

MINUTES OF THE MEETING OF THE NORTHERN NEW SOUTH WALES LOCAL HEALTH DISTRICT BOARD HELD ON WEDNESDAY 31 AUGUST 2016 IN THE GROUND FLOOR MEETING ROOM, CRAWFORD HOUSE, HUNTER STREET, LISMORE COMMENCING AT 2.00PM

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1. PRESENT AND APOLOGIES:

Dr Brian Pezzutti (Chair), Mr David Frazer, Dr Joe Ogg, Dr Jean Collie, Dr Alan Tyson, Ms Rosie Kew, Ms Deb Monaghan, Dr Sue Page, Professor Lesley Barclay, Mr Mark Humphries and Ms Leone Crayden.

Via Videoconference: Dr John Moran

In Attendance : Mr Wayne Jones, Chief Executive
Mr Murray Spriggs, Ms Jenny Cleaver (Secretariat)

2. Apologies: Ms Leone Crayden

3. Declaration of Pecuniary and/or Conflicts of Interest

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

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

Presentation by Mr James McGuigan, Executive Director of Finance on 2016/17 Budget

Mr McGuigan, Executive Director of Finance provided a presentation to the Board that outlined the NNSW LHD budget results for 2015/16 and further work being undertaken on the 2016/17 Budget including budget work-ups for each facility.

NNSW LHD finished 2015/16 favourably with positive results in revenue of \$227K and expenditure \$289K at the end of year budget finalisation. The audited statements have been completed and submitted to the MOH with NNSW LHD being the first LHD in the State to do so this year. The Chair noted that NNSW LHD was also the first LHD to sign and submit its 2016/17 Service Agreement to the MOH.

Mr McGuigan noted the major points for the 2016/17 Budget includes the state average efficiency escalation of 2.2%, the National Partnership Agreement items such as depreciation and SP&T do not get an increase, the Non-Government Organisations Funding escalated at a rate of 2.5%, eHealth, HealthShare and NSW Health Pathology all received a 2.25% increase, High Cost Drugs increased particularly for the new Hepatitis C treatment regime. James advised that the rebasing of HealthShare Food Services and warehouse charges have been challenged as part of the 2016/17 Service Agreement response from NNSW LHD. Overall there was a composite escalation rate to the LHD of 2.32%. James also advised that the 2016/17 Revenue targets have increased against last year's targets.

ABF Growth funding of \$20.2 million was achieved however, a transition grant for acute of \$1.8 million as a result of our failure to meet activity targets has negatively impacted on our available growth funds, there was a small hospitals top-up of \$200K, 2015 Election commitments totalled \$266K and other enhancements totalled \$2.227 million.

Mr McGuigan explained the LHD has undertaken a major piece of work in relation to correcting the 2015/16 coding results across the LHD, such work is being undertaken by Pavillon Health.

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An explanation was provided on the difference between NWAU 2015 and 2016, noting that the 2015/16 result goes towards determining the 2017/18 NWAU price so correcting 2015/16 coding results needs to be a priority. Mr McGuigan explained the impact on NNSW LHD with the change from NWAU 2015 and NWAU 2016, with a resulting reduction of 2.91% against the activity revenue for the LHD. Mr McGuigan advised that the work undertaken by Pavillon Health indicates that there are opportunities for improved coding practices at many NNSW LHD hospitals which will have a marked positive impact on the LHD results.

Mr McGuigan provided an overview of the devolved budget process that is underway and advised that the priority is resolving the 2015/16 coding which is targeting an increased activity value of between 1,500 to 2,300 NWAUS. When this work is completed a similar process will be undertaken for 2016 activity. It is expected that by the end of December 2016 the coding will be up to date and appropriate KPIs in place and software systems in place that support the Coders and training for the Coders to assist them to undertake this work.

Mr McGuigan spoke on the \$18 million in growth funding that NNSW LHD has received noting that if 4,386 NWAUs can be identified with improved coding out of the Pavillon Health program, this would change the complexity of how the budget is designed as some of the \$18 million in growth funding would be available for new/expanded services.

