

MINUTES OF THE MEETING OF THE NORTHERN NEW SOUTH WALES LOCAL HEALTH DISTRICT BOARD HELD ON WEDNESDAY 26 APRIL 2017, IN ROOMS 1 AND 2 TCERI EDUCATION CENTRE, THE TWEED HOSPITAL, POWELL STREET, TWEED HEADS COMMENCING AT 1.00PM

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

1. In-camera Session

There was no in-camera session held.

2.1 PRESENT AND APOLOGIES:

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

In Attendance : Mr Wayne Jones, Chief Executive
Ms Bernadette Loughnane, Executive Director, Tweed Byron Health Service Group
Mr Murray Spriggs (Secretariat)
Mrs Jennifer Cleaver (Secretariat)

Via Videoconference (for part of meeting):

Dr David Hutton, Executive Director Clinical Governance
Dr Richard Buss, Executive Director Mental Health and Drug and Alcohol
Ms Vicki Rose, Executive Director Allied Health and Chronic and Primary Care

Apologies: Lynne Weir, James McGuigan, Annette Symes, Janne Boot, Tony Beashel

2.2 Declaration of Pecuniary and/or Conflicts of Interest

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

2.3 Previous Minutes:

2.3.1 The Minutes of the Board Meeting held on 29 March 2017 as circulated were ENDORSED as a true and accurate record of the meeting.

Moved: Mr David Frazer
Seconded: Mr Mark Humphries
CARRIED

2.3.2 Business Arising from the Minutes:

2.3.2.1 Mr Jones is to submit a Brief on the result of the survey of the two preferred NNSWLHD Taglines to the 26 April 2017 Board Meeting for consideration.

Following discussion, the Board ENDORSED the recommendation that "A Healthy community through quality care" is the NNSWLHD tagline. The endorsed tagline is to be provided to a graphic designer for development and is to be reported to staff in the next edition of Northern Exposure.

2.3.2.2 Wayne Jones is to provide a Brief to the 31 May 2017 NSW LHD Board Meeting on Surgical Services in the Tweed Byron Health Service Group.

The Board noted that the Brief on Surgical Services in the Tweed Byron Health Service Group will be submitted to the 31 May 2017 Board Meeting.

Action:

Wayne Jones is to provide a Brief to the 31 May 2017 NSW LHD Board Meeting on Surgical Services in the Tweed Byron Health Service Group.

2.3.2.3 Mr James McGuigan is to schedule a meeting with Dr Joe Ogg, Dr Alan Tyson and a representative from the LBH Medical Staff Council in April 2017 to discuss the differences in funding between The Tweed, Lismore Base and Grafton Hospitals.

As Mr McGuigan is taking extended annual leave, it was agreed to postpone this meeting until his return in July 2017.

Mr McGuigan is to provide a Brief to 26 April 2017 NSW LHD Board Meeting on the equity in funding across the LHD.

The Board noted that that Mr Jones will provide a brief on equity in funding across the LHD to a future Board Meeting

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

The Board noted that the Chief Executive will commence providing a bi-monthly report to the Board on what progress is being made with governance on the Pavilion Health recommendations.

2.3.2.5 Professor Nancarrow is to provide a document from Queensland Health on the methodology on reducing some waiting lists by as much as 30%, as indicated in her presentation that was provided to the 22 February 2017 Board Meeting.

The Board noted the informative brief that was provided by Professor Susan Nancarrow.

The Board Chair suggested that consideration could be given to consulting with Surgeons on whether they would consider referring patients, that may have to wait some time to receive surgery, to services such as physiotherapy to assist in managing their condition, until their surgery becomes available.

Mr Jones indicated that one of the projects under the Leading Better Value Care Program (LBVC) will capture this work and strategies will be progressed in consultation with Surgeons and other clinicians. Mr Jones spoke to a recent redesign project undertaken at The Tweed Hospital that will guide the broader LHD work.

