTH Stage 4A, Bonalbo Multipurpose Service, Coraki HealthOne Service, GBH Ambulatory Care Centre, MDH Satellite Renal Dialysis Unit, Pathology North – Tweed Laboratory Upgrade, Aboriginal Medical Service (AMS) New Casino Central Business District Clinic, AMS Medical Clinic, AMS Dental Clinic, Aboriginal and Torres Strait Islander Reconciliation Action Plan, Regional Mental Health Integration Plan, Community Based Services Plan, Mr Jim Agnew - Public Campaign, Health and The Arts, Research, Non-Emergency Patient Transport, New Director of NRUCRH, Maclean District Hospital (McDH) Rehabilitation Unit, NNSW LHD E-Health, Mental Health Developments, Dr Taylor, Unwarranted Clinical Variation Taskforce, Anti-Fluoride Campaigners, Our House, Staff Survey, Quality and Vital Signs Report, Allied Health Clinical Placement Co-ordinator, Asset Replacement and Refurbishment Program, Recognition of Professor Barclay, MOH Secretary Retirement, Deputy Secretary Purchasing and Performance, Premier's Public Sector Awards, LBH Auxiliary Fete, Hidden Treasure Nominations Publicised, Stride for Stroke, Promotion of Days/Weeks/Months, TTH Auxiliary Wins Right to Host State Auxiliary Conference, John Tranter Retires, GBH and Lismore Cancer Centre Open Days, New Clarence Valley Radiologist Appointed, Medical Innovations, Good Statewide Patient Feedback, Griffith University Medical School Ten Year Anniversary, LBH Wins Team Challenge, Simulation Helps Flight Nurses and Chief Executive Farewell.

The Board discussed the following issues:

- The Board Chair reported that Ms Lynne Weir, Executive Director, Richmond Clarence Health Service Group has circulated a very good Memorandum to all LBH Staff thanking them for their hard work during the recent storms that damaged the Maternity Pod at LBH.
- The Board Chair advised that he has spoken with Senator Fiona Nash, Federal Minister for Rural Health concerning the equity of Medicare access between people in rural areas compared to people in metropolitan areas and how consideration should be given to providing more funding to rural based Primary Health Networks which could assist to address gaps in provision of health services to rural communities. The Board Chair indicated that he will be forwarding a letter to Senator Nash to follow up on this discussion
- Dr Moran reported on a delegation of MDH Medical Officers who met with Senator Nash in relation to the implications for MDH local General Practitioners of Murwillumbah being reclassified as "outer metropolitan" by the Commonwealth Government.
- The Board requested that the Chief Executive progress the readvertising for a second Orthopaedic Surgeon at GBH should the outcome of the current negotiations with potential Orthopaedic Surgeon applicants from Queensland not be positive.
- Professor Barclay complimented the Chief Executive's leadership and mediation in obtaining the very positive outcome that has been achieved for the MDH Maternity Service.

- The Board had a long discussion on the importance of the LHD developing programs to support victims and perpetrators of Domestic/Family Violence. The Board noted that Ms Ellie Saberi, Women's Health and Domestic Violence Co-ordinator, has received funding to support a program that can be used in EDs to assist ED Staff to ask sensitively and appropriately whether a Patient has been subject to Domestic/Family Violence. Mr Crawford responded that he has given approval for a position to be recruited to which will assist with the rollout of this program across the LHD.

The Board discussed the need to change community attitudes towards Domestic/Family Violence, especially in relation to journalist reporting of Domestic Violence. Also the Board confirmed that everyone has a role to play in the addressing of Domestic/Family Violence as it is an important aspect of changing attitudes towards women, which is not only relevant in EDs but needs to occur across the broader community.

The Board asked that the Board Chair write to Mr Kevin Hogan, MP, Member for Page suggesting that there is a need for a joint planning exercise across the local community to identify new and better strategies to address Domestic/Family Violence.

The Board AGREED that to take a lead and set an example by taking a pledge to become Champions of Change to reduce Domestic/Family Violence. The Board asked that Ms Ellie Saberi prepare appropriate wording of a pledge, which the Board can make to support a reduction in Domestic/Family Violence across the LHD and a Media Release can be circulated with a photo of the Board undertaking this pledge.

