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

1. In-camera Session

No in-camera session was required.

2.1 PRESENT AND APOLOGIES:

Dr Brian Pezzutti, (Chair), Mr David Frazer, Mr Mark Humphries, Dr Joe Ogg, Ms Carolyn Byrne, Mr Michael Carter, Dr Allan Tyson and Ms Deb Monaghan

For part of meeting

Dr David Hutton, Director Clinical Governance

Ms Janne Boot, Director of Workforce

Ms Annette Symes, Executive Director of Nursing and Midwifery

Dr Richard Buss, General Manager Mental Health, Drug and Alcohol and Stream Services

Mr Matt Long, Director of Corporate Services

Via teleconference :

Professor Susan Nancarrow. Dr John Moran

Ms Bernadette Loughnane, General Manager Tweed Byron Health Service Group and Ms Vicki Rose, Director Integrated Care and Allied Health (for part of meeting)

In Attendance : Mr Wayne Jones (Chief Executive)
Ms Jennifer Cleaver (Secretariat)
Ms Kate Greenwood (Secretariat)

Apologies: Dr John Griffin, Ms Lynne Weir (AL), Mr Peter Clark, Mr Murray Spriggs, Narelle Gleeson (Acting General Manager Richmond Clarence Health Service Group)

2.2 Declaration of Pecuniary and/or Conflicts of Interest

Item 5.1.11 Dr Ogg declared a potential conflict of interest being a Tweed ICU Clinician.

2.3 Previous Minutes:

2.3.1 The Minutes of the Board Meeting held on 26 July 2017 as circulated were ENDORSED as a true and accurate record of the meeting with the following changes to now read:

Page 3 Item 2.3.2.7 5th paragraph – “Dr Ogg referred to the development of a template for use during ward rounds and suggested that a training program for staff be developed to enable them to undertake difficult conversations.”

Moved: Dr Joe Ogg
Seconded: Mr David Frazer
CARRIED

2.3.1.1 The Minutes of the Board Budget Meeting minutes held on 14 July 2017 as circulated were ENDORSED as a true and accurate record of the meeting with the deletion of Ms Carolyn Byrne as an apology and page 3 first paragraph “.....Dr Ogg suggested that

consideration needs to be given to supporting Staff Specialists including additional access to outpatient clients and administrative support.”

Moved: Dr Allan Tyson

Seconded: Dr Joe Ogg

CARRIED

2.3.2 Business Arising from the Minutes:

2.3.2.1 Mr Jones is to submit a Brief on Surgical Services in the Tweed Byron Health Service Group to the 30 August 2017 Board Meeting.

The Board Chair advised he has requested the Chief Executive to raise with the General Managers of the Tweed Byron and Richmond Clarence Health Service Groups whether there is potential for trained theatre nurses to support other sites across the Local Health District should demand and opportunity allow.

The Board noted the information contained in the Brief.

2.3.2.2 Mr Jones is to provide feedback on the scheduling of a meeting with the Chief Financial Officer, Dr Joe Ogg, Dr Alan Tyson and a representative from the LBH Medical Staff Council to the 30 August 2017 Board Meeting.

Mr Jones requested that the scheduling of this meeting be deferred until a permanent Chief Financial Officer is recruited. Mr Jones noted that there has been a considerable amount of movement of resources between The Tweed Hospital (TTH) and LBH in the recent budget allocation.

The Board requested that a meeting be scheduled by January 2018 and before the 2018/19 budget build up commences.

Dr Ogg acknowledged the increase in resources to TTH over the last eighteen months however noted his frustration with the delay in the scheduling of this meeting.

Action:

Mr Jones is to schedule a meeting by January 2018 with the Chief Financial Officer, Dr Joe Ogg, Dr Alan Tyson and a representative from the LBH Medical Staff Council to discuss equitable allocation of resources.

2.3.2.3 Mr Jones will provide feedback to a future Board meeting upon receipt of information from the Ministry of Health on why child dental surgical and caesarean section data are not being included in the Health Service Monthly Theatre Attendance and Surgical Separations Reports.

Mr Jones reported that a response from the MOH advises that the only cases that are excluded from the surgical separations are the caesarean sections, which was at the request of the Surgical Services Taskforce and any change to this would need to be raised directly with the Surgical Service Taskforce.