Mr Jones responded that a recruitment process is underway for a Project Officer who will co-ordinate the LBVC Program and any new process with the LBVC will need to be one that supports the Surgeons and other clinicians.

2.3.2.6 Mr Jones is to provide advice on whether the purchasing of low-low beds at LBH has assisted in the reduction of falls and whether this strategy can be put forward for a NNSW LHD Quality Award.

The Board noted the information in the Brief on whether the purchasing of low-low beds at LBH has assisted in the reduction of falls that the data analysis has not identified any meaningful reduction in the number of falls at this time. Mr Jones reported that he has now requested that a review of the data be undertaken looking at the acuity of falls. At this stage there is not enough evidence for submission of a 2017 NNSWLHD Quality Award however falls reduction is one of the LBVC Programs and this could progress as part of that program.

This item can be removed from the Action List.

2.3.2.7 Mr Jones is to undertake work to amend the Grafton Base Hospital Master Plan 2017 document to reflect the changes required to accommodate services to the community including the development of the new gaol and submit the updated document to the Board for approval.

Mr Jones reported that work is progressing to amend the Grafton Base Hospital Master Plan 2017 document to reflect the changes requested by the Board and an updated GBH Master Plan document will be submitted to a future Board Meeting for approval.

Action:

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

**2.3.2.8 Mr Jones is to provide a Brief to the Board on the following matters:
The result of 78% for <72 hours, semi urgent and not stable for discharge is to be followed up and advice provided to the April 2017 Board meeting.**

The Board noted the information provided in the Brief indicating that the February 2017 result of 78% is consistent with results from the previous months.

The NNSWLHD Cancellation of Day Surgery result of 4.1%.

The Board noted the information provided in the Brief indicating that cancellation of Day Surgery results of 4.1% was significantly greater in January 2017 which reflects reduced operating theatre capacity with high unplanned day only demand that resulted in a higher cancellation rate.

Clarification of the result on Theatre Utilisation rates between NNSWLHD and North Sydney LHD (NSLHD), as Dr Hutton had indicated at the Performance Meeting that NNSWLHD had achieved more theatre utilisation than NSLHD.

The Board noted the information provided in the Brief indicating that the variation is due to the competing definitions used between the two reports when defining Theatre Attendances and Surgical Separations as explained in the Brief.

The Chair noted that child dental surgical and caesarean sections are not counted in these figures and requested Mr Jones to take this up with the Ministry of Health.

Action:

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

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

Mr Jones advised that in relation to the finalised report on the review of chemotherapy patients that had been undertaken across NNSWLHD as part of the Statewide review on Cancer patients, NNSWLHD is currently waiting on final advice from the MOH. Information will be provided to the Board following receipt of the final report from the MOH.

Action:

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

2.3.2.9 Mr Jones is to provide a Brief on the identification rate of patients with private health insurance and the work that is being undertaken to improve these rates for NNSWLHD to the 26 April 2017 Board Meeting.

The Board noted the information provided in the Brief from James McGuigan, Chief Financial Officer, on the identification rate of patients with private health insurance and the work that is being undertaken to improve these rates for NNSWLHD.

Mr Jones indicated that nationally there is a decline in Private Health Insurance rates and NNSWLHD does need to work more closely to consider revenue strategies to address this decline.

Mr Jones stated that he has requested Ms Taya Prescott, Health Literacy Program Officer, to develop a customer relations program for frontline staff so there is a standard process in building staff customer relations skills to be able to engage

patients to use their Private Health Insurance and to identify those patients who don't initially indicate if they hold Private Health Insurance.

This item can be removed from the Agenda.

2.3.2.10 The Health Care Quality Committee Minutes are to be listed as the first item with Finance and Performance Committee Minutes second, under Committee Minutes Reporting.

The Board noted that the Board Meeting Agenda has been reformatted to list the Health Care Quality Committee Minutes item as the first item under Committee Minutes Reporting Item 5.2.

2.3.2.11 Mr Jones is to provide advice to the 26 April 2017 Board Meeting why a temporary appointment is required if a medical officer has been appointed at another LHD Health Service Group facility.