The Board also ENDORSED that the male members of the Board will be identified as Champions of Change in relation to reducing Domestic/Family Violence.

Action:

Mr Crawford is to request Ms Ellie Saberi, Women's Health and Domestic Violence Co-ordinator to prepare appropriate wording of a pledge which the Board can made to support a reduction of Domestic/Family Violence across the LHD and this is to be circulated as a Media Statement with a photo of the Board undertaking this pledge. The draft wording of the pledge is to be submitted to the 3 February 2016 Board Meeting for consideration.

The Board Chair write to Mr Kevin Hogan, MP, Member for Page suggesting that there is a need for a joint planning exercise across the local community to identify new and better strategies to address Domestic/Family Violence.

- The Board was advised that a meeting is being held on 25 February 2016 from 10am – 11am on Trauma Informed Care and the meeting will involve both Board Members and Medical Officers.

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- The Board noted that the new system for reporting High Level Risks will ensure that Risk Management will be embedded in the Performance Management System and that the Risks will generally be location specific Risks not conglomerate Risks.
 - The Board was advised that in relation to Integrated Care, Ms Vicki Rose, Executive Director Allied Health and Manager Chronic and Primary Care, has attended meetings in Sydney and more emphasis will be placed on the qualitative aspects of the program and advice has been received that funding for the Program will be available up to and including 2018/19. The Chair noted his concern in relation to ensuring that the Integrated Care Program is about Patient Centred Care, including provision of care in the Right Place at the Right Time and being the Right Care and not only about taking pressure off Hospitals.
 - Mr Crawford advised that when the November 2015 Budget result is available and following the completion of his Budget Meetings with the Sites, he will make some adjustments to the Budget, which will reflect changes that have occurred since the Budget was issued in July 2015. These changes will be reported to the January 2016 Meeting of the Finance and Performance Committee.
 - Dr Moran raised concern that he was unable to book a public patient into see a Specialist for an Orthopaedic procedure, as he was advised that the LHD has told TTH Orthopaedic Surgeons that they are not to take on any more public Patients, as it makes the LHD Elective Surgery Waiting Lists too long.

Mr Crawford responded that all NSW LHD Surgeons have been advised that when they place Patients on the Surgical Waiting List they must be prepared to treat these Patients within the required timeframes. The LHD is responsible for making Operating Theatre time available so the Surgeons can treat their Patients within the required timeframes. Mr Crawford advised that he will discuss the concerns raised by Dr Moran with Ms Bernadette Loughnane and will ask her to address this matter with TTH Surgeons.

- Dr Collie suggested that when the new LBH ED is opened there will need to be a change in clinical practice because it will have such a large floor area, which will require new approaches to the management of Patients. The Board Chair responded that a directive has been given by the Board to LBH Management that no additional Clinical Staff are to be recruited to work in the LBH ED as the same number of patients will be treated. However, it is acknowledged that there may be additional Cleaners and other Support Staff required for the ED, Dr Pezzutti stated.
- The Board resolved to declare the Byron District Hospital (BDH) Campus surplus to NSW LHD needs.
Moved: Ms Deb Monaghan
Seconded: Mr David Frazer
CARRIED

The Board requested that the Chief Executive obtain advice as to whether the BDH building needs to be demolished as soon as possible after it is decommissioned and this matter will be included in the handover file for the Acting and new Chief Executives to consider.

- Mr Crawford reported that he has met with Professor Iain Graham, Southern Cross University (SCU) and he has agreed that SCU will work with NNSW LHD to recruit an experienced Lecturer in Occupational Therapy (OT), funded by NNSW LHD and SCU funding at 0.5 FTE each and students will be located in the Maclean District Hospital (McDH) Rehabilitation Unit (RU), at either Year Three or Four and the Lecturer will work in the McDH RU for two and a half days per week supervising the OT Student(s) and will also be available by phone to assist the OR Student(s) as required during the other two and a half days per week, while the Lecturer is working at the SCU Lismore Campus.