Mr McGuigan also referred to the bottom up devolved approach for budget development which relates to activity and provided an overview of how this is being progressed. An online staffing tool has been developed to automatically provide a cost on staffing so the FTE can be closely aligned to activity and support further refinement of activity based budgets going forward.

In summary some 2016/17 budgets have been developed however much of the growth funds have been placed in reserve and not allocated at this stage due the finalisation of the FTE details and work by Pavillon Health being completed. Mr McGuigan referred to the budget templates that have been completed and sought the Board's input as to whether the budgets should be published now or wait until the work is completed which is due in September 2016 before the budgets are finalised.

The Board Chair responded that if the target NWAUs are achieved it will put the LHD in a solid budget position and support the argument of receiving additional funding for any additional activity. Mr Jones advised that the activity/budget model being progressed would allow the LHD to work with more certainty and to better plan to meet activity targets.

Mr Jones also commented that strong leadership for LHD coders is required to ensure that Information Managers are well supported and this includes paying them at appropriate pay rates.

Mr Jones sought the Board's consideration to either load the 2016/17 budgets now or wait until the current work by Pavillon Health is available and will provide a more informed budget which is expected to be available by end of September 2016.

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Following discussion, the Board ENDORSED the delayed loading of the 2016/17 Budgets until the current work by Pavillon Health is available and which will provide a more informed budget which is expected to be available by end of September 2016.

Moved: Dr Sue Page
Seconded: Dr Joe Ogg
CARRIED

4. Board Members to asterisk non-asterisked items that they wish to discuss.
The Board Members asterisked all Business Arising Agenda Items 6.1, 6.2, 6.3, 6.4, 6.5, 6.6, and 13.1

***5. Previous Minutes:**
a) The Minutes of the Board Meeting held on 27 July 2016 as circulated were ENDORSED as a true and accurate record of the meeting with the following amendments:

Page 9 Item 9.3 from second paragraph to read:

“The Board asked that Mr Jones consider whether funding available from University of New South Wales that was to support students could be accessed to upgrade the education facility at Maclean District Hospital for Allied Health and Nursing students. Mr Jones advised that he will investigate whether the funding from the University of New South Wales can be accessed to fund this work and he will provide feedback to the 31 August 2016 Board Meeting.

Mr Jones indicated that strategic issues in relation to education and research in the future will be managed in the portfolio of a new position, Director of Research which is being progressed and discussions are underway with NRUCRH on whether they would be interested to have a joint appointment for this position which will liaise with Universities and other stakeholders.

The Board Chair indicated that any similar questions concerning operational matters relating to the Board’s High Strategic Priorities need to be raised with the Chief Executive outside of Board meetings.

Action:

Mr Jones is to consider whether the funding available from University of New South Wales to support students could be accessed expended to upgrade the education facility at Maclean District Hospital for Allied Health and Nursing students and provide feedback to 31 August 2016 Board Meeting.”

Moved: Dr Alan Tyson
Seconded: Dr John Moran
CARRIED

Business Arising from the Minutes:

- *6.1 Mr Wayne Jones, Chief Executive, is to provide information on the unmet needs of Allied Health Services following a further analysis and needs assessment for areas of acute, sub-acute and community services which is population based and takes account of models of care now and over the next five years to a future Board Meeting.**

Mr Jones reported that he has negotiated with Ms Vicki Rose, Executive Director Allied Health and Manager Chronic and Primary Care Services for the report as requested by the Board on unmet needs of Allied Health Services to be submitted to the 26 October 2016 Board Meeting for consideration.

Action:

Mr Jones is to submit the report on unmet needs of Allied Health Services following a further analysis and needs assessment for areas of acute, sub-acute and community services which is population based and takes account of models of care now and over the next five years to the 26 October 2016 Board Meeting for consideration.