Mr Jones advised that advice on why a temporary appointment is required if a medical officer has been appointed at another LHD Health Service Group facility will be provided to the 31 May 2017 Board Meeting for consideration.

Action:

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

2.3.2.12 Mr Jones is to arrange for Mr Grier to meet with Ms Yvette Bowen, Manager Work Health and Safety (WHS) and Injury Management to discuss the importance of WHS for the organisation

The Board were advised that a meeting has been scheduled on 3 May 2017 with Mr Grier, Ms Bowen and Mr Jones to discuss organisational WHS matters.

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

Mr Jones advised that a letter is being drafted for the Board Chair's signature to the Premier of NSW requesting that a process is developed for a more formal governance structure that allows the setting up of multi-portfolio issues that impact on health and other portfolios.

Action:

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

Mr Jones is to provide advice to the Board on NNSWLHD Staff being provided with education that offers skills in mental health first aid.

Dr Richard Buss, Executive Director Mental Health and Drug and Alcohol Services spoke to the information contained in the Brief setting out education that is currently provided to staff that offers skills in mental health first aid. Dr Buss noted that the Mental Health First Aid education is an extremely successful program that is run by the Rural Adversity Program where workers are trained and accredited in mental health first aid.

Dr Buss reported that he will be working with the Director of Workforce to ascertain if the program can be rolled out to staff other than mental health staff, across the whole LHD.

This item can be removed from the Agenda.

2.3.2.14 Mr Jones and Mr Spriggs are to provide a brief to the 26 April 2017 the Board Meeting on a possible way forward for the Board to meet the By-Law requirements in relation to the Medical Staff Executive Council

The Board noted the information provided in the Brief and that a further Brief will be provided to the Board following responses being received from all LHDs on how they address the By-Law requirements to establish a Medical Staff Executive Council.

Mr Jones indicated that he will continue to work with the Clinicians to establish a forum where they can engage with management and other Clinicians from across the LHD.

2.3.2.15 The Board Chair is to correspond with Dr Vahid Saberi, Chief Executive Officer, North Coast Primary Health Network (NCPHN) requesting that consideration is given to a member of NNSWLHD Board being a member of the NCPHN Board, as an observer, if there are no current NCPHN Board Member positions currently available.

The Board noted the letter to Dr Vahid Saberi, Chief Executive, NCPHN from Dr Brian Pezzutti, Board Chair. The Chair noted that Dr John Moran and Mr David Frazer have expressed interest in becoming NCPHN Board Members.

2.3.3 Other matters arising from the Minutes:

There were no other matters arising from the Minutes.

3. Matters for Decision

3.1 Board Strategic Priorities Quarterly Report January – March 2017

Mr Jones advised that the Quarterly Report January – March 2017 reflects the current process for the Executive to report on the thirty-six NNSWLHD strategic priorities that were identified at the Board Workshop that was held some time ago. Mr Jones suggested that when the 2017 Board Strategic Workshop is held consideration be given to reducing the NNSWLHD Board strategic priorities down to a more manageable number of priorities that better reflect the direction of the LHD.

Feedback from the Board on the Quarterly update report indicated that some are very broad strategies and responses and it would be helpful to focus on more achievable targets and to also identify some clear achievements that have been made.

Mr Frazer also indicated that it is not evident in the documents what has been progressed to address the YourSay Survey Results. Mr Jones responded that he would provide an update Brief to the 31 May 2017 Board Meeting on the work that has been undertaken to address the YourSay Survey results.

Mr Grier advised that he would be happy to participate in a Board Strategic Workshop planning group to assist the day to be meaningful and identify the top strategies for the organisation.

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

Dr Ogg raised concern that Advanced Care Directives and the level of consent also needs to be managed in line with the prognosis of the patient, as often the patient may have a short-term critical illness but is expected to survive.

The Board noted the Board Strategic Priorities Quarterly Report January – March 2017.