The Board stated that the OT Lecturer needs to be a specialist in Rehabilitation not just a generalist OT Lecturer, so that she/he has the required knowledge of Rehabilitation to undertake all the OT responsibilities in the RU.

Mr Crawford also advised that as the Social Worker position in the RU has not yet been filled, Professor Graham has suggested that SCU may also be able to assist NNSW LHD to appoint to this position utilising a similar shared recruitment model.

- Mr Crawford reported that he is seeking to identify funding to appoint Allied Health Educators and advised that he will be raising this matter with the Minister for Health when she visits NNSW LHD shortly to seek funding for these positions on the same basis that the Minister has secured funding for extra rural Nurse Educator positions.
- The Issue of a phone outage at GBH during a power failure in Lismore was raised and there needs to be consideration of how to alleviate this type of incident occurring again. Mr Crawford advised that he will seek advice from Mr Matt Long, Chief Information Manager about this matter and the Acting or new Chief Executive will provide it to the 3 February 2016 Board Meeting.
- The Board Chair is to correspond with Ms Lynne Weir, congratulating her on the success of the LBH Fete for the funds raised and the impact on providing good community ties.

Action:

The Board Chair is to correspond with Ms Lynne Weir, Executive Director Richmond Clarence Health Service Group, congratulating her on the success of the LBH Fete for the funds raised and the impact on providing good community ties.

- The Board noted the work being undertaken on Discharge Planning and indicated

that Senior Clinicians need to be responsible for ensuring the completion of timely and accurate Discharge Summaries for their Patients.

- The Board Chair indicated that if the MOH Chief Finance Officer does not respond in a timely manner to the letter from the NSW LHD Chief Executive about the increase in 2014/15 Ambulance charges notified in 2015/16 making them higher than the accrual, which was taken up at the end of 2014/15, then he will correspond with the NSW Treasurer about this matter.
- Ongoing discussions are occurring with Uniting Care Ageing concerning the potential for a joint venue governance and management arrangement to be put into place for Bonalbo Multipurpose Service.
- The Board sought advice in the relation to the number of Mental Health Nurses at the Lismore Adult Mental Health Inpatient Unit (AMHIU) compared to the number at the Tweed AMHIU, as indicated on page 306 of the attachments to the Chief Executive's Report. This information is to be provided to the 3 February 2016 Board Meeting for consideration.

Action:

Information on the number of Mental Health Nurses at the Lismore Adult Mental Health Inpatient Unit (AMHIU) compared to the number at the Tweed AMHIU as indicated on page 306 of the attachments to the Chief Executive's Report is to be provided to the 3 February 2016 Board Meeting for consideration.

The Board ENDORSED the Chief Executive's Report.

***9. Strategic and Planning Items**

9.1 Monthly Reports on High Level Risks

The Board noted the four Monthly Reports on High Level Risks and asked that the monthly reporting on these four High Level Risks be suspended in light of the work that occurred at the recent Risk Management Workshop and the decision that has been made to amend the way that LHD Risks will be addressed and reported on in the future.

9.2 Whole of Health Slides – “Implications for Boards and CEs” and “Questions for the Board” – For discussion

The documents on the “Implications for Boards and CEs” and “Questions for the Board” – Whole of Health Slides – are to be resubmitted to the 3 February 2016 Board meeting for discussion.

Action:

Whole of Health Slides – “Implications for Boards and CEs” and “Questions for the Board” are to be resubmitted to the 3 February 2016 Board Meeting for discussion

9.3 NSW LHD Reconciliation Action Plan (RAP) – Approval of Consultation Draft of the Plan for consultation with stakeholders

The Board ENDORSED the RAP Action Plan to be circulated widely for consultation and indicated that there may be a need to be consultation undertaken with Reconciliation Australia prior to circulating the draft RAP for the wide consultation.

Moved: Ms Rosie Kew
Seconded: Ms Deb Monaghan
CARRIED

***10. Minutes – Governance Committees**

10.1 Finance and Performance Committee Meeting (F&PC)

Mr Marshall spoke to the written summary of the key issues discussed at the F&PC Meeting held on 25 November 2015, which was provided in the Board Meeting Papers.

