

MINUTES OF THE MEETING OF THE NORTHERN NEW SOUTH WALES LOCAL HEALTH DISTRICT BOARD HELD ON WEDNESDAY 1 APRIL 2015 IN THE CONFERENCE CENTRE MEETING ROOM, GRAFTON BASE HOSPITAL, ARTHUR STREET, GRAFTON COMMENCING AT 1.00PM

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1. *PRESENT AND APOLOGIES:

Dr Brian Pezzutti (Chair), Mr David Frazer, Dr Allan Tyson, Mr Mark Humphries, Dr Joe Ogg, Ms Rosie Kew, Dr Jean Collie

Via Teleconference: Professor Lesley Barclay, Dr John Moran

In Attendance : Mr Chris Crawford, Mr Murray Spriggs, Ms Jennifer Cleaver (Secretariat)

2. *Apologies: Mr Malcolm Marshall, Ms Leone Crayden, Dr Sue Page

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

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

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

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

The Board Members asterisked Agenda Items 6.1, 6.2, 6.3, 6.4, 6.7, 6.8, 6.9, 6.10, 6.11 and 6.13.

5. *Previous Minutes:

a) The Minutes of the Board Meeting held on 4 March 2015 were ENDORSED as a true and accurate record of the meeting with the following amendments:

Insert new header, as follows: The Minutes of the Meeting of the Northern NSW Local Health District Board held on Wednesday 4 March 2015 in the Marie Smith Meeting Room, Murwillumbah District Hospital, Ewing Street, Murwillumbah commencing at 1.30pm.

Page 2 Patient Story – The Board discussed aspects of the Functional Independence Measure (FIM) in relation to Sub-Acute funding.

Page 5 Item 6.3 last paragraph – "...Mr Crawford advised that these funds will pay for a 0.4 FTE Psychologist position being appointed to assist with the development of the Chronic Pain Outreach Model."

Moved: Dr Allan Tyson

Seconded: Dr Joe Ogg

CARRIED

b) The Minutes of the 28 January 2015 Board Meeting were APPROVED for placing on the NNSW LHD Internet Site following advice from Mr Crawford that some Commercial in Confidence information had been abridged from these Minutes.

6. Business Arising from the Minutes:

- *6.1 Mr Chris Crawford is to refer the Pharmacist Report back to Mr McGuigan and invite Mr McGuigan to attend the next Board Meeting to provide a response to the concerns raised by Dr Ogg in relation to the Report on Pharmacy resourcing for NNSW LHD and seek further advice regarding the calculations applied, the variables utilised, the number of training positions, where they are located and seek the inclusion of a State-wide benchmarking analysis in the amended Report.** Mr James McGuigan, Executive Director of Finance, attended the Board Meeting to provide a response to the concerns that had been raised by Dr Ogg in relation to the Report on Pharmacy resourcing for NNSW LHD. Mr McGuigan apologised that the Report which had been submitted to the 4 March 2015 Board Meeting was not as robust as expected by the Board. Mr McGuigan advised that he has held discussions with Dr Ogg about his concerns and he agreed with the points raised by Dr Ogg.

Mr McGuigan referred to the further report that has been circulated to the Board and noted that following his discussion with Dr Ogg the information provided may still not be completely what is required by the Board and therefore more information may still need to be submitted to the Board.

Mr McGuigan explained that the NNSW LHD Pharmacy Staffing can be broken down into Clinical, Supply and Management Streams. This data has then been converted from hours worked into annual FTE positions. Mr McGuigan advised that he has corresponded with the NSW Ministry of Health (MOH) Chief Pharmacist seeking his input in relation to available benchmarking information from across NSW Health that NNSW LHD may be able to utilise in benchmarking its LHD Pharmacy Services.

Mr McGuigan indicated that there is a major difference in work practices between Lismore Base Hospital (LBH) and The Tweed Hospital (TTH) in relation to dispensing, which is highlighted in the results of the Pharmacist/NWAU ratio that is present at TTH and LBH, including the dispensing of drugs for some similar Patient episodes.

Dr Collie advised that she found the information presented by Mr McGuigan to be helpful and the clinical costing study provides a better in-depth understanding of what is occurring across the LHD with regard to Pharmacy Services.

Mr McGuigan suggested that there is an efficiency to be gained by changing some of the Pharmacy practices and how Pharmacists are managed, with the potential to “free up” Pharmacists to direct more hours into clinical work. These are practice changes that should be considered.

Professor Barclay indicated that internal benchmarking is important and there are some safety and quality issues being raised that may be useful for the Pharmacists to consider. Professor Barclay suggested that Ms Lindy Swain from the Northern Rivers University

Centre for Rural Health (NRUCRH), who is a Pharmacist, may be able to assist with any further work that is required to assist in drawing some conclusions from this piece of work.

Mr McGuigan suggested that consideration needs to be given to whether these are efficiencies that can enable Pharmacist hours to be redirected from existing tasks to undertaking duties that are not being undertaken to the extent desired.

Dr Collie noted that the GBH Pharmacy places orders direct and not via the Bulk Pharmacy.

Dr Tyson indicated that the figures provided by Mr McGuigan provide a better indication of how Pharmacists are distributed across the LHD than previously advised. Dr Tyson advised that the Board needs to be strategically aware of whether funds are being applied appropriately. In particular, the Board should consider whether Pharmacist resources are being equitably distributed within the LHD.

The Chair advised that each Facility needs to have allocated to it adequate funding to meet the Standards required to maintain high quality and safe Patient care.

Mr Crawford indicated that there are some changes which have just commenced or will shortly commence, such as the eASY Program, Infectious Diseases Physicians and Clinical Pharmacists, who should contribute to better and more appropriate use of Pharmaceuticals. More work is to also be undertaken by the Executive to utilise these changes and any other efficiencies that can be introduced to Pharmacist services to increase the provision of Pharmacist services within the three main Hospitals. On top of this the Board may wish to allocate a little more funding to further increase Pharmacist services in the 2015/16 Budget.