Action:

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

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

3.2 Review of NSW LHD Role Delineation Level of Clinical Services

Mr Jones referred to the Role Delineation level of clinical services document and advised role delineation is used by LHDs noting that it holds organisations to account in terms of service provision and is a key to good governance.

The Board discussed that Role Delineation shows where the LHD is currently in terms of service provision.

Mr Jones advised that NNSWLHD has a Service Change Policy which needs to be completed when there is a request for a new service to be implemented or a current service is undertaking a change. Dr Hutton also referred to the robust process with the NNSWLHD Introduction of Clinical Services and Other Clinical Interventions Policy that is

in place which has processes for planned introductions for Clinical Services Plans and bottom up introductions of new clinical services and interventions by clinicians.

Mr Jones advised that the Role Delineation document does identify some deficiencies in service provision and it is used to identify service gaps which needs to be discussed at Executive and Board level.

The Board Chair indicated that he has requested the NNSWLHD Planning Unit to develop a document that provides information on what services are available at all LHD facilities which will be submitted to a future Board meeting for information.

The Board ENDORSED the NNSW LHD Role Delineation level of clinical services document.

Moved: Dr Joe Ogg
Seconded: Ms Carolyn Byrne
CARRIED

Action:

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

4. Chairman's Update

4.1 Chairman's Calendar

The Chair advised that as he is no longer available to attend the Patient Experience Symposium on 2 and 3 May 2017, Mr David Frazer, Deputy Board Chair will attend to represent the NNSW LHD Board.

The Board Chair's Calendar was noted.

5. Matters for Discussion

5.1 Chief Executive's Report

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

5.1.1 Current and Significant Issues

- Activity/Budget Planning for 2017/18 discussions with the MOH have been very encouraging and are progressing well including discussions on the process of undertaking a review of the historical underfunding concerns that have been raised by NNSWLHD. The next meeting is scheduled on 19 May 2017 and this is expected to be to the final meeting.
- The process that is underway to develop the 2017/18 Budget will come to the Board for approval.

- The recent flood event that occurred across the Tweed and Lismore areas. Currently work is underway in the recovery stage which NNSWLHD Public Health and Mental Health Services are involved. NNSWLHD will be reviewing the role of Health Services Functional Co-ordinator position (HSFAC).
- The Chief Executive advised he intends to travel to all affected sites to thank them for their efforts during the flood event and for going above and beyond their normal duties.
- Learning opportunities that have been identified from the flood event include management of vulnerable patients and a review of the command and contact role of the Health Services Functional Co-ordinator (HSFAC).
- Many Clinical Engagement activities continue to occur in April including a Trauma Management meeting held at Grafton Base Hospital (GBH) to discuss trauma management at GBH, with key NSW Ambulance reps invited but did not attend. Out of the meeting a request has been made for Mr Jones to make representation to the MOH for a review of the status for GBH in relation to trauma management.
- The Board commended the very good performance of LHD under the Chief Executive's leadership and the very high level of commitment by the Executive and Staff during the recent flood event.
- The Board also commended the process of exit interviews/discussion with some key staff.

5.1.2 Update on Strategic Issues

Refer Strategic Priorities Report provided in Item 3.1.

5.1.3 Update on Strategic Plan Implementation

Negotiations are underway to engage a Facilitator for the upcoming Board Strategic Workshop.

5.1.4 Matters for Approval

There were no matters for approval.

5.1.5 Major Key Performance Indicators

Elective Surgery and Emergency Patient Results

- Emergency Treatment Performance (ETP) during March 2017 NNSWLHD did not meet the ETP target of 81% with a result of 78%.
- Elective Surgery Access Performance (ESAP) during March 2017 Category 1, 2 and 3 targets of 100%, 97% and 97% were achieved with results 100%, 98% and 98%.
- NNSWLHD met all Triage performance targets, however Triage Category 5 performance was 93% which was -1% below the March 2016 result.
- Transfer of Care (TOC) during March 2017 NNSWLHD did not meet the TOC target of 90% with a result of 89%.