Mr Marshall advised the F&PC Meeting received a detailed report on Visiting Medical Officer (VMO) payments and noted that there has a higher than expected increase in expenditure in these payments, which will now be more closely monitored by the FPC.

There are also concerns about Annual Leave adjustments and work is being undertaken by the Finance Department on this matter and information about it may need to be referred to the Auditor General to determine what is occurring with the monthly NSW LHD Annual Leave Accrual adjustments by HealthShare, which appear excessive and impact on the LHD Budget result each month.

The LHD sick leave level has decreased by around 15.0 FTE or 11.4% in the first four months of 2015/16.

Mr Marshall noted that a risk for NSW LHD is the availability of recurrent funding to enable the LHD to operate the new IT programs, which it is currently implementing, into the future. Mr Crawford advised that he has corresponded with E-Health NSW to seek its commitment to provide funding or to support NSW LHD to obtain recurrent funding from the MOH to support these Programs into the future.

Mr Matt Long, Chief Information Officer reported to the F&PC on the E-Health Risks relating to hybrid electronic/paper medical records, IT applications and telephony system failure and staffing and maintenance of contemporary Telehealth infrastructure and these Risks will continue to be monitored by the F&PC.

The unconfirmed Minutes of the F&PC Meeting held on 25 November 2015 were noted.

10.2 Health Care Quality Committee (HCQC)

Ms Kew provided a verbal report on the HCQC Meeting held on 10 November 2015.

Ms Kew advised the HCQC had received an excellent Patient story from Dr Ken Marr, Palliative Care Specialist.

A presentation was also received on the Between the Flags compliance audit and the LHD result shows poor compliance rates across the LHD. Comparison against other LHDs was raised, which may show that other LHDs are also having compliance issues. However, this was not accepted by the HCQC as an excuse for NSW LHD not taking action to address its compliance issues, Ms Kew said. Ms Kew indicated that it was suggested that identifying Champions and advertising the benefits of being compliant may assist to increase compliance rates.

The Board indicated its concern with the BTF compliance rates noting that it is responsible for Clinical Service Quality and Safety and discussed the importance of ensuring that Admitting Medical Officers (AMOs) meet the BTF requirements. The Board Chair advised that Dr David Hutton is to provide advice on how to best manage the LHD BTF Compliance rates, including corresponding with the AMOs. Dr Collie indicated that as part of the last reappointment process some Medical Officers were requested to undertake some mandatory training, including in DETECT compliance and that it would be reasonable for all AMOs to be requested to undertake this training.

The Chair also advised that Ms Lynne Weir is arranging a focus group with senior Nursing Staff, Senior and Junior Medical Officers to discuss the BTF compliance, including the issues that are contributing to the low compliance rates.

The Board requested that this matter be referred to the Clinician Engagement Working Party (CEWP) Meeting on 10 December 2015. Further it was requested that Dr Hutton attend this CEWP Meeting to discuss this BTF compliance matter with a report made on the outcome of its deliberations to the next HCQC Meeting.

Following the work undertaken by the LBH Focus Group and Dr Hutton attending the CEWP, a letter will be drafted by Dr Hutton for the Board Chair's signature to all AMOs concerning the need for them to ensure that BTF compliance is met.

Action:

The Clinician Engagement Working Party is to discuss Between the Flags compliance at its next Meeting and is to provide a Report on its deliberations to the next Meeting of the Health Care Quality Committee.

Dr Hutton is to draft a letter for the Board Chair's signature to all Admitting Medical Officers setting out the importance of complying with Between the Flags criteria.

Ms Kew also reported that the updated draft Clinical Governance Framework will not be available for consultation until around February or March 2016.

Two Root Cause Analyses were reported upon to the HCQC and a number of Clinical Policies and Procedures were considered by the HCQC.

The Board requested that Item 5.8 should not be removed from the HCQC Action List.

The unconfirmed Minutes of the HCQC Meetings held on 10 November 2015 were noted.

10.3 Medical and Dental Advisory Appointments Committee (MDAAC)

Dr Tyson provided a verbal report on the MDAAC Meeting held on 12 November 2015.

Dr Tyson advised that NSW Health Pathology will provide a much improved service compared to that which has been available following the credentialing for privileges in Anatomical Pathology of a Pathology North Staff Specialist.