It was suggested that the Pharmacy Managers need to consider the data provided by Mr McGuigan and how they can utilise it to improve the efficiency of the Pharmacy services.

Dr Ogg stated that the bigger organisation-wide issue is where equity needs to be applied. Dr Ogg indicated that he has previously sought advice and had been given an unconditional reassurance that there is robust process in place to ensure there is an equitable distribution of resources across the LHD.

The Chair and Mr Crawford both indicated that such reassurance has not been given previously as allocation of resources is largely based on the historical allocation of resources plus a trend each year towards greater equity of resource distribution through the allocation of new funds, such as enhancement and growth funds, that are received in most years by the LHD.

Dr Ogg queried how the Pharmacy information was obtained and suggested that a more collaborative process needs to occur in obtaining information from both Health Service Groups.

While the further report received by the Board is more informative than the previous report according to Dr Ogg, he still queried some of the information provided. Dr Ogg suggested that the information provided by Mr McGuigan should create a trigger for discussion with experts and it should have been countersigned by the three Pharmacy Department Heads.

Professor Barclay suggested that the information from Mr McGuigan be provided to the Pharmacy Heads of Department to consider what they should be doing in supporting best practice with internal benchmarking being utilised to assist this process.

Dr Collie also stated that the process undertaken by Mr McGuigan with regard to Pharmacist resourcing should occur with many of the LHD's services, as the availability of clinical costing information will allow Managers to look at how much their services are costing and the amount of NWAU revenue they generate to make sure that their services are operating at an efficient cost.

The recommendation from the Board was that each clinical service, including Pharmacy, be requested to develop a single barometer per NWAU and provide a report to the Board via a simple one table comparator between Facilities and this information is also to be presented in graphical form. Mr McGuigan is to request assistance from Ms Swain from NRUCRH in the preparation of the Pharmacy Report in this form for the Board.

Moved: Dr Joe Ogg
Seconded: Mr David Frazer
CARRIED

Action:

Mr McGuigan is to request each clinical service, including Pharmacy develop a single barometer per NWAU and provide a report to the Board via a simple one table comparator for Facilities, which is also to be presented in graphical form. Mr McGuigan is to request assistance from Ms Lindy Swain from the NRUCRH in the preparation of the Pharmacy Report.

The Board thanked Mr McGuigan for attending the Board Meeting.

- *6.2 Mr Chris Crawford is to write to the Agency for Clinical Innovation (ACI) seeking a review of its Policy relating to Chronic Pain Services and highlighting the need for a Chronic Pain Service at The Tweed Hospital or consideration be given to provision of funding for the purchasing of Chronic Pain Services by NNSW LHD from the Gold Coast University Hospital and provide a copy to the next Board meeting for information**

Mr Crawford advised that he has corresponded with the MOH on this topic and he will now forward a letter to the ACI highlighting the need for a Chronic Pain Service at The Tweed Hospital and raising for consideration the possible provision of funding for the purchase of Chronic Pain Services by NNSW LHD from the Gold Coast Hospital and

Health Service and provide a copy of this correspondence to the next Board meeting for information.

Action:

Mr Chris Crawford is to write to the Agency for Clinical Innovation (ACI) highlighting the need for a Chronic Pain Service at The Tweed Hospital and raising for consideration the possible provision of funding for the purchase of Chronic Pain Services by NNSW LHD from the Gold Coast Hospital and Health Service and provide a copy of this correspondence to the next Board meeting for information.

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

The Board noted the decision of CEAC not to place the CEAC Minutes on the NNSW LHD Internet Site but instead to provide a Meeting Communique on one page for distribution, after each CEAC Meeting. Mr Humphries indicated that he will work with Mr Spriggs to include additional information in the CEAC Communique template, such as a list of CEAC attendees.

The Board discussed the provision of support in the workplace in relation to breastfeeding and whether NNSW LHD employees know about the Policy in relation to this matter. Mr Spriggs advised that he is working with Ms Susan Weir, NNSW LHD Midwife, to prepare a positive news story, including an example of a positive workplace that has arrangements in place to facilitate the implementation of this Policy. Professor Barclay indicated that NRUCRH has this Policy in place and can assist Ms Weir in providing examples of this initiative, as a good news story.

Professor Barclay spoke on the need for the NNSW LHD to be an exemplar for other organisations by showing that it is supportive of a healthy workplace and that it supports the Staff in regard to human issues, in this case being supportive of breastfeeding in the workplace.

The Board discussed the feasibility of a Crèche/Child Care Centre being included in the LBH Stage 3B Redevelopment and as part of the last stage of TTH Redevelopment. The Board requested that Mr Crawford initiate an investigation with Health Infrastructure (HI) into the feasibility of a Crèche/Child Care Centre being made available, for NNSW LHD and other Agency Staff to be operated by a commercial operator in the LBH Stage 3B Redevelopment and the last Phase of TTH Stage 4 Redevelopment.

Ms Monaghan also suggested that a room for breastfeeding mothers, who may be Staff or may be visiting a Hospital be made available to enable them to breastfeed comfortably. The Board moved that Mr Crawford initiate an investigation to identify appropriate rooms in all LHD Facilities for Staff and visitors, as breastfeeding rooms.

Moved: Ms Rosie Kew
Seconded: Dr Joe Ogg
CARRIED

Action:

Mr Crawford is to initiate an investigation into the feasibility of a Crèche/Child Care Centre to be available to LHD and other Agency Staff to be operated by a commercial operator in the LBH Stage 3B Redevelopment and the last Phase of TTH Stage 4 Redevelopment and following receipt of this advice provide a report to a future Board Meeting on this matter.

Mr Crawford is to initiate an investigation into the identification of appropriate rooms in all LHD Facilities for Staff and visitors, to be utilised for breastfeeding.