5.1.6 Risk and Compliance Update

Nothing to report this month

5.1.7 Governance Update

- The new NNSWLHD Executive Leadership Team will commence on 1 May 2017.
- Consultation has commenced on the new NNSWLHD Clinical Governance Framework. A copy of the Executive Leadership Team organisation chart will be circulated to the Board for information.

5.1.8 Capital Works/Planning Projects

- Still no announcement on TTH redevelopment however the Chief Executive remains hopeful that a greenfield site will be supported.
- Work is being progressed to ensure that the LHD is in a state of readiness should a greenfield site be announced.
- The Board requested that the Board Chair correspond to the Road and Maritime Service in relation to access to health services if there is an interruption to the freeway during the recent floods.
- The HealthOne Centre at Coraki commenced service on 18 April 2017 and the community open day is being held on 29 April 2017.
- The Lismore Base Hospital Women's Care Unit will open on 2 May 2017.
- GBH Ambulatory Care Unit – Mr Jones has been working with Mr Chris Gulaptis MP, Member for Clarence to obtain funding to complete the full scope of work. The full scope of work at the time it was developed required \$11 million however the LHD only received \$7 million. For the LHD to meet its capital commitments, planning is being undertaken on the scope of works for \$7 million allocated.

Dr Tyson also noted work that GBH will need to develop a secure ward to accommodate gaol inmates from the new gaol that is to be developed. Mr Jones has been advised that there will be 1,950 inmates accommodated at the new Grafton Gaol.

The Board requested that the Board Chair, Dr Tyson and Mr Jones schedule a further meeting with Mr Gulaptis to discuss the possibility of the ambulatory care unit being abandoned until full funding is identified for a full redevelopment of GBH.

Action:

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

5.1.9 Matters for Noting

- Winter Planning is underway
- Customer Relations Training based on health literacy principles has commenced
- The Tweed Midwifery Group Practice has been officially launched
- The Chief Financial Officer (CFO) has commenced three months leave returning on 17 July 2017. Mr Peter Clark, Senior Management Accountant will be undertaking the Acting CFO during this period.

5.1.10 Questions for the Chief Executive without Notice

- Mr Grier suggested that more information on the many good stories across the LHD be provided to the Board and media outlets. Mr Jones advised that the new ELT structure will recruit a Marketing and Corporate Communications role that will take a direct role in re-positioning the LHD focus to have a greater number of positive news stories released.
- Drs Moran and Ogg noted concerns that there has not been an announcement on the future of TTH Redevelopment by the Minister for Health. The Board was unanimous in its support of a proposed greenfield site for TTH and Murwillumbah District Hospital. Dr Moran raised concern about the decreasing number of births that are occurring at Murwillumbah District Hospital.

Ms Loughnane responded that this is an opportunity through role delineation to look at more continuing care models and for the midwives to follow the mother to TTH and participate in the Towards Normal Birthing 2010 model which would achieve both a better experience for the mother and potential efficiencies in service cost.

- The Board Chair asked to receive a report on the progress with the Coroner's recommendations on Baby Brando-Magalus case for 30 August 2017 Board Meeting.
- Professor Nancarrow queried what is occurring at the Mullumbimby District Hospital (MDH) site. The Chair responded that Byron Shire Council will be offered the MDH site which is to be considered for 28 days. If Council reject the offer then progress to remediation of the site will commence. It was noted that there is full disclosure of the asbestos issue at MDH with relevant reports now available on the Health Infrastructure website.

5.1.10 Important Meetings/ Diary Commitments

- Minister for Health Palliative Care Roundtable event is being held on 12 May 2017 in Lismore.

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

The Executive Members in attendance left the meeting.

5.2 Committee Minutes (discussed on exception basis otherwise noted)

5.2.1 Health Care Quality Committee (HCQC) – 11 April 2017

Dr Ogg referred to the HCQC Meeting Minutes of 11 April 2017 and reported that the HCQC highlighted the shortage of Clinical Pharmacists across all LHD sites and requested the Board consider the allocation of additional resources for Clinical Pharmacists.