Professor Barclay sought advice about whether the new NRUCRH Director could be appointed as a Member of the MDAAC. Advice is to be sought from Mr Murray Spriggs, Clinician and Community Engagement Manager and provided to the 3 February 2016 Board Meeting about whether the new NRUCRH Director could be appointed as a Member of the MDAAC.

Action:

Mr Murray Spriggs is to provide advice to the 3 February 2015 Board Meeting on whether the new Director of the Northern Rivers University Centre of Rural Health can be appointed as a Member of the Medical and Dental Appointments Committee.

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

10.4 Health Services Development Committee (HSDC)

The Board noted the unconfirmed Minutes of the HSDC Meeting held on 8 October 2015, which was verbally reported upon to the 28 October 2015 Board Meeting.

10.5 ARC

The Board noted the next ARC Committee is scheduled on 4 December 2015.

10.6 NNSW LHD Clinical Council (CC)

Mr Crawford provided a verbal report on the CC Meeting held on 20 October 2015.

Mr Crawford advised the CC was supportive of the Discharge Planning Paper, which identified the problems that are inhibiting the production of high quality and timely Discharge Summaries and the solutions to these problems.

The unconfirmed Minutes of the CC Meeting held on 20 October 2015 were noted.

10.7 Community Engagement Advisory Council (CEAC)

The Board noted the unconfirmed CEAC Meeting Minutes of the 21 September 2015 and noted that a verbal report of the CEAC Meeting had been provided to the 28 October 2015 Board Meeting.

10.8 Medical Staff Executive Council (MSEC)

Mr Crawford provided a verbal report on the MSEC Meeting held on 19 November 2015.

Mr Crawford advised the MSEC was also very supportive of the Discharge Planning Paper. A report is to be provided from Dr Chris Ingall, Chair, LBH Medical Staff Council on the Patient Hotel advising that work is continuing on this proposal.

The unconfirmed Minutes of the MSEC Meeting held on 19 November 2015 were noted.

10.9 NSW LHD Interim Aboriginal Partnership Meeting (APM)

Dr Page spoke on issues that may impact on the supply of Registrars to AMSs following GP Synergy taking over responsibility for the provision of GP Training within the Northern Rivers.

Mr Crawford advised that a new three year Aboriginal Partnership Agreement from 2016 to 2018 is in the process of being signed.

The unconfirmed Minutes of the APM Meeting held on 12 November 2015 were noted.

10.10 NSW LHD Mental Health Forum (MHF)

The Board noted the next MHF Meeting is scheduled on 7 December 2015.

10.12 Health Education Workforce Research Forum (HEWRF)

The Board noted that a verbal report on the HEWRF Meeting held on 29 September 2015 had been provided to the 30 September 2015 Board Meeting.

The unconfirmed Minutes of the HEWRF Meeting held on 29 September 2015 were noted.

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

Dr Page provided a verbal report on the DACAC Meeting held on 2 December 2015.

Dr Page reported that there have been some concerns raised relating to attitudes around narcotic dosing through community Pharmacies and a meeting has been held with NRUCRH about this matter and as a consequence a joint education program about it will be organised for General Practitioners and Community Based Pharmacists.

A community program responding to Drug and Alcohol addiction will commence a "living circles" process, which is a group exercise, which will be an open group for six weeks.

Dr Page sought advice concerning an issue being experienced by Riverlands when Medical Officers will not attend the Unit in emergency situations with Patients being expected to attend the LBH ED if they require medical attention. This is occurring on average once per fortnight, according to Dr Page. Additionally Riverlands does not have access to some basic equipment, such as oxygen that is attached to the wall. The Board referred these issues to the NSW LHD Executive to consider.

The unconfirmed Minutes of the DACAC held on 2 December 2015 will be submitted to the 3 February 2016 Board Meeting for noting.

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

11.1 Brief on appointment of new Audit and Risk Committee Chair as at 20 June 2016

The Board ENDORSED the Recommendations contained in the Brief concerning the appointment of a new Audit and Risk Committee Chair as at 20 July 2016.