Mr Spriggs is to work with Ms Susan Weir on the development of a positive news story on breastfeeding in the workplace and is to work with Mr Mark Humphries on improving the format and inclusions in the CEAC Communique template.

- *6.4 Mr Crawford is to correspond with Dr Hutton, Executive Director Clinical Governance advising of the Board's request for development of a Key Performance Indicator (KPI) for Rapid Response Rates for the Health Service Group (HSG) Hospitals and that regular Reports on this KPI be provided to the Health Care Quality Committee. Also the requirement to achieve a KPI for Rapid Responses is to be included in the Performance Agreements of the two HSG Executive Directors.** The Board considered and discussed the information contained in the Brief from Dr Hutton, regarding KPIs for Rapid Response Rates for HSG Hospitals, which will be included within the next Performance Agreements of the HSG Executive Directors.

The Board ENDORSED the eleven Recommendations contained in Dr Hutton's Brief.

- 6.5 Mr Chris Crawford is to refer the Brief relating to the MOH Nutrition Policy to Ms Lynn Hopkinson, soon to become the Acting Redesign Manager and the NSW LHD Executive for consideration of the Board's suggested next course of action and feedback to the next Board Meeting.** The Board noted the Memorandum from Mr Crawford to Ms Hopkinson, Acting Redesign Manager, dated 23 March 2015.
- 6.6 Mr Crawford is to submit a further Report from Dr David Hutton, Executive Director, Clinical Governance that provides advice on implementation of the MOH Nutrition Policy across the LHD to the September 2015 Board Meeting.** The Board noted the Memorandum to Dr David Hutton, Executive Director Clinical Governance dated 12 March 2015 requesting a progress report on the implementation of the MOH Nutrition Policy across NSW LHD be submitted to the 30 September 2015 Board Meeting for consideration.

- *6.7 Mr Murray Spriggs is to draft a respectful letter for the Board Chair's signature to the new Westpac Helicopter Service Board Chair, indicating that the NNSW LHD Board notes the strong community support of the current Westpac Helicopter Service in Lismore and in order to maintain this strong connection, the NNSW LHD Board would consider it advisable from a community engagement and fundraising perspective, that there be more than one Northern Rivers representative appointed to its new Board, with a blind copy to Mary Foley, Secretary Ministry of Health.**
The Board noted the letter to Mr Cliff Marsh, Chairman of the Board of the Westpac Rescue Helicopter Service and Mr Warren Tozer, Chairman, Westpac Life Saver Rescue Service dated 24 March 2015 indicating that the NNSW LHD Board is seeking that there be more than one Northern Rivers representative appointed to the Northern NSW Helicopter Rescue Service Board.

The Board Chair reported that he had received a phone call from the Acting General Manager of the Westpac Life Saver Rescue Service responding to his letter and he explained to the Chair the process that occurred in relation to Hunter New England Service bidding to provide the Westpac Rescue Helicopter Service for the North Coast. The Chair indicated that he had reiterated that there should be at least two northern NSW representatives on the new Westpac Life Saver Rescue Service Board.

- *6.8 Mr Chris Crawford is to ask Dr David Hutton, Executive Director Clinical Governance to reword the Child Protection Risk to clearly reflect the intention of the Risk as relating to children who should be referred to Child Protection Services, not all children and include in the preamble to the Risk Controls that NNSW LHD is working towards formal accreditation and certification as a Child Safe Organisation in NSW and provide confirmation of this action back to the 1 April 2015 Board Meeting.**
The Board noted that this matter is also covered in Item 13.1

Mr Frazer advised that he was satisfied with the response from Dr Hutton, Executive Director Clinical Governance that the requested amendments from the Board have now been incorporated into the current NNSW LHD Strategic Risk Register.

- *6.9 Mr Chris Crawford is to seek regular monthly progress Reports in relation to the four Risks rated as "H" to monitor the progress of their Risk Mitigation Strategies. The Reports will outline the actions being taken to meet the mitigation objectives, who are accountable for taking the actions to mitigate these risks and what progress has been made since the last monthly Report.**
Mr Frazer suggested that while the four initial progress Reports on the four Risks rated as "H" were informative, for the future monthly Reports the information provided should include what progress has been undertaken during the course of that month to implement the strategies to mitigate these risks. Additionally, the Reports should include when it is envisaged that the risk rating will be reduced and what is the expected timeline for the residual risk rating to be achieved.

The Board ENDORSED the propositions put forward by Mr Frazer.

Action:

Mr Chris Crawford is to submit regular monthly progress Reports in relation to the four Risks rated as "H" to monitor the progress of their Risk Mitigation Strategies. The Reports are to include what progress has been undertaken during the course of each month to implement the strategies to mitigate the risks, when it is envisaged that the risk rating will be reduced and what is the expected timeline for the residual risk rating to be achieved.

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

The Board noted the Brief from Dr Hutton concerning the appointment of the Project Officer, Between The Flags and Safe Clinical Handover position.

Mr Crawford advised that Human Resource advice is being obtained on whether a direct appointment can be made to this position due to Ms Schipp having acted in this role for some time and advice will be provided to the Board on this matter at the 29 April 2015 Board Meeting.

The Chair noted that should Ms Schipp's role of Clinical Nurse Educator at GBH become an 0.4 FTE position, then GBH will be able to employ permanently to the then vacant 0.6 FTE Clinical Nurse Educator position to replace Ms Schipp.

Some of the Board suggested that across the LHD there are a number of Staff, who are in acting positions, which has a ripple effect causing other positions to be filled on an acting basis.

Mr Crawford responded that he will request that the number of Staff in acting positions be investigated and he will provide feedback on this matter to the Board, when he has received this information.

Action:

Mr Crawford is to obtain a report on the number of Staff in acting positions and provide feedback to the Board on this matter, when he has received this information.

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

Mr Crawford advised the Board that Dr Hutton, has requested Ms Schipp to provide more Rapid Response education for Staff as part of her Between The Flags and Safe Clinical Handover role.