Mr Jones advised that when the finalised understanding of the 2017/18 budget is available, consideration needs to be given to enhancement of support services such as clinical pharmacist, allied health and community mental health staffing

Dr Ogg also reported that Dr David Hutton is undertaking work on the Insulin Chart and will report through the HCQC when further advice is forthcoming.

Mr Jones stated that currently the LHD is in the process of preparing a new Position Description for a LHD wide Diabetes Clinical Nurse Consultant and this position will be a key to improving diabetes management across the LHD. Following discussion on why the former Diabetes Clinical Nurse Consultant was not replaced following her retirement, the Board requested the Chief Executive advise them when the non-replacement of any operational lead positions is being considered.

The unconfirmed Minutes of the HCQC Meeting held on 11 April 2017 were noted.

5.2.2 Finance and Performance Committee (FPC) – 19 April 2017

Mr Humphries provided a one-page summary of the FPC Meeting of 19 April 2017.

Mr Humphries advised that the LHD is well positioned for an end of year favourable result of \$2.5 million. Arising from the work undertaken by Pavilion Health, 2,186 NWAUs have been identified with an estimated value of \$10 million.

The Board noted the 93.8FTE increase was mainly from TTH, Byron Central Hospital and the Clarence Network.

Mr Jones advised that around \$300K in flood and Family and Community Service leave costs will be submitted to the MOH to be recouped.

Following a query with increasing medical staff costs, Mr Humphries advised that a report on the breakdown of medical costs across the separate groups was prepared for the FPC. The report will be circulated in 31 May 2017 Board Meeting Papers.

Mr Jones reported that the positions that were to be recruited in the Finance Unit by Mr McGuigan require more consultation prior to a decision being made on the number and level of the positions that will be progressed.

The unconfirmed Minutes of the FPC Meeting held on 19 April 2017 were noted.

5.2.3 Medical and Dental Appointments Advisory (MDAAC) Committee – 13 April 2017

Dr Tyson provided a verbal report of the MDAAC Meeting held on 13 April 2017.

Dr Tyson advised that the new Visiting Medical Officer appointments listed in the Minutes are being appointed to the next quinquennium as the LHD is about to commence the process for reappointments and therefore all new appointment would be made to 30 June 2023.

The Board noted the resignations of long term medical officers Dr Arvind Dougall, VMO Obstetrics and Gynaecology GBH and Dr Warwick Herbert, VMO Radiologist LBH.

The Board also noted the appointment of a VMO Sexual Assault Forensic and Medical Officer in the Richmond Network who will also have an LHD role.

Dr Tyson also noted that the appointment of a Senior Specialist VMO Psychiatrist was deferred as there had not been any representative from Mental Health in attendance at MDAAC to speak to the application and the Chief Executive will forward a Memorandum to Dr Richard Buss, Executive Director Mental Health and Drug and Alcohol reminding him of the requirement to attend MDAAC and speak to any applications being put forward relating to his portfolio area.

Action:

Mr Jones is to forward a memorandum to Dr Richard Buss, Executive Director Mental Health and Drug and Alcohol Services reminding him of the requirement to attend the MDAAC and speak to applications for VMO appointments within his portfolio area.

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

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

The Board noted that the HSDC Minutes of the 13 April 2017 will be submitted to the 31 May 2017 Board meeting for noting.

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

Mr Frazer provided a verbal summary of the Special ARC Meeting held on 13 April 2017.

Mr Frazer advised the special ARC meeting is held each year after March in preparation of an “early close” for financial reporting.

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

5.2.6 Clinical Council (CC) - 21 March 2017

Dr Pezzutti provided a verbal summary of the Combined CC dinner meeting held with NCPHN on 21 March 2017 advising that there had been good discussion between attendees at the CC Meeting.

The unconfirmed Minutes of the Combined CC Meeting held on 21 March 2017 were noted.