The Chair put a motion to RESOLVE to write to the Surgical Services Taskforce requesting that

they review child dental and caesarean sections as items to be counted under surgical procedures and reported in the Surgery Dashboard.

The Chair also offered to attend a Surgical Services Taskforce meeting to present his reasons as to why these should be included in the surgery data.

Moved: Dr Brian Pezzutti
Seconded: Dr Joe Ogg
CARRIED

Action:

Mr Jones is to draft a letter for the Board Chair's signature to the Surgical Services Taskforce requesting that they review child dental and caesarean sections to be included in the Surgery Dashboard and advising that the Board Chair has offered to attend a Surgical Services Taskforce Meeting and outline his reasoning for this request.

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

Mr Jones noted the excellent work that is underway across the LHD on Advanced Care/End of Life Directives which is being guided by the Lismore Base Hospital Advanced Care Planning/End of Life Committee. The implementation of the Renal Supportive Care Program has seen a reduction in demand on acute dialysis.

The Board sought information on the "Now or Never Forum" on 23 August 2017 in terms of how many attended and was there any feedback from that Forum. Mr Jones is to provide feedback to the Board on this query.

Ms Byrne suggested that a flag noting availability of Advanced Care Directives in the eMR would be helpful as more people are wanting to undertake an End of Life/Advanced Care Directive and have it included in their medical record.

The Board requested that Ms Anna Law, End of Life Care Project Officer be requested to provide the Board with information on when End of Life/Advanced Care Directives Forums are to be held.

Action:

Mr Jones is to request that Ms Anna Law, End of Life Care Project Officer provide the Board with information on when End of Life/Advanced Care Directives Forums are to be held.

Mr Jones is to provide feedback to the Board on the number of staff attending the "Now or Never" Forum at the Tweed Hospital on 23 August 2017.

2.3.2.5 Dr David Hutton is to provide an updated Complaints Summary Report to the 29 November 2017 Board Meeting for consideration.

The Board noted that an updated Complaints Summary Report will be provided to the 29

November 2017 Board Meeting for consideration.

2.3.2.6 A Schematic Plan of how all NSW LHD plans relate to each other including timelines, is to be submitted to the Health Service Development Committee (HSDC) for information and then to the 30 August 2017 Board Meeting.

The Board noted that a Schematic Plan of how all NSW LHD plans relate to each other including timelines, is to be submitted to the Health Service Development Committee (HSDC) for information and then to the 29 November 2017 Board Meeting for consideration.

2.3.2.7 Mr Jones is to submit a NSW LHD service profile document developed by the NSW LHD Planning Unit that provides information on what services are available at all LHD facilities that will be submitted to the 30 August 2017 Board meeting for consideration.

The Board noted that a NSW LHD service profile document developed by the NSW LHD Planning Unit that provides information on what services are available at all LHD facilities will be submitted to the 29 November 2017 Board meeting for consideration.

2.3.2.8 Mr Jones is to provide an updated report on NSW LHD Emergency Treatment Performance (ETP) and activity to the 25 October 2017 Board Meeting.

The Board noted that an updated report on NSW LHD ETP and activity will be provided to the 25 October 2017 Board Meeting.

Action:

Mr Jones is to provide an updated report on NSW LHD ETP and activity to the 25 October 2017 Board Meeting.

2.3.2.9 Dr Richard Buss, General Manager Mental Health, Drug and Alcohol and Stream Services is to amend the graph in the Brief to read “Mental Health Patients presentations who stayed over 24 hours in ED” and resubmit it to the 30 August Board meeting.

Dr Richard Buss, General Manager Mental Health, Drug and Alcohol and Stream Services spoke to the updated Brief.

Dr Buss explained that NSW LHD Mental Health Emergency Department presentations greater than 24 hours' result is mainly due to unavailability of inpatient unit beds.

Mr Jones noted that while NSW LHD represent 20% of the State greater than 24 hours in ED result, this is driven by high demand across our LHD and the lower bed base comparatively to other LHDs'. It is expected to see an improvement in this indicator when the 20 additional mental health beds are opened.