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

The Board noted the information provided in the Brief from Mr Spriggs about the CEAC support for linking into the Headspace Youth Advisory Networks, as a means of better engagement with young people.

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

Mr Crawford reported that he has made contact with the SCU Vice Chancellor to discuss Dr Collie being appointed as a Member of the NSW LHD HEWRF. Mr Crawford advised that the SCU Vice Chancellor was supportive of Dr Collie being appointed to that Forum.

The Board ENDORSED Dr Collie as the second Board representative (together with Dr Page) on the NSW LHD HEWRF.

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

The Board noted the letter of congratulations to Ms Maureen Lane, Manager Planning and Performance dated 24 March 2015 from the Board Chair providing congratulations on the development of the Integrated Aboriginal Health and Well Being Plan.

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

The Board noted the letter of congratulations from the Board Chair to Dr Austin Curtin congratulating him on being selected as the Lismore 2015 Citizen of the Year dated 24 March 2015.

- 6.16 Mr Malcolm Marshall is to seek advice regarding the Net Cost of Service result by Budget Holder Report to the end of January 2015, relating to BreastScreen which is reported to have spent \$321 YTD, but has an YTD budget of \$103K and provide feedback to the next meeting.**

The Board noted the information contained in the Brief from Mr Malcolm Marshall concerning the BreastScreen Service financial results.

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

The Board noted the Memorandum from the Chief Executive to Ms Lynne Weir, Executive Director Richmond Clarence Health Service Group, Ms Bernadette Loughnane, Executive Director Tweed Byron Health Service Group and Dr Richard Buss, Executive Director

Mental Health and Drug and Alcohol Services requesting that every effort is made to reduce the number of Medical Officer Locums being engaged in their respective Facilities from 1 April 2015.

Mr Crawford advised that he will provide feedback on the actions taken by the Executive Directors to reduce the number of Medical Locums being engaged from 1 April 2015.

Action:

Mr Crawford is to provide feedback on the actions taken by all relevant Executive Directors to reduce the number of Locum Medical Officers across the LHD, specifically in the Emergency Departments, by 1 April 2015 to the 29 April 2015 Board Meeting.

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

The Board noted the information provided in the Brief from Ms Lynne Weir, advising that the Richmond Network Palliative Care Physician position has now been progressed to recruitment.

6.19 Any other Matters Arising from the Board Minutes

Mr Frazer sought clarification on the Board representation on the Mental Health Forum.

The Board ENDORSED Ms Deb Monaghan and Mr David Frazer as its representatives on the NSW LHD Mental Health Forum. Ms Monaghan was ENDORSED as Chair of the Mental Health Forum. Further, it was noted that Dr Page has resigned from the Mental Health Forum and will not be replaced, on a permanent basis so reducing the Board's representation on this Committee from three to two. It was further agreed that Ms Leonie Crayden would attend meetings when either Ms Monaghan or Mr Frazer are unable to attend.

The Board noted that Dr Sue Page and Ms Rosie Kew had previously been nominated as Board representatives on the Drug and Alcohol Forum and Dr Page has been appointed as Chair of that Forum.

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

The Updated NSW LHD Board Resolution and Decision Register from the 4 March 2015 Board Meeting were noted.

7.1 Changes to Register Items 350, 360, 370, 387, 392, 394, 397, 399 and 401 covered in Item 4 Business Arising.

Noted

7.2 New Register items 402 to 408 were covered in Item 5 Business Arising.

Noted

8. *Chief Executive's Report

Mr Crawford referred to the issues that were covered in the Chief Executive Report to the Board, which included Election Commitments, Proposal to Upgrade Quality Awards Ceremony, End of Life Seminar, Visit to NNSW LHD by the Acting Chief Executive of the Health Education and Training Institute (HETI) Postponed, NNSW LHD Executive Planning Day, Health On A Page, Capacity Assessment Project (CAP), Staff Survey, 2015 Chief Executive Priorities Roadshow, 2014/15 Budget, NEST, NEAT and Triage Results, Capital Works Projects – LBH Stage 3A, Byron Central Hospital, Casino District Hospital Emergency Department (ED) Upgrade, Murwillumbah District Hospital (MDH) Palliative Care Upgrade, Planning Projects – Ballina District Hospital Operating Theatre and Medical Imaging Upgrade, LBH Stage 3B, The Tweed Hospital (TTH) Stage 4, Bonalbo Multipurpose Services (MPS), Coraki HealthOne Service, LBH Multistorey Carpark, GBH Ambulatory Care Centre and Regional Aboriginal Health and Torres Strait Islander Health and Wellbeing Plan and Regional Mental Health Plan, Negative Health Reporting, Cross Border Challenges, Casino Aboriginal Medical Service New Headquarters, Extra Oral Health Recurrent Funding for NNSW LHD, Integrated Care – Recent Developments, Joint NNSW LHD and NCML Board Meeting, Hosted and Held Services, Independent Audit and Risk Committee Members, Electronic Medication Management Procurement Outcome, 2015/16 Service Agreement Negotiations, “Lessons Learnt” Response, Quarterly Bureau of Health Information Report About Patient Demand Levels and Performance Against Key Surgery and ED Targets, NSW Government Response to NSW Mental Health Commission Strategic Plan, NSW Government Domestic and Family Violence Reform, Safer Pathway – Tranche II Sites, Funding Announced for Local AMSS, Interdisciplinary Clinical Training Network, Fluoride Opponents, Cancer Council Campaign, TTH Organ Donation Performance Recognised, HETI Strategic Plan, Woodburn Without a General Practitioner and Request from Roger Wood for a Long Term Lease of Accommodation on the Former Campbell Hospital Campus for the Community Radio Coraki Association.

Mr Crawford noted that on Page 5 of his Report Item 12(a) LBH Stage 3A should read that the Stage 3A Main Works commissioning will not occur until “March 2016” not “March 2015”.