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

The meeting noted that a verbal report of the CEAC Meeting held on 27 March 2017 was provided to the 29 March 2017 Board Meeting.

The unconfirmed Minutes of the CEAC Meeting held on 27 March 2017 were noted.

5.2.8 Medical Staff Executive Council (MSEC)

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

5.2.9 Aboriginal Partnership Meeting

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

5.2.10 Mental Health Forum

Mr Frazer noted the verbal update of the Mental Health Forum meeting held on 3 April 2017 by Dr Richard Buss advising that discussions had included progress with the Inpatient Mental Health Unit, murals and the capital upgrade on the LBH site.

The Board noted that Mental Health Forum Meeting Minutes of 3 April 2017 are to be submitted to the 31 May 2017 Board Meeting.

5.2.11 Health Education Workforce Research Forum

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

5.2.12 Drug and Alcohol Community Advisory Committee – 13 April 2017

The Board noted that the Drug and Alcohol Community Advisory Committee Meeting Minutes of 13 April 2017 are to be submitted to the 31 May 2017 Board Meeting.

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

6.1 Major correspondence

6.1.1 Letter from Chris Puplick AM re Balund-a Correctional Program

The Board noted the letter dated 6 April 2017 from Mr Chris Puplick AM, Chair, Justice Health and Forensic Mental Health Network concerning Balund-a Correctional Program.

Mr Jones reported that since the receipt of this letter he has contacted Mr Greg Telford to discuss the response. Mr Telford had also advised that he will be meeting with the relevant parties to discuss ongoing support for Balund-a.

Mr Jones also stated that NNSWLHD is in consultation with Mr Telford on what service needs they require and additional space is being identified to enable clinics to be held at LBH as an interim measure. Further advice will be provided to the Board concerning any service change concerning the AMS.

6.1.2 Aboriginal and Torres Strait Islander Workforce Plan

Mr Frazer indicated that he supported the plan but had some concern about the wording around training being provided for job interviews may be offensive to Aboriginal people. Ms Monaghan responded that she will consider Mr Frazer's comments.

Following further discussion, the Board provided their support for the Aboriginal and Torres Strait Islander Workforce Plan to progress.

6.2 NNSW LHD Seal

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

6.3 Updated Board Calendar

Noted.

6.4 Other matters for noting

6.4.1 Dr Tyson referred to the "Rounding Tour" of TTH by Board Members where they were advised the electronic medication delivery system in the ED had saved TTH significant costs. Dr Tyson queried why this system was not considered in the new LBH ED and BCH. Mr Jones took this query on notice and is to provide a response to the 31 May 2017 Board Meeting.

Action:

Mr Jones is to provide advice to the 31 May 2017 Board Meeting on why the electronic medication system used at TTH was not implemented at the new LBH and BCH EDs and across the LHD.

6.4.2 Professor Nancarrow, Ms Byrne, Mr Griffin and Mr Grier advised that they had attended Board training in March 2017. The Board Chair requested that Ms Byrne and Professor Nancarrow provide a report on what they found valuable and how the Board can be improved in terms of its processes and functions.

Action:

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

7. Meeting Finalisation

Dr Moran provided a critique of the Board meeting.

7.1 Next Meeting – 31 May 2017 Conference Centre Meeting Room, Grafton Base Hospital, Arthur Street, Grafton 1.00pm with an address to the Board by Ms Susan Pearce, Deputy Secretary, System Purchasing and Performance Division, Ministry of Health

7.2 Meeting close

There being no further official business, the Chair declared the meeting closed at 4.40pm.

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

Signed Date

MINUTES OF THE MEETING OF THE NORTHERN NEW SOUTH WALES LOCAL HEALTH DISTRICT BOARD HELD ON WEDNESDAY 26 APRIL 2017, IN ROOMS 1 AND 2 TCERI EDUCATION CENTRE, THE TWEED HOSPITAL, POWELL STREET, TWEED HEADS COMMENCING AT 1.00PM

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Dr Brian Pezzutti
Chair
Northern NSW Local Health District Board

14/7/17