Dr Tyson asked how far behind is the LHD in terms of bed numbers compared to the rest of the State and what is the perceived number of mental health beds needed to meet our current demand and in the future? Mr Jones advised that based on National Mental Health projections NSW LHD's service focus needs to be on community based support programs and less on overnight beds.

Mr Jones advised that recent changes to the patient flow resources in mental health have seen some improvement in after-hours patient transfers which is assisting in reducing the ED flows.

Mr Jones spoke to a program that has been implemented by Cranes in Grafton for people with suicide ideation who are being managed in the community from the EDs which is working well, and advised that the North Coast Primary Health Network (NCPHN) want to pilot this program at Tweed and Lismore.

Dr Tyson requested that the data in the Brief be reviewed in six months to ascertain if the strategies being used to manage the current demand by acute patients had made any real difference and if not, why not and identify how this can be better managed.

Dr Buss advised that the former Mental Health Commissioner funded NSW LHD and NCPHN to write up the evaluation of the Our Healthy Clarence Program and the response on how the community was brought together.

Mr Frazer queried some of the figures in the report, and asked what is determined as a mental health presentation.

Dr Buss advised that he will interrogate the figures further for the update report to the Board.

The Chair requested that information be requested from the Bureau of Health Information to obtain additional figures on suicide that may assist the LHD.

Action:

Dr Richard Buss is to provide an update report on Mental Health Patients presentations and if the strategies being used to manage the current demand by acute patients have made any factual difference and if not, why not and identify how this can be better managed.

Mr Jones is to provide advice to the Board on mental health bed numbers compared to the rest of the State and what is the perceived number of mental health beds needed to meet our current demand and in the future.

2.3.2.10 Mr Jones is to provide feedback to the 30 August 2017 Board Meeting from the theatre staff, concerning the Surgery Dashboard April 2017 NSW LHD results for <1 hour : Life Threatening and <72 hours; semi urgent, not stable for discharge results.

Mr Jones reported that he has been advised that the red in the Surgery Dashboard does not reflect suboptimal practice. Mr Jones advised that he has written to the MOH Surgical Branch asking what utility is in the data and how is the data planned to be used. Mr Jones advised that when he receives a response from the MOH he will provide feedback to the Board.

2.3.2.11 Mr Spriggs will draft a letter to the NSW LHD Medical Staff Councils advising of the requirements of the current By-Laws and requesting that their current procedures including membership requirements meet the By-Law requirements

as the Board has endorsed the proposed changes to the By-Laws.

The Board noted the letter that was forwarded to NNSW LHD Medical Staff Council Chairs.

2.3.2.12 Mr Wayne Jones, is to request Mr John Wickham, Manager Medical Administration to seek clarification in writing from the MOH on the current status on GP/VMO Specialist appointments indicating how this would assist regional areas to recruit GPs/VMOs Specialists to regional hospitals as there is currently difficulty recruiting to these positions.

Mr Jones advised that correspondence has been forwarded to the MOH advising that there could be medical workforce benefits to regional/rural hospitals in recognising GPs as specialists. Mr Jones advised he will provide feedback to the Board when a response is received from the MOH.

2.3.2.13 Mr Jones is to have further discussions with the Ministry and HI concerning a possible meeting with the Minister for Health, Mr Thomas George MP, Member for Lismore, Dr Pezzutti, Mr Sam Sangster and Mr Wayne Jones to discuss services that should be available at Murwillumbah District Hospital following the development of the new Tweed Hospital.

The Board RESOLVED to include a representative from the Murwillumbah District Hospital to attend the meeting that is to be scheduled with the Minister for Health, Mr Thomas George MP, Member for Lismore. Dr John Moran agreed to be the representative who would attend.

Moved: Mr Mark Humphries

Seconded: Ms Deb Monaghan

CARRIED

Mr Jones is to correspond with Dr Vahid Saberi, Chief Executive NCPHN, as the lead Agency for the Mental Health Integration Plan to undertake a review of the Plan to include other relevant agencies such as Police and Housing.

The Board noted the letter to Dr Vahid Saberi, Chief Executive NCPHN, as the lead Agency for the Mental Health Integration Plan requested a review of the Plan to include other relevant agencies such as Police and Housing.