Mr Crawford referred to the proposal for an upgraded NNSW LHD Quality Awards Ceremony in 2015 being held on 29 July 2015 noting that the day would also include a Senior Managers Forum as well as the holding the Board Meeting on the same date.

The Board endorsed the proposed arrangements for the 2015 NNSW LHD Quality Awards, which are to be held at Tweed Heads. The Board suggested that an invitation is extended to the local Media to cover the Awards ceremony and that a check be made of whether there is a clash of date with the third State of Origin Football game.

Mr Crawford reported that an End of Life Seminar is to be held on 4 May 2015 with four speakers including Professor Ken Hillman who is the Keynote Speaker and Dr Ian McPhee who is to speak from a Clinical and Personal perspective.

An Executive Strategic Planning Day was held on 19 March 2015 with good results and the Executive will be engaging with the Sydney LHD on a range of items that it wishes to progress. As an outcome of the meeting, a Paper is to be developed on how the LHD can build a more harmonious workplace, which in turn will assist the LHD approach to becoming more Patient focussed.

Mr Crawford noted that the NSW LHD Health On A Page result remains at zero, however there was a less than pleasing result for paying small Creditors in less than thirty days and he has discussed this result with Mr McGuigan to ensure that such a poor result does not reoccur.

The Capacity Assessment Program (CAP) Officers are scheduled to visit the LHD on 22 April 2015 and will be meeting with Board and Executive Members and key Staff to discuss the NSW LHD CAP results. The Board Chair invited Board Members to meet with the CAP Officers at 9.00am on 22 April 2015 at TTH.

The Your Say Staff Survey is now underway for a three and a half week period and the Executive is hoping to duplicate the 40% response rate of the second Your Say Survey, Mr Crawford said.

Mr Crawford reported that the projected budget deficit needed to be increased from \$2.0 to \$3.0 million as the MOH has advised that it will not be funding the annual leave accrual increase brought about by the escalation in the salaries and wages in this financial year. It was reported that the end of February Year to Date deficit result was \$1.7 million. The key strategy to replace the Locum Medical Officers with International Medical Graduates is now substantially in place and it is expected that the LHD Budget will start to benefit from this strategy in the final three months of 2014/15.

Mr Crawford advised that the UnitingCare Ageing (UCA) has indicated that it is not comfortable in relation to the progress being made towards the purchase of the Caroono Bonalbo Residential Aged Care Facility (RACF) bed licences, and so it has advised that a sprinkler system will be installed in the Caroono Bonalbo RACF building. UCA is unhappy that it sees little effort being made by the MOH to bring the process culminating in the purchase of these bed licences to a successful conclusion.

Mr Crawford noted that the NSW Cancer Council has been successful in relation to part of its campaign to enhance NSW Cancer Services for Patients, in particular to get LHDs to cease charging some Cancer Patients for an aspect of their chemotherapy therapy drugs.

The Board raised the following issues:

- Dr Ogg indicated that some other Boards appear to receive less volume of material more appropriate information being provided to them to enable the Board to make decisions and this may be something that the NSW LHD Board need to take into account.

- The annual leave accrual correction by HealthShare needs a more detailed explanation due to the impact it is to have on the LHD Budget result, as it appears excessive and has not been well explained. Also the decision by MOH not to provide Budget to meet the cost of the annual leave accrual also requires a better justification.

Mr Crawford explained that the MOH has indicated that the NSW Treasury has directed that as all LHDs have to reduce their amounts of excessive annual leave and that this saving should be utilised to cover the increase in annual leave that will flow on from the annual salary and wage increase for Staff. It is important to note that Treasury operates on a four weeks annual leave formula, whereas frontline Nurses receive seven weeks annual leave and therefore the LHD is not able to achieve the lower level of annual leave levels being set by Treasury. Also this important change was not identified by the MOH to LHDs, when the Budget was set and therefore was not able to be taken into account when setting the Budget. This decision was only conveyed to the LHD for the first time in February 2015.

- The Chair requested that a letter is forwarded to the Secretary, MOH advising that the NSW Ambulance Service does not align its billing with the clinical work undertaken and therefore the reports provided to LHDs by the NSW Ambulance Service are not able to provide up-to-date figures, so allowing the LHDs to properly budget for Ambulance accounts.
- The Chair requested that a letter be forwarded to the Secretary, MOH to advise that UCA has indicated that it will be putting the new sprinklers into its facilities, including the Caroonna Bonalbo RACF, due to no progress being made by the MOH towards the purchase of its Caroonna Bonalbo RACF bed licences. Therefore, there is a real risk that a new Bonalbo MPS will have empty Aged Care beds for its first two years of its operation as it will not be able to admit Aged Care Patients as it will not be able to receive revenue from the Commonwealth for accommodating these Patients, as it will not have the required bed licences that would entitle NNSW LHD to bill the Commonwealth for accommodating these Aged Care Patients. It will also be pointed out to the Secretary that this could affect the financial viability of the Bonalbo MPS.
- The Chair requested that a letter is forwarded to the Secretary, MOH indicating that the Board is expecting that any calculation of the NNSW LHD population for the purposes of Activity Based Funding (ABF) should include the Queensland population below Tallebudgera Creek on the lower Gold Coast.
- The Chair requested that also included in the letter to the Secretary, MOH should be that the LHD does not agree with the 2015/16 ABF arrangements being proposed by Mr Zoran Boleviche, MOH as set out in his presentation attached to the Chief Executive's Report. The application of growth weighting to LHDs for weighted population changes and linear trends is currently 80/20. In his opinion, NNSW LHD was not made sufficiently aware of the new funding model and it does not meet the previous request from the Board Chair for a 70/30 funding split and does not take into

account year on year over-expenditure by the NNSW LHD to meet its Emergency Patient and Elective Surgery Patient targets.