Moved: Mr David Frazer

Seconded: Ms Rosie Kew

CARRIED

11.2 CONFIDENTIAL ITEM - Appointment of the new Chief Executive

Mr Marshall tabled a Confidential document setting out the recruitment process that had been undertaken to appoint a new Chief Executive.

The Board ENDORSED the Selection Committee Recommendation to offer the position of Chief Executive to the preferred candidate for an agreed salary, which complies with the Health Executive Service rules, as advised by the MOH. If the applicant is not able to accept the offer the Board ENDORSED the Recommendation of the Selection Panel that the LHD should undertake to recruit the new Chief Executive by engaging a Recruitment Agency.

Moved: Dr Sue Page

Seconded: Mr David Frazer

CARRIED

11.3 Appointment of an Acting Chief Executive from 1 January 2016 to cover the eventuality that the new Chief Executive will not be able to take up the position until after 1 January 2016.

The Board ENDORSED the proposal for Ms Annette Symes, Executive Director, Nursing and Midwifery to undertake the role of Acting Chief Executive from Mr Crawford's last day in the Office, being 18 December 2015 until the date when new Chief Executive commences.

Moved: Professor Lesley Barclay

Seconded: Ms Deb Monaghan

CARRIED

11.4 Approval of Revised NNSW LHD Delegations Manual

Mr Crawford advised that the NNSW LHD Executive needs to further consider the draft Delegations Manual, so the final updated Delegations Manual will be forwarded to the Board for consideration by Rotating Minute, prior to the next Board Meeting scheduled on 3 February 2016.

Action:

Mr Crawford is to forward the final updated Delegations Manual to the Board via Rotating Minute for approval.

12. Items without Notice/Late Business

- The Board noted that Mr Mark Humphries attended the National Health and Medical Research Council Meeting on 13 November 2015.
- Ms Rosie Kew requested that an item is included on the next Board Meeting Agenda concerning communications at the Bonalbo Hospital and the Urbenville MPS.

13. Items for Noting

13.1 Letter to NSW Civil and Administrative Tribunal Guardianship Division requesting that a representative present to the Board on Legislation relating to Next of Kin/Authorised Representative/Person Responsible definitions

Noted

13.2 Memorandum of Understanding between NNSW LHD and North Coast Primary Health Network

Noted

13.3 Letter from Rae Cooper, Mollie Strong and Tony McCabe dated 9 November 2015 concerning Byron Central Hospital

Noted

13.4 Letter from Dr Mary Foley, Secretary, NSW MOH dated 26 November 2015 concerning Unplanned Hospital Readmissions

Noted

13.5 Letter from Rae Cooper, Mollie Strong and Tony McCabe dated 24 November 2015 concerning Byron Central Hospital Surgical Services

Noted

14. Items for Information:

14.1 Letter from Dr Mary Foley, Secretary, NSW Ministry of Health enclosing Signed 2015/16 NNSW LHD Service Agreement

Noted

14.2 Letter from Dr Mary Foley, Secretary, NSW Ministry of Health responding to Board Chair's letters of 8 and 23 October 2015.

Noted

MINUTES OF THE MEETING OF THE NORTHERN NEW SOUTH WALES LOCAL HEALTH DISTRICT BOARD HELD ON WEDNESDAY 2 DECEMBER 2015 IN THE EDUCATION CENTRE, BALLINA DISTRICT HOSPITAL, CHERRY STREET, BALLINA COMMENCING AT 1.00PM

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- 14.3 Letter of response from Mr Darren Croese, Director Operations, Pathology North concerning delays with the introduction of blood to the Helicopter Service**
Noted
- 14.4 Brief from Bernadette Loughnane, Executive Director Tweed Byron Health Service Group concerning the process for the provision of information on Waiting Lists of Specialist Surgeons**
Noted

15. Close of Meeting

There being no further official business, the Chair declared the meeting closed at 5.20 pm

16. Date and Time of next Board Meeting

Wednesday, 3 February 2016 commencing at 12.30pm in the Ground Floor Meeting Room, Crawford House, Hunter Street, Lismore

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

Signed
Dr Brian Pezzutti
Northern NSW Local Health District

Date 11/3/16