Mr Jones is to further correspond with SERCO regarding a development of a Memorandum of Understanding for services not provided 'in-house', and what is in place when services are not provided by SERCO at the Grafton Correctional Centre.

Mr Jones advised that further meetings are in the process of being scheduled with SERCO to develop a more detailed understanding of in-house services to be provided at the new Correctional Facility.

2.3.2.14 The Chief Executive correspond with the relevant Deputy Secretary, NSW Health concerning the purchase of appropriate beds for NNSW LHD Facilities.

Mr Jones reported that he has spoken with the relevant Deputy Secretary concerning the future purchase of appropriate beds for NNSW LHD facilities to ensure appropriate compliance with an ageing workforce and needs of clinicians. The MOH responded that this will be taken into consideration for any future equipment purchases.

2.3.3 Other Matters Arising from the Minutes

26 July 2017 Minutes

- Mr Jones advised that despite the efforts of our Media Manager there has not been much media coverage of the 2017 NNSW LHD Quality Awards. However, there was a small article on the renal dialysis exercise program.

The recruitment of the new Marketing Manager position is continuing following an amendment being made to the position description.

- Mr Jones reported that he has raised with the Finance Branch in NSW Health the issue of insurance for the damage caused by the storm on the LBH Maternity Unit pod and associated loss of single room revenue. While this additional cost is acknowledged by NSW Health Finance Branch, advice received was that the LHD had performed so well in this financial year and therefore the additional cost could not be taken into consideration. It has been noted and is part of the restrictions under Treasury Managed Fund. The LHD received insurance that was covered under the policy at that time.
- A letter has been forwarded to Mr Gerry Marr, Chief Executive, South Eastern Local Health District thanking him for visiting NNSW LHD on 14 July 2017 and presenting to the Executive and senior clinicians.

14 July 2017 Minutes

Action:

Mr Wayne Jones is to draft a letter for the Board Chair's signature thanking LBH Endoscopy Nursing Staff for their outstanding efforts in undertaking additional work to meet Category 1 Surgery targets.

3. Matters for Decision

3.1 Mental Health Forum Membership Categories– change in Terms of Reference

Following consideration, the Board ENDORSED Recommendation 2 to increase the overall membership of the Committee to seventeen (17).

Moved: Mr David Frazer

Seconded: Dr Joe Ogg

CARRIED

3.2 Brief seeking endorsement of the draft Investment Decision Report for Grafton Base Hospital (GBH) Ambulatory Care Centre Project

Dr Tyson provided history of funding for the GBH Ambulatory Care and outlined the possible cost to redevelop the whole GBH site should funding become available in the future.

Ms Monaghan referred to a decision made by the former NNSW LHD Board concerning inclusion of mother's rooms for patients and visitors in future NNSW LHD capital works. Mr

Jones responded that as long as it fits within the budget allocation, changes can be made to the design brief and he will give consideration to inclusion of a mother's room in development of the GBH redevelopment.

The Board raised concern in relation to available chemotherapy chairs as part of the Ambulatory Care Centre noting the importance of a patient centred approach to have these available to negate patients having to travel longer distances to access chemotherapy.

The Board noted good work that has been undertaken by the NNSW LHD Planning and Performance Unit in relation to the GBH Ambulatory Care Centre Project.

The Board ENDORSED the draft Investment Decision Report for the GBH Ambulatory Care Centre Project to progress the project and work towards resolving the shortfall in funding.

Moved: Dr Allan Tyson
Seconded: Dr Joe Ogg
CARRIED

3.3 Mental Health and Drug and Alcohol Services Role Delineation

Dr Tyson queried the declaration of Emergency Department Mental Health Units at Byron Central (BCH) and GBHs and what is the status of this as it will have implications for GBH when moving patients from GBH if it becomes a declared facility.

Mr Jones responded that he had requested Dr Buss to refresh documents for submission to the Executive on the declaring of BCH and GBH and then for submission to the Board for consideration on the declaring of the two units.

The Board ENDORSED the proposed role delineation levels for NNSW LHD Mental Health and Drug and Alcohol Services.