- The Chair asked that representations be made to the MOH seeking advice on the level of NWAUSs that the LHD will receive for Casino and Maclean District Hospitals, which will not be block-funded from 2015/16 onwards.
- The Chair reported on the meeting that was held with the Gold Coast Hospital and Health Service Board Chair and Chief Executive to discuss preferred provider arrangements between NNSW LHD and Gold Coast University Hospital and he advised that he will now meet with the NSW Treasurer concerning the appropriate funding arrangements in relation to cross border arrangements.

The Chair advised that the Gold Coast Hospital and Health Service has an arrangement with Queensland Health that when it provides a service over its allocated NWAUs it will receive the additional Commonwealth funding that will be received by Queensland Health on account of this extra activity being undertaken. This matter will also be included in the letter that is to be drafted for the Chair to send to the Secretary.

- The Chair advised that if he receives permission from the Minister of Health and Medical Research he will circulate the Council of Board Chairs responses to the “lessons learned” questions posed to the LHDs on how the new structural arrangements between the MOH and the LHDs have worked during the last Parliamentary term.
- The Board ENDORSED a letter of support being provided to the Commonwealth advising of the good relationship between the NNSW LHD and NRUCRH and because of this good working relationship asked that the approval of the sale of 67 Uralba Street Lismore be expedited by the Commonwealth.
- The Board requested that when the it is receiving detailed presentations or reports for its information, that a summary is provided, which highlights the key points for the Board to note.
- Mr Frazer referred to the NNSW LHD Audit and Risk Committee (ARC) upon which he is the Board representative. Both the current independent Member and independent Chair have many years’ experience and they provide valuable input to the ARC, Mr Frazer said. Should the ARC independent Chair be required to relinquish his role following his tenure expiring, Mr Frazer would propose that the current Independent ARC Member be appointed as the NSNW LHD ARC independent Chair and he would support the current Chair being appointed as the Independent Member for a two year period. He should then be replaced by another independent Member who could be succession planned into the independent Chair’s position, according to Mr Frazer.

The Board ENDORSED the proposal concerning the NNSW LHD ARC independent Chair and Member, put forward by Mr Frazer.

- Dr Collie referred to the change of the co-payment for Chemotherapy Patients at TTH and GBH and suggested that the LHD continue with the PBS Model and for the LHD to continue to pay any “out of pocket” expenses for Patients as part of this arrangement. Mr Crawford responded that it is planned to implement the model that is currently utilised at LBH at TTH and GBH, where the LHD will pay the “out of pocket” expenses for Chemotherapy Patients, however nothing will change until advice is received from the MOH on how the Government’s Election Commitment is to be implemented.

Action:

Mr Crawford is to draft a letter for the Board Chair’s signature to the Secretary, NSW MOH advising of the NNSW LHD Board’s concerns in relation to a number of financial matters including:

- **The annual leave accrual advice from the MOH that no Budget will be provided to fund the accrual arising from the 2014/15 salary and wage escalation;**
- **The calculation being made by HealthShare to correct the monthly annual leave accrual calculation;**
- **The impact of the short-comings in the NSW Ambulance Billing Reports;**
- **Calculation of NNSW LHD population for the purpose of the allocation of funding needs to include the 53,000 cross Queensland/NSW border population being below Tallebudgera Creek on the lower Gold Coast that impacts on the services provided by the LHD;**
- **The LHD not agreeing with the funding arrangements being proposed by Mr Zoran Boleviche, MOH, NNSW LHD which was not sufficiently consulted about the new funding model and that it does not accord with the previous request from the Board Chair for a 60/40 population growth:activity growth split to be utilised in calculating the allocation of extra National Weighted Activity Units (NWAUs) in any year and does not take into account year on year over-expenditure by the LHD to meet its Emergency Patient and Elective Surgery Patient targets;**
- **Advice on the amount of NWAUs the LHD will receive in 2015/16 for Casino and Maclean District Hospitals, which will no longer be block-funded but will be ABF funded; and**
- **The letter is to also make reference to information received concerning the Gold Coast Hospital and Health Service arrangement with Queensland Health that when it provides a service over its allocated NWAUs, it receives the extra Commonwealth funding earned by Queensland Health on account of the extra Patient care being provided.**

The Board Chair is to forward a letter to the Secretary, MOH to advise that UnitingCare Ageing has advised that it will be putting new sprinklers into its

facilities, including the Caroono Bonalbo Residential Aged Care Facility (RACF), due to no progress being made towards the purchase of the Caroono Bonalbo RACF bed licences and so there is a real risk that a new Bonalbo Multipurpose Service will have empty Aged Care beds for the first two years of its operation as no decision has been forthcoming to secure bed licences for the new Facility.

The Board ENDORSED the Chief Executive's Report.

***9. Strategic and Planning Items**

There were no Strategic and Planning Items for consideration.

***10. Minutes – Governance Committees**

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

Mr Humphries referred to the written summary report from the FPC Chair for the FPC Meeting held on 25 March 2015.

Mr Humphries reported that the LHD had an unfavourable Net Direct Operating Result for the period to February 2015 of \$2.1 million, indirect expenditure was unfavourable by \$592K, the Net Indirect and Capital Operating Result was \$646 unfavourable, with a total unfavourable result of \$1.8 million Year to Date to February and a projected Year End Result of \$3 million unfavourable.

Mr Humphries noted that there has been some improvement in the Sick Leave Results by around 2% compared to the previous year.

Dr Collie requested that in future FPC Reports the information be provided in a graphical form comparing all areas that are provided in the current reports, as these graphs can provide trended data.

The Board referred to the comments from Dr Hutton documented on Page 6 that advised that the LHD performance has been excellent regarding Quality and Safety, Service Activity and Patient flow. The Board requested that a letter be forwarded by the Board Chair to Dr David Hutton thanking him and the Clinical Governance Staff for the work that they continue to do to assist the LHD Clinical Staff to provide high Quality and Safe Care to the LHD Patients.