- *6.2 Mr Jones is to provide feedback to the Board on whether consideration is being given to introduce a Midwifery Group Practice (MGP) Model in the Richmond Clarence Network and whether women in the Clarence Network are being disadvantaged by not having the same birthing choices that are offered in the Tweed Byron Health Service Group and Lismore and Casino areas and what is planned to address this**

Mr Jones advised that Ms Cathy Adams, Clinical Midwifery Consultant and the Lismore Base and Grafton Base Hospital's Senior Midwifery Manager will be investigating opportunities for the introduction of a Midwifery Continuity of Care Model or MGP in the Clarence Network.

The Board noted that the number of births in the Clarence Valley is not a low number of births and that the MGP model is practiced in other facilities that have lower number of births than in the Clarence Network.

The Board also indicated that in considering a potential MGP, the management of high risk births within the Clarence Network also needs to be taken into account.

The Board noted that a report from Ms Cathy Adams on a MGP in the Clarence Network will be submitted to a future Board Meeting for consideration.

- *6.3 Mr Jones is to draft a letter to Ms Elizabeth Koff, Secretary, MOH concerning the impact of the development of the Grafton Gaol and the requirement for a secure unit to the available at GBH and how this will be funded.**

Mr Jones advised that he has not corresponded with Ms Elizabeth Koff, Secretary, NSW Ministry of Health (MOH) as the issue was raised with Ms Susan Pearce, Deputy Secretary, System Purchasing and Performance during the NNSW LHD recent

Performance Review Meeting and meetings have also been held with Mr Brad Astill, A/ Director, MOH and Mr Gary Forrest, Chief Executive, Justice and Forensic Health Network. Terms of Reference for the Steering Group have been identified and amended to include exploring capital solutions for this project.

Mr Jones also reported that he has sought clarification of the NNSW LHD Asset Strategic Plan and has been advised that the GBH proposed build does include Mental Health inpatient beds, and that the proposed Mental Health Secure Unit is a separate and distinct unit from that required to support the new correctional facility.

Dr Tyson noted that a public information meeting concerning the development of the Grafton Gaol is being held in Grafton and it has been indicated that commencement of construction is to be middle 2017 and to be opened at the end of 2019.

- *6.4 Mr Jones is to consider whether funding available from University of Wollongong to support students could be accessed to upgrade the education facility at Maclean District Hospital for Allied Health and Nursing students and provide feedback to 30 August 2016 Board Meeting.**

Mr Jones advised that as it has been clarified that the request from the Board related to the University of New South Wales and not Wollongong, he will follow-up and provide advice to the 28 September 2016 Board Meeting on whether the available funding to support students could be accessed to upgrade the education facility at Maclean District Hospital for Allied Health and Nursing students.

Action:

Mr Jones is to consider whether funding available from University of New South Wales to support students could be accessed to upgrade the education facility at Maclean District Hospital for Allied Health and Nursing students and provide feedback to 28 September 2016 Board Meeting.

- *6.5 Mr Jones, Chief Executive is to clarify how the Health Infrastructure (HI) Costing Template and Algorithm is utilised and provide feedback to the 31 August 2016 Board Meeting**

Mr Jones reported that he has not been able to clarify with HI how the Health Infrastructure Costing Template and Algorithm is utilised to date. Following discussion the Board Chair indicated that the HI Costing Template and Algorithm should require no further consideration and this item can be removed from the Agenda.

- 6.6 Mr Jones is to discuss a media strategy with the Acting Media Co-ordinator on the best way to release positive media releases on what has been expended by the LHD over 2015/16 on asset refurbishment including providing the information to local Members of Parliament for inclusion in their community newsletters.**

Mr Jones reported that he has discussed a media strategy with the Acting Media Co-ordinator on the best way to release positive media releases on what has been expended by the LHD over 2015/16 on asset refurbishment including providing the information to local Members of Parliament for inclusion in their community newsletters. When

confirmation of Asset Replacement and Refurbishment Program funding for 2016/17 is received, a media list will be developed and provided to local Members of Parliament for inclusion in their information and newsletters.

***6.9 Any other Matters Arising from the Board Minutes**

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

The Updated NNSW LHD Board Resolution and Decision Register from the 27 July 2016 Board Meeting was noted.

7.1 Changes to Register Items 540 and 561 covered in Item 6 Business Arising.
Noted

7.2 New Register items 562 and 565 were covered in Item 6 Business Arising.
Noted

The Board requested that Items 411 and 523 be removed from the NNSW Board Resolution and Decision Register.

Mr Jones indicated that Dr Ogg has provided feedback advising that the Gold Coast University Hospital and Orange Base Hospital do not have an automated Rapid Response System, The Princess Alexander Hospital Brisbane does have an auto-triggered system based on a Cerner software package which is being used on a trial basis in three Queensland sites. Mr Jones agreed that this item be removed from the Register until the outcome of the pilot is known.

8. *Chief Executive's Report

Mr Jones referred to the issues that were covered in the Chief Executive's Report to the Board, which included Elective Surgery and Emergency Patient results, Capital Works Projects and Planning Projects – TTH Stage 1, LBH Stage 3A, LBH Multi-storey Carpark, GBH Ambulatory Care Centre, Bonalbo Multipurpose Service, Byron Central Hospital Surgical Services, Review of Executive Leadership Team, Performance Reports, NNSW LHD Integration Strategy, 2016 NSW Excellence in Nursing and Midwifery Awards, Paediatrics at Murwillumbah District Hospital, Rural Health Minor Works Submission – Murwillumbah Satellite Renal Unit \$400,000, Lismore – Older Persons Mental; Health Unit Upgrade \$100,000, Security, Safety Action Meetings, Visit by Professor Debra Picone AM, Overdue Elective Surgical Patients, Research and 2016/17 Service Agreement.

The Board discussed the following matters:

- The Board requested that the letter from Susan Pearce, Deputy Secretary, System Purchasing and Performance commending NNSW LHD for the continued concerted effort to reduce the number of overdue surgery patients across the LHD with a decrease from 42 in March 2016/17 to 7 in June 2016 be circulated via the Health Service Groups through the Surgical Meetings for the Staff and Clinicians information.

Action:

Mr Jones is to provide the letter from Susan Pearce, Deputy Secretary, System Purchasing and Performance commending NNSW LHD for the continued concerted effort to reduce the number of overdue surgery patients across the LHD with a decrease from 42 in March 2016 to 7 in June 2016 to the Executive Directors of each Health Service Groups through the Surgical Meetings for the Staff and Clinicians information.

- Two options for TTH Stage 1 are being progressed which are the funded \$48 million development as well as a potential greenfield site for TTH and Murwillumbah District Hospital.

Following a query concerning progress with upgrading the Women's Care Unit and Satellite Renal Unit at MDH, Mr Jones advised that there is an urgency to undertake work on the Women's Care Unit and he has requested Capital Works to prepare costings on renovating the Women's Care Unit, noting that there is no funding identified for this work so it will need to be carefully considered as to how the required work is progressed.

Following a query concerning transport options for the Murwillumbah community to access a hospital at a greenfield site, the Board was advised that transport options would form part of the considerations in progressing a greenfield site.

- The LBH Emergency Department (ED) will open on 1 September 2016 following negotiations with the New South Wales Nurses and Midwifery Association concerning additional staffing for the new ED.
- The Board was briefed on a strategy that is being considered to assist every shift worker at Lismore Base Hospital who requires parking and does not have an allocated carpark to purchase a stored value card to park in the mental health carpark (Hunter Street) after 12noon and negotiations are continuing with Lismore City Council (LCC) to change the paid parking finish time along Hunter Street to 3pm instead of 6pm.

Mr Jones advised that the majority of candidates standing for the LCC in the upcoming elections, support the paid parking to be changed to \$2 per day, which will be in breach of the Agreement between NNSW LHD and LCC and this has been raised with the Council Management.

- Surgery Dashboard – the Board noted that NNSW LHD continues to have the lowest start on time result with 25% for June 2016.

In relation to the Emergency Theatre Access result of 40%, Mr Jones responded that he has received advice that this is a data error. The Board Chair requested that the data be updated and the Surgery Dashboard be reissued with the correct information.

Action:

Mr Jones is to seek information on the data on NSW LHD for Surgery Start on Time and Emergency Theatre Access, and request that the Dashboard Report be amended and reissued with the correct data.

The Board ENDORSED the Chief Executive's Report.

***9. Strategic and Planning Items**

9.1 NSW LHD Asset Strategic Plan – change of Scope for LBH – for endorsement

The Board noted the NSW LHD Asset Strategic Plan, change of Scope for LBH and requested amendments to page 8 Hospital Substitution Hospital in the Home to include Maclean District Hospital, page 48 second last dot point, New Correctional Facility to indicate 1700 inmates not 600.

The Board ENDORSED the amended NSW LHD Asset Strategic Plan, Change of Scope for LBH with the above amendments.

Moved: Ms Rosie Kew

Seconded: Dr Alan Tyson

CARRIED

9.2 Brief on Board obligations under Work Health and Safety (WHS) Act

Mr Frazer advised this information had been requested for the Board to ensure that it is meeting its legal obligations in relation to WHS Act requirements. The Board is required to do everything that is reasonably practical in relation to due diligence for Board Members.

The Board considered the Recommendations as follows:

Recommendation 1

The Board requested that a six monthly WHS education including a WHS update is provided to all Board Members by the Manager WHS & Injury Management to ensure that all Board Members can demonstrate an ongoing knowledge of developments in WHS matters, legislation and best practice.

Recommendation 2

The Board Endorsed the induction of new Board members to be completed by Manager WHS & Injury Management upon appointment.

Recommendation 3

The Board Endorsed quarterly reporting to the MOH on bullying and harassment data is tabled at Audit and Risk Meetings by the Manager Workforce.

Recommendation 4

The Board requested that the Chief Executive Report have a set agenda item included as the first item in the monthly Chief Executive Report to the Board, including the reporting template.

Moved: Dr Alan Tyson
Seconded: Dr Sue Page
CARRIED

Dr Collie queried whether there is potential for the Board to look at high risks in relation to grievances on bullying and harassment suggesting that it is important that the Board is comfortable that there are systems in place to address these issues.

Mr Jones responded that he is intending to undertake a small project based on the Central Coast Local Health District Speaking Out program to raise the profile of managing bullying and harassment concerns among staff including identification and notification of Grievance Officers and to look at resilience building training for staff in these areas.

The Board indicated that it is supportive of a No Bullying and Harassment Policy across the LHD.

The Board requested that Mr Jones provide an update on the Speaking Out Program based on a program undertaken by the Royal College of Surgeons on the addressing of bullying and harassment and to look at the resilience building training for staff in these areas.

Action:

Mr Jones is to provide an update to the 28 September 2016 Board Meeting on a Speaking Out Program based on a program undertaken by the Royal College of Surgeons on the addressing bullying and harassment.

9.3 Brief on Expression of Interest received for local day surgery services at Byron Central Hospital

The Board ENDORSED the Recommendations contained in the Brief.

Moved: Mr David Frazer
Seconded: Mr Mark Humphries
CARRIED

Mr Jones is to ascertain whether he can approach the developer of the project that is to be located next to the Byron Central Hospital to discuss whether that organisation may wish to consider submitting a tender for local day surgery services on the BCH site.

Action:

Mr Jones is to ascertain whether he can approach the developer of the project that is to be located next to the Byron Central Hospital to discuss whether that organisation

may wish to consider submitting a tender for local day surgery services on the BCH site.

10. Items for Decision/Resolution

10.1 Retrospective endorsement and applying of NNSW LHD Seal of a funding extension to 31 December 2016 Indigenous Australians' Health Programme

The Board ENDORSED the Signing under Seal of a funding Extension of Agreement to 31 December 2016 Indigenous Australian' Health Programme.

Moved: Mr David Frazer
Seconded: Professor Lesley Barclay
CARRIED

10.2 NNSW LHD Corporate Governance Attestation Statement 1 July 2015 to 30 June 2016

The Board ENDORSED the submission of the Corporate Governance Attestation Statement NNSW LHD 1 July 2015 to 30 June 2016 to the NSW Ministry of Health.

Moved: Mr David Frazer
Seconded: Dr Alan Tyson
CARRIED

10.3 Attendance at Mid North Coast Rural Innovations and Research Symposium 15 – 16 September 2016

Dr Jean Collie was nominated to attend the Mid North Coast Rural Innovations and Research Symposium to be held on 15 – 16 September 2016.

Moved: Ms Rosie Kew
Seconded: Mr Mark Humphries
CARRIED

***11. Minutes – Governance Committees**

11.1 Finance and Performance Committee Meeting (F&PC)

Mr Humphries provided a verbal report of the F&PC Meeting held on the 24 August 2016.

Mr Humphries reported that expenditure and revenue for July 2016 were favourable. The action concerning an invitation being extended to a representative from an appropriate Government Department to discuss the contractual arrangements for the Energy Performance Contract was noted.

Mr Humphries complimented Executive Directors of both Health Service Groups on the narrative on hospital performances that is now being submitted to the F&PC as they are most helpful in gaining an understanding of how each hospital is performing.

The Board Chair queried the two activity results on Transfer for Care for Byron Central Hospital. Mr Jones advised he would take this query on notice and provide feedback on the correct figure to the next Board meeting.

The unconfirmed Minutes of the FPC Meeting held on 24 August 2016 were noted.

Action:

Mr Jones is to provide feedback on the two activity results on Transfer for Care for Byron Central Hospital to the 28 September 2016 Board Meeting.

11.2 Health Care Quality Committee (HCQC)

Ms Kew provided a verbal report on the HCQC Meetings held on 14 June and 12 July 2016.

Ms Kew advised that six new policies and procedures were presented to the HCQC and the Clinical Governance Framework is still under development.

Ms Kew reported that there had been a lengthy discussion on the review of the HCQC Terms of Reference (TOR) and a small sub-committee has met and drafted a TOR which will be presented to the next HCQC Meeting.

Ms Kew noted the resignation of an Infectious Diseases (ID) Physician due to personal reasons. Mr Jones advised the LHD will need to consider the number of hours allocated for the ID Physician and currently the LHD is working through North Sydney Pathology Services to provide ID support until a decision is made on the hours required for ID Physician Services. Dr Collie suggested that consideration could be given to recruiting ID Physicians early from the Colleges and Universities following completion of their education.

Ms Kew advised that the Clarence accreditation is commencing in September 2016.

There are some significant clinical redesign projects underway in the Tweed Byron Health Service Group looking at emergency surgery, Orthopaedics and Integrated Care.

Ms Kew advised that a letter was forwarded to Ms Lorna McNamara, Acting Director, Office of Kids and Families concerning the use of sterile water injections procedure for relief of low back pain in labour and feedback from Ms McNamara stated that NNSW LHD should not be undertaking this procedure unless it is part of a clinical trial. The HCQC has requested Cathy Adams, Clinical Midwifery Consultant look at placing the LHD on a clinical trial for this procedure.

The Board requested the Chief Executive follow-up with Cathy Adams to ascertain if the LHD has now engaged in a trial for the use of sterile water injections for low back pain during labour and if this has not occurred he will forward a letter to clinicians advising that this practice is to be suspended pending confirmation of a trial commencing.

Dr Moran suggested the issues concerning the current insulin chart may need to be raised at the HCQC. Dr Tyson provided background on the MOH Policy Directive for LHDs to use the current chart. The Board requested that Ms Kew report to the HCQC that a letter is being forwarded to the MOH requesting that the current insulin chart be reviewed as NNSW LHD clinicians have raised some significant concerns with the content of the chart.

There was discussion on the need for a Pharmacist to attend the HCQC and Ms Kew reported that Dr Hutton had reported that the Drug and Therapeutics Committee is the most appropriate Committee for Pharmacists to provide input on pharmacy matters. Mr Jones advised that attendance of a Pharmacist at the HCQC is possible as it has the capacity to co-opt relevant expertise to the HCQC as required.

The unconfirmed Minutes of the HCQC Meetings held on 14 June and 12 July 2016 were noted.

Action

Mr Jones is to follow-up with Cathy Adams, Clinical Midwifery Consultation to ascertain if the LHD has now engaged in a trial for the use of sterile water injections for low back pain during labour and if this has not occurred he will forward a letter to clinicians advising that this practice is to be suspended pending confirmation of a trial commencing.

Ms Kew is to report to the HCQC that the Board has requested a letter be forwarded to the MOH requesting that the current insulin chart be reviewed as NNSW LHD clinicians have raised some significant concerns with the content of the chart.

11.3 Medical and Dental Advisory Appointments Committee (MDAAC)

Dr Tyson provided a verbal report on the MDAAC Meeting held on 11 August 2016.

Dr Tyson noted there had been a number of CMO appointments with visiting rights for the Byron Central Hospital approved.

The Board noted that the appointment of Dr Grant Rogers, Director of Medical Services to Senior Staff Specialist status has been deferred pending additional information being available.

In relation to letters of appreciation being made available for Medical Officers who resigned and have over twenty years of service, Mr Jones advised that he has requested Mr John Wickham, LHD Medical Administration Manager assist the Directors of Medical Services to develop a process for this to be implemented.

The unconfirmed Minutes of the MDAAC Meeting held on 11 August 2016 were noted.

11.4 Health Services Development Committee (HSDC)

The Board noted that the unconfirmed Minutes of the HSDC Meeting held on 11 August 2016 will be circulated to the 28 September 2016 Board Meeting.

11.5 Audit and Risk Committee (ARC)

Mr Frazer advised that he had provided a verbal report on the ARC Meeting held on 14 July 2016 at the 27 July 2016 Board Meeting.

Mr Frazer reported that a further ARC Meeting was held on 25 August 2016 where the ARC endorsed the annual financial documents and closure of the financial statements. Mr Frazer advised that NNSW LHD was the first LHD to submit its financial statements for 2015/16 to the MOH. Mr Frazer congratulated Mr McGuigan and the Finance Team for the excellent work undertaken in the preparation of the LHD financial statements.

Mr Jones reported that following discussions with the MOH an assessment is being undertaken to fast-track the sale of the Byron Hospital site in its current form and has also asked for advice on how consultation with the community should be progressed on the Mullumbimby Hospital site.

Mr Jones advised that a review of VMO claims processing is underway following an unexplained increase in VMO costs.

Mr Frazer referred to the results of an audit concerning the Meal and Entertainment Cards and the potential inappropriate use of some of these cards. An audit review of call-backs and overtime has been undertaken with potential large costs for inappropriate payments being made and the agreed process is not being adhered to. Mr Jones responded that the results of the call-backs and overtime audit is being closely considered.

The unconfirmed Minutes of the ARC Meeting held on 14 July 2016 were noted.

11.6 NNSW LHD Clinical Council (CC)

Mr Murray Spriggs provided a verbal report on the CC Meeting held on 26 July 2016.

Mr Spriggs reported that a great part of the CC Meeting looked at how the CC can be renewed and a dedicated workshop is being held on 6 September 2016 to discuss how the CC operates, are there additional areas that the CC can undertake and enhanced clinician engagement.

The unconfirmed Minutes of the CC Meeting held on 26 July 2016 were noted.

11.7 Community Engagement Advisory Council (CEAC)

The Board noted that the next CEAC Meeting is scheduled on 19 September 2016.

11.8 Medical Staff Executive Council (MSEC)

The Board noted the next MSEC meeting is scheduled on 15 September 2016.

11.9 NNSW LHD Interim Aboriginal Partnership Meeting (APM)

The Board noted the unconfirmed Minutes of the APM held on 21 July 2016 will be submitted to the 28 September 2016 Board Meeting for noting.

11.10 NNSW LHD Mental Health Forum (MHF)

Ms Deb Monaghan provided a verbal report of the MHF Meeting held on 15 August 2016.

Ms Monaghan reported that Expressions of Interest had been circulated for artists to provide murals within the Older Persons Mental Health Unit and a Sub-Committee has selected a Lismore based artist to provide the murals.

An informative presentation was also provided by Warren Shaw, Network Manager for Richmond and Clarence Mental Health Service on the numbers of clients in the Richmond area that are managed by the adult Community Mental Health Teams.

The unconfirmed Minutes of the MHF held on 15 August were noted.

11.11 Health Education Workforce Research Forum (HEWRF)

The Board noted that the next HEWRF meeting is still to be scheduled.

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

Ms Kew reported on the DACAC Meeting held on 11 August 2016.

Ms Kew advised that the majority of the DACAC Meeting comprised working with Moira Waters, Acting Planning and Performance Manager on the recommendations in the Consultant Report from David McGrath.

Mr Kew queried whether consideration needs to be given to undertaking discussions with the North Coast Primary Health Network (NCPHN) on the private dosing of methadone and general practitioners being able to dispense methadone. Mr Jones responded that NNSW LHD is working with the NCPHN as part of an alliance contracting model around some drug and alcohol funding from the NCPHN, and the LHD will be working with some NGOs and community providers with the goal to enhance community based services.

The unconfirmed Minutes of the DACAC Meeting held on 11 August 2016 were noted.

***12. Items Without Notice/Late Business**

- Mr Jones also reported that he is undertaking discussions with the NCPHN concerning its role in the Clarence Network in managing the shortage of General Practitioners following the closure of Jacaranda Health as this it has had a direct impact on the GBH ED.

Dr Collie noted that there are issues in the Clarence Network in relation to General Practitioner shortage as some internationally trained Doctors who have been employed under the District Workforce Shortage Program have not had their registration renewed as they have not been able to pass their clinical exams to obtain general registration. Dr Collie is to provide some additional information to Mr Jones to assist in his discussions with the NCPHN.

- Dr Tyson raised the issue concerning recent media on antibiotic guidelines and part of the Easy Program for Clinicians using antibiotic guidelines, GBH currently does not have an ID Physician and therefore does not fulfil the Guidelines and may be subject to some criticism. Mr Jones responded that the LHD utilises an ID phone service from Royal North Shore Hospital. Dr Moran also noted that TTH does have an ID Physician who would be able to provide assistance.

13. Items for Noting

- *13.1 Letter to the Hon Jillian Skinner MP, Minister for Health concerning NNSW LHD Board decision not to undertake an independent review of costings for the redevelopment of The Tweed Hospital and Bonalbo Multipurpose Service**
The Board Chair reported that at a recent meeting with the Minister's Office he advised that the LHD Board has undertaken a decision not to progress an independent review of the costings for the redevelopment of TTH and Bonalbo Multipurpose Service.

- 13.2 Letter of invitation to Mr Martin Bowles PSM, Secretary, Department of Health to visit NNSW LHD and North Coast Primary Health Network**
Noted

14. Items for Information:

- 14.1 Letter from Christine Gambley, Save Our Services (SOS), Upper Clarence Health Committee advising of new Office Bearers for SOS Committee**
Noted

15. Close of Meeting

There being no further official business, the Chair declared the meeting closed at 5.05 pm.

16. Date and Time of next Board Meeting

Wednesday, 28 September 2016

10am – 12noon


Combined Board Meeting with North Coast Primary Health