Moved: Mr Mark Humphries
Seconded: Dr John Moran
CARRIED

3.4 Changes to the Strategic Risk Register – for review

Mr Frazer noted that the improvements that have been made to the Risk Register are fair and reasonable and have vastly improved the document. Mr Frazer recommended the Strategic Risk Register to the Board for endorsement and commended the Clinical Governance Unit for the work undertaken to develop the Strategic Risk Register.

The Chair requested the following changes to the Risk Register –

Page 2 Maintaining Appropriate Workforce change advocate to negotiate.

Page 4 Review of after-hours support for rapid responses for mental health patients to be considered

Page 9 In relation to bed block around NDIS patients a strategy that may assist is to invite an NDIS provider to attend and provide care in the LHD facility.

Mr Jones reported the MOH is establishing a behavioural management unit to assist LHDs to manage complex behavioural NDIS patients in LHD facilities. Ms Vicki Rose, Director Integrated Care and Allied Health is developing a paper that will look at options for the management of NDIS patients who are admitted to LHD facilities for consideration.

Dr David Hutton, Director Clinical Governance referred to changes to patient reported complications being changed to hospital acquired complications and the LHD result is significantly less than the NSW average.

Mr Jones congratulated management and staff of LBH and TTH for continuing to meet their surgical targets despite the winter busyness.

The Board ENDORSED the updated Strategic Risk Register Top Ten Risk and noted the updated and amended draft NNSW LHD Risk Management Key Performance Indicator Report July 2017.

Moved: Dr Allan Tyson
Seconded: Mr Michael Carter
CARRIED

3.5 Draft NNSW LHD Clinical Governance Framework – for approval

Dr Hutton spoke to the work undertaken on the draft revision of the NNSW LHD Clinical Governance Framework.

The Board was advised that it is a local expectation that clinicians are able to have access to the Clinical Governance Framework and all clinicians are encouraged to access the document.

The Board Chair requested the following changes –
Page 4 add length of stay in Clinician Reported Measures and Page 9 second line remove (CEC).

The Board ENDORSED the Draft NNSW LHD Clinical Governance Framework with the requested changes.

Moved: Mr Mark Humphries
Seconded: Mr David Frazer
CARRIED

4. Chairman's Update

The Chair reported the Hon Brad Hazzard MP, Minister for Health and Minister for Medical Research is visiting NNSW LHD on 8 September 2017 to open the LBH Paediatric Ward and the Coraki Campbell HealthOne Centre.

The Chair requested if any Board Members want to meet with the Chief Executive, he is advised so he can assess whether other Board members who may be able to contribute to the meeting should attend.

4.1 Chairman's Calendar

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

- Work on the Tweed planning has commenced and is progressing well.
- The Board ENDORSED the criteria for the Draft Project Plan for site identification and potential acquisition for the Tweed Valley Planning Project.
Moved: Ms Carolyn Byrne
Seconded: Mr Mark Humphries
CARRIED
- During the winter activity period NSW has seen over 38,000 more patients attend EDs and more than 8,000 ambulance trips have been made to ED and there has also been a significant increase in more complex presentations across the State.
Mr Jones advised he will be circulating an email thanking staff for the continued efforts in meeting the increased demand during the winter period.
- A recruitment process will commence in the coming weeks for a Chief Financial Officer.

5.1.2 Update on Strategic Issues

- Mr Jones thanked all Board Members and the Executive for their engagement at the Board Workshop that was held on 17 and 18 August 2017 and noted the result will drive a platform for change for the LHD moving forward.

5.1.3 Update on Strategic Plan Implementation

There were no Strategic Plan Implementation items for noting.

5.1.4 Matters for Approval

- The Board ENDORSED the criteria for the Draft Project Plan for site identification and potential acquisition for the Tweed Valley Planning Project.
Moved: Ms Carolyn Byrne
Seconded: Mr Mark Humphries
CARRIED

5.1.5 Major Key Performance Indicators

- The Board noted that results for Emergency Treatment Performance (ETP) during July 2017 and the LHD result of 77% against the target of 81%.
- Elective Surgery Access Performance results during July 2017 for Categories 1, 2 and 3 targets were achieved with 100%, 99% and 97% respectively.
- NNSW LHD met all triage performance targets for July 2017.