Mr Frazer queried whether the recent increases in Private Health Fund fees will have an impact on the amount of revenue that can be raised by the LHD? Mr Crawford stated that he does not believe that this increase in fees from 1 April 2015 will have much effect on the amount of revenue that the LHD can raise. He said that there had been above CPI increases in Private Health Fund fees over the last few years and despite that the proportion of the population with Private Health Insurance has remained steady at around 46%. However, Mr Crawford said he would seek advice from Mr McGuigan on whether he believes that this increase in Private Health Fund fees will much effect the capacity of NNSW LHD to raise revenue.

Action:

The Board Chair is to forward a letter to Dr David Hutton thanking him and the Clinical Governance Unit Staff for the work that they continue to undertake to assist the LHD Clinical Staff to provide high Quality and Safe Services to NSW LHD Patients.

Mr Crawford is to ask Mr McGuigan for his input on whether the recent rise in Private Health Fund fees will affect the capacity of NSW LHD to raise revenue.

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

10.2 *Health Care Quality Committee (HCQC)

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

Ms Kew advised that a Key Performance Indicator (KPI) for Rapid Responses and Clinical Review compliance will be included in Performance Agreements of the HSG Executive Directors, which KPI will in turn cascade down to other Managers, including Clinical Managers.

RCAs are now being reported down to Health Service Group level each month to the HCQC in regard to implementation of RCA Recommendations and it was noted that the Mental Health Service has done an excellent job on how it is reporting the implementation of its RCA Recommendations.

Ms Kew indicated that Medication Safety has been identified as a key concern for the upcoming Richmond Network Accreditation Survey.

Good results were achieved in the Stroke Audit by GBH. The issue of appointing a Stroke Co-ordinator at GBH has been raised for consideration as part of the 2015/16 Budget development process.

Ms Kew reported that the NSW LHD Clinical Governance Framework is being reviewed and a Working Group may be established to consider the feedback received on how it could be productively revised.

A number of Clinical Policies were endorsed at the 10 March 2015 HCQC Meeting and a further five Clinical Policies were endorsed at a Special Meeting of the HCQC held on 24 March 2015.

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

10.3 *Medical and Dental Advisory Appointments Committee (MDAAC)

Professor Barclay provided a verbal report on the MDAAC Meeting held on 12 March 2015.

Dr Tyson noted that one of the Recommendations from the MDAAC Meeting, concerning the Deputy Director of Medical Services at TTH, was not able to be progressed and will be reconsidered at the next MDAAC Meeting at the request of the Chief Executive, Mr Crawford.

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

10.4 *Health Services Development Committee (HSDC)

The Board noted the next meeting of the HSDC is scheduled to be held on 9 April 2015.

10.5 *Audit and Risk Committee (ARC)

Mr Frazer provided a verbal report on the ARC held on 11 March 2015.

Mr Frazer reported that there had not been a Finance Report received at the ARC Meeting due to Mr McGuigan having to leave the meeting early to attend an overlapping meeting with the MOH.

There was general discussion on Risk Registers and the way that the LHD is developing its Risk Register was complimented by the Committee and the MOH has now commenced responding to the Quarterly Risk Register Reports that it receives from the LHDs. The NNSW LHD Internal Auditor will be reviewing the utilisation of the NNSW LHD Risk Register and Risk Management process and will be meeting with the Auditor-General's representative to ensure that there is no overlap between them in the processes that they will be undertaking to review risk identification and mitigation processes.

Mr Frazer advised that the Auditor-General has outsourced his external audit responsibility for the provision of NNSW LHD External Audit Services and has appointed Thomas Noble and Russell to undertake this responsibility.

The unconfirmed Minutes of the ARC held on 11 March 2015 were noted.

10.6 *NNSW LHD Clinical Council (CC)

Ms Kew advised that a verbal report on the CC Meeting held on 10 February 2015 was provided at the 4 March 2015 Board Meeting.

Ms Kew provided a verbal report on the CC Meeting held on the 24 March 2015.

Ms Kew advised that timelines for recruitment were discussed and a report was provided by Ms Janne Boot, Manager Workforce Change and Sustainability Service, who will provide more detailed feedback in the future to the CC on how the LHD is performing against the MOH Policy and LHD Procedure timeframes.

Ms Kew reported that there had been a lengthy discussion at the CC Meeting in relation to how RCA dissemination should occur, including about how the RCAs are developed and disseminated and how they will now be placed on the NNSW LHD Intranet Site. There was feedback from some Clinicians who were apprehensive about this process. This topic has

been placed on the next Executive Medical Staff Council Meeting Agenda for consideration. As part of the RCA information to be placed on the Intranet, an alert about RCAs newly added to the NNSW LHD Intranet will be sent to relevant Clinicians for their information.

The confirmed Minutes of the CC Meeting held on 10 February 2015 were noted.

10.7 *Community Engagement Advisory Council (CEAC)

Mr Spriggs provided a verbal report on the CEAC Meeting held on 23 March 2015.

The unconfirmed Minutes of the CEAC Meeting held on 23 March 2015 will be submitted to the 29 April 2015 Board Meeting for noting.

10.8 *Medical Staff Executive Council (MSEC)

The Board noted that the next MSEC Meeting date is to be advised. Dr Tyson noted the MSEC meeting scheduled for 12 March 2015 was not held and that there is ongoing discussion concerning interest from Medical Clinicians in being appointed as the new MSEC Chair, which appointment will be considered at the next MSEC meeting, which will be held on a date, that is still to be determined.

10.9 NNSW LHD Interim Aboriginal Partnership Meeting (APM)

The Board noted that the Minutes of the APM Meeting held on 1 April 2015 will be submitted to the 29 April 2015 Board Meeting for noting.

10.10 *NNSW LHD Mental Health Forum (MHF)

The Board noted the next MHF Meeting will be held on 27 April 2015.

10.11 Health Education Workforce Research Forum

The Board noted that the unconfirmed Minutes of the Health Education Workforce Research Forum held on 12 February 2015 will be submitted to the 29 April 2015 Board Meeting for noting.

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

***11.1 Charter for Audit and Risk Management Committee NNSW LHD and NNSW LHD Internal Audit Charter**

The Board ENDORSED the NNSW LHD Internal Audit Charter as presented.

Moved: Mr David Frazer

Seconded: Dr Allan Tyson

CARRIED

The NNSW LHD Charter for the Audit and Risk Management Committee is to be resubmitted to the 29 April 2015 Board Meeting for endorsement as amendments are required to indicate that the ARC is a Sub-Committee of the LHD Board.

Action:

The NNSW LHD Charter for the Audit and Risk Management Committee is to be resubmitted to the 29 April 2015 Board Meeting for endorsement following an amendment being made to page two to indicate that the ARC is a Sub-Committee of the LHD Board.

***11.2 Email correspondence from Dr J Ogg concerning the process for reports being provided to the NNSW LHD Board**

Dr Ogg proposed a Motion that any requests for reports to be provided to the Board, which involve the HSGs and/or Hospitals, are to be co-signed by the relevant Clinical Service Department Heads at the stakeholder Hospital(s), who are predominantly relevant to the topic subject to the request.

Moved: Dr Joe Ogg
Seconded: Ms Rosie Kew
CARRIED

12. *Items Without Notice/Late Business

- Dr Ogg suggested that following the discussion at today's Board Meeting and advice that there is no robust process in relation to determining equity across the LHD but that funding is largely historical, that there is a need for the Board to see reports on a range of topics regularly. Dr Ogg proposed that the Board receive a six monthly report about each Clinical Service using a simple indicator with information graphically displayed with confidence intervals that will provide a discussion point for the Board. The measurements should be by Health Service Group and by Facility and should also include information on the State average benchmarks.

The Board put forward a Motion that Drs Ogg and Collie meet with Mr McGuigan to discuss the topics, which will initially be reported on to the Board such as Fractured Neck of Femur, and to develop a template on how such reports will be presented to the Board.

Moved: Dr Allan Tyson
Seconded: Dr Joe Ogg
CARRIED

Action:

Drs Ogg and Collie will meet with Mr McGuigan to discuss the topics, which are to be reported on to the Board, such as Fractured Neck of Femur, and to develop a template on how such reports will be presented to the Board. A template on how the reports are to be provided and which Clinical Services are to be reported upon over a six monthly period, as a pilot, will be advised to the 29 April 2015 Board Meeting for consideration.

- Dr Collie referred to the Board Orientation by the NOUS Group that she and Dr Moran

had recently attended that covered six areas and noted that the Financial Management and reporting modules were very good.

Dr Collie suggested that this training may be useful for Board Chairs to attend as part of their continuing education.

The Chair responded that many of the Board Chairs have the view that the NOUS training prepares Board Members to be part of Commercial Boards and not Health Service Boards and the that Secretary is the single person responsible for Health Services Statutory Board reporting in NSW.

The Board Chair requested that any Board Members wishing to attend Board training should submit an application to the Board for its consideration and approval for him/her to attend that training.

The Board requested that Mr Spriggs provide advice to the Board Members on the future Board training dates for specific Board education modules, such as Finance and whether any of them align with the Board Conference dates.

Action:

Mr Spriggs is to provide advice to the Board Members on the future Board training dates for specific Board education modules, such as Finance and whether any of them align with the Board Conference dates.

- The Board Chair advised that he will not be present at the 1 July 2015 Board Meeting as he will be visiting the United Kingdom and will be meeting with Kings Fund representatives and Robert Naylor of University College of London Hospitals. The Board Chair sought approval for the payment of some of his accommodation costs, while he is in London and is undertaking these meetings on behalf of NNSW LHD.

The Board ENDORSED the funding of some accommodation costs for the Board Chair, while is attending meetings in London with Health representatives on behalf of the Board.

- Professor Barclay advised the Board of the National Rural Health Alliance Conference being held in Darwin in May 2015. The Board ENDORSED the meeting of Dr Moran's costs for his attending this Conference on behalf of the Board.

13. Items for Noting

13.1 Letter dated 20 March 2015 to Ms Deborah Oong, MOH enclosing NNSW LHD Quarterly Risk Management Report

The Board noted the letter dated 20 March 2015 to Ms Deborah Oong, MOH enclosing the NNSW LHD Quarterly Risk Management Report.

14. Items for Information:

14.1 Brief on contribution of University Centre for Rural Health to NSW LHD

Noted

14.2 Letter from Dr Chris Ingall, Chair, Lismore Base Hospital dated 3 March 2015 in response to the NSW LHD Board Chair's letter concerning the development of a proposed Memorandum of Understanding between the Richmond Clarence Health Service Group Executive and the LBH Medical Staff Council

The Chair advised that he and Mr Malcolm Marshall, Deputy Chair have met with Mr Crawford and discussed the content of the letter dated 3 March 2015 from Dr Ingall. The Chair advised that he will draft a response to Dr Ingall and circulate it with the 29 April 2015 Board Meeting Papers for information.

Action:

The Chair is to draft a response to Dr Ingall, Chair LBH Medical Staff Council in response to his letter of 3 March 2015 and circulate a copy of the response with the 29 April 2015 Board Meeting Papers for information.

14.3 Feature Article in The NSW Doctor March/April 2015 "Engaging Doctors in Decision-making"

Noted

15. Close of Meeting

There being no further official business, the Chair declared the meeting closed at 5.01pm.

16. Date and Time of next Board Meeting

Wednesday 29 April 2015 in Meeting Room, Ramada Hotel, Ballina commencing at 1.30pm.

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

Signed

Dr Brian Pezzutti

Chair, Northern NSW Local Health District

Date 18/4/15