-
- The Transfer of Care results during July 2017 were 84% and did not meet the 90% target.
 - While the NNSW LHD ETP target was not met it was noted that other LHDs are also experiencing the same difficulties.
 - The result of the Winter Strategy that was developed in conjunction with NCPHN which will be reported to a future Board meeting.

5.1.6 Risk and Compliance Update

- It was noted that Dr Hutton will provide a presentation on Quality Accounts to the September 2017 Board Meeting.

5.1.7 Governance Update

- Following the most recent performance meeting with the MOH, NNSW LHD remains on a performance level of zero.
- There is a need to improve ETP to obtain the target of 81%.
- The Lismore Community Forum as part of the review of seclusion, restraint and observation in NSW Mental Health facilities is scheduled on 12 and 13 September in Tweed Heads and Lismore.

5.1.8 Capital Works/Planning Projects

- The Chair has requested a more detailed brief for the 27 September 2017 Board Meeting on the development of Ballina District Hospital.
- The recent tender submission for Stage 2 of the Ballina Hospital project (Operating Theatres) are significantly above Quantity Surveyor estimates.
- Tender submissions are being reviewed along with the scope of the project to allow completion within the budget allocation.
- Still awaiting a response from Properties NSW regarding a proposal to sell Byron Bay Hospital site.

5.1.9 Matters for Noting

- Mr Frazer was requested to attend the 12 September 2017 Community Forum for the Review of seclusion, restraint and observation in Mental Health Facilities.
- Confirmation of the renal dialysis funding for the Murwillumbah District Hospital Renal Dialysis Unit has been received and this work will now be progressed.
- A Brief will be developed on how the process for community consultation is to be undertaken on the future services that should remain at the MDH.
- Dr Moran is to attend any future discussion with Mr Thomas George MP, Member for Lismore in relation to the Murwillumbah District Hospital.
- Mr Jones is to attend a meeting with Justice Health and Serco representatives concerning the Grafton Correctional Centre and Grafton Base Hospital and feedback will be provided to a future Board Meeting.

5.1.10 Important Meetings/ Diary Commitments

Noted

5.1.11 Questions for the Chief Executive without Notice

- The Board Chair noted NSW LHD exceeded activity by 6.3% in June 2017 and remained within budget. The Chair noted that continuing to meet budget could be problematic based on current activity levels and projected activity as it is placing pressure on the budget.
- Dr Ogg suggested there is an urgent need to review the Tweed Clinical Services Plan in conjunction with the current work that is underway on the Tweed redevelopment.

Mr Jones responded the Service Scope does not change however the numbers have been updated to reflect the activity at Murwillumbah Hospital.

Mr Jones noted that discussions continue with the Ministry on contentious issues within the service statement.

Dr Ogg queried the potential for engagement with tertiary facilities to build student accommodation and accommodation for JMOs as part of the Tweed redevelopment. Mr Jones advised that this has been captured in the vision for the Tweed redevelopment.

It was suggested that Mr Jones meet with Adam Schumaker, Vice Chancellor Southern Cross University to discuss potential future partnerships for student facilities.

Dr Ogg referred to Item 5.1 in the Shortlisting Identified Properties Process and asked who will be part of this shortlisting process. Mr Jones took this question on notice and is to provide a response to the next Board Meeting.

Action:

Mr Jones is to provide feedback to the 27 September 2017 Board Meeting on the Tweed Valley Health Services Planning Project Shortlisting Identified Properties Process and who will be part of the shortlisting process.

Mr Jones is to schedule a meeting with Adam Schumaker, Vice Chancellor Southern Cross University to discuss potential future partnerships for student facilities

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

Professor Nancarrow and Executive Members left the meeting

5.2 Committee Minutes (discussed on exception basis otherwise noted)

5.2.1 Health Care Quality Committee (HCQC) – 8 August 2017

Ms Byrne, Acting Chair HCQC provided a verbal report on the 8 August 2017 HCQC Meeting.

Issues arising from the HCQC included the audit of Hip Fracture Clinical Care Standard. Concerns were raised that observations were not being completed and work is required with the follow-up and monitoring of patients to ensure this occurs.

A review of the uptake of education workshops for frontline clinicians in having difficult conversations and building resilience is to occur and a working party and plan has been established to address the high priority AC90 recommendation from the accreditation survey.

In relation to advice that pressure injuries are under-reported, the Board discussed the placement of images into the current medical record being problematic. The Chair suggested that an image can be placed on the Z Drive and a reference/link to the Z Drive could be added to the clinical records. Mr Jones is to seek advice from Dr Hutton on whether this could be a potential solution to including images in current medical records.

The Board noted the suggestion of the HCQC receiving presentations from relevant staff who are undertaking Clinical Leadership Program education to ascertain how the LHD investment in these staff has helped staff and how improvements in care that is provided has been enhanced as a result of this higher learning opportunity.

The Chair referred to work being undertaken by Dr Jennifer Stevens, Pain Specialist, St Vincent's Hospital and suggested that she is invited to visit NNSW LHD and present on the work she has undertaken with doctors concerning the high prescription rate of opioid-based painkillers. Dr Tyson also proposed that a policy be developed on the appropriate prescribing of analgesics for pain relief. The Board requested that this matter be referred to the Clinical Council for advice and a way forward for the Board's consideration.

Mr Jones advised he has requested the NNSW LHD Chief Dental Officer undertake an audit of the waiting list for faciomaxillary dental surgery in an attempt to reduce and prioritise the current wait list.

The Board was pleased to note the inclusion of an acronym list.

The Board noted the HCQC Meeting Minutes of 8 August 2017.

Action:

Mr Jones is to seek advice from Dr Hutton on a suggestion that an image can be placed on the Z Drive and a reference/link to the Z Drive could be added to the clinical records and provide feedback to the 27 September 2017 Board Meeting.

Mr Jones is to refer the issue of the high prescription rate of opioid-based painkillers and whether a policy should be developed on the appropriate prescribing of analgesics for pain relief to the NNSW LHD Clinical Council for consideration and advice is to be provided to the Board.

5.2.2 Finance and Performance Committee (F&PC) – 23 August 2017

Mr Humphries provided a summary report of the FPC Meeting held on 23 August 2010.

Mr Humphries reported that the expenditure general funding result year to date is favourable by \$0.05 million and revenue funding year to date is \$0.14 million unfavourable.

Mr Humphries noted the significant increase in demand which has had a marked impact on the LHD budget. It was reported that admissions year to date are up 7%, bed days have increased by 1.3% and ED presentations increased by 2.4% on the previous year.

Mr Jones advised he will extend the Pavilion Health contract to the end of 2017 and they have been engaged to undertake work with the Clinical Governance Unit around the Risk Program. Mr Jones also outlined all of the work that is underway to support clinical coders across the LHD to maintain our current coders.

Mr Humphries reported that over 90% of Budgets have been realigned and loaded for 2017/18.

A new reporting format for Health Service Groups will be included in the F&PC Minutes in the future Board meeting papers.

The Board noted the F&PC Minutes of the 23 August 2017.

5.2.3 Medical and Dental Appointments Advisory (MDAAC) Committee – 10 August 2017

Dr Tyson provided a verbal report of the MDAAC Meeting held on 10 August 2017.

A number of resignations across both Health Service Groups were received by the Committee and three VMO Anaesthetists were appointed to TTH.

There was one application for a Senior Staff Specialist withdrawn at the request of the Chief Executive.

The Board noted the MDAAC Meeting Minutes of the 10 August 2017.

Mr Humphries left the meeting.

5.2.4 Health Services Development Committee (HSDC) – 10 August 2017

The Board noted the HSDC Meeting Minutes of 10 August 2017 will be submitted to the 27 September 2017.

5.2.5 Audit and Risk Committee (ARC) Special sign off meeting – 13 July 2017

Mr Frazer provided a verbal report on the ARC Meeting held on 13 July 2017.

Mr Frazer reported that this meeting is one of a number of meetings that are held in the lead up to the signing of financial statements. Excellent progress was noted with no issues being raised.

Mr Jones advised the External Auditors Report identified no significant matters to be progressed to the Auditor General and noted that matters identified around HealthRoster in last year's report have been attended to. The end of year financial reports have been signed off and submitted and NSW LHD is the first LHD to submit its financial reports.

An updated ARC Charter was endorsed by the Board.

The Board noted the ARC Meeting Minutes of the 13 July 2017.

5.2.6 Clinical Council (CC) - 18 July 2017

The Board noted that a report of the CC Meeting held on 18 July 2017 had been provided at the 26 July 2017 Board Meeting.

The Board nominated Dr Allan Tyson as the CC Board Member representative. Dr Tyson accepted the nomination.

The Board noted the CC Meeting Minutes of the 18 July 2017.

5.2.7 Community Engagement Advisory Council (CEAC) – next meeting 25 September 2017

The Board noted the next CEAC Meeting is scheduled on 25 September 2017.
September 2017

5.2.8 Medical Staff Executive Council (MSEC) – date to be advised

The Board noted the next MSEC Meeting date is yet to be advised.

5.2.9 Aboriginal Partnership Meeting (APM) – 3 August 2017

Mr Jones provided a verbal report of the APM held on 3 August 2017.

Mr Jones reported the meeting had noted how well the Oral Health Service at Casino is utilised and consideration is being given to expanding the service.

A number of AMS have experienced difficulty in recruiting Child and Family Nurses and it has been proposed the LHD can recruit and pay at the LHD salary range and then they can be rotated through the AMSs, NCPHN and LHD for development and experience.

The increase in Aboriginal employment was noted. The progression of a position to focus on Aboriginal education and cultural awareness training is underway which will increase the availability of this training for staff across the LHD.

The Board noted the APM Minutes of the 3 August 2017

5.2.10 Mental Health Forum (MHF) - 7 August 2017

Mr Frazer provided a verbal report of the MHF Meeting held on 7 August 2017.

Mr Frazer reported that much of the meeting had been taken up with introduction of new Members of the MHF and it was pleasing to see how appreciative they were of their appointments.

The Board was pleased to note the Memorandum of Understanding with Police and NSW Ambulance Services.

The Board noted the MHF Minutes of the 7 August 2017.

5.2.11 Health Education Workforce Research Forum - to be advised

The Board noted the next Health Education Workforce Research Forum is to be advised.

5.2.12 Drug and Alcohol Community Advisory Committee (DACAC) – 10 August 2017

The Board noted the DADAC Minutes of the 10 August 2017 will be submitted to the 27 September 2017.

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

6.1 Major correspondence

6.1.1 Letter to MOH Re: Model By-Laws

Noted

6.2 NNSW LHD Seal

There were no items for Endorsement.

6.3 Updated Board Calendar

Noted

Ms Carolyn Byrne advised that she would be an apology for 27 September 2017 Board Meeting due to her lecture commitments.

6.4 Other matters for noting

6.4.1 Extract from Health Legislation Amendment Act 2016

Noted

6.4.2 NNSW LHD July 2016 – June 2017 Corporate Governance Attestation Statement

Mr Jones advised that he has requested Mr Matt Long, Director of Corporate Services to develop a Corporate Framework over the next twelve months.

The Board ENDORSED the NNSW LHD 1 July 2016 – 30 June 2017 Corporate Governance Attestation Statement.

Moved: Ms Deb Monaghan

Seconded: Mr David Frazer
CARRIED

6.4.3 Letter of Thanks to Carrie Marr, Chief Executive Clinical Excellence Commission

Noted

6.4.4 Report from Board Chair on attendance of the ANZICS Conference

The Chair reported on the ANZICS Conference he attended on 7 and 8 August 2017.

Dr Ogg reported on the presentation that indicated there was no proven relationship between met calls and the number of cardiac arrests within an organisation. Dr Ogg advised some clinicians are developing an APP to calculate or predict outcomes 12 months after arrests or rapid responses that would assist with end of life management.

7 Meeting Finalisation

7.1 Meeting Finalisation

7.2 Next Meeting

27 September 2017 Byron Central Hospital

10am – 12 noon Combined Board Meeting

1.00 pm – 5.00pm NNSW LHD Board Meeting

7.3 Meeting closed

There being no further official business, the Chair declared the meeting closed at 12.58pm.

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

Signed Date 30/10/17

Dr Brian Pezzutti
Chair
Northern NSW Local Health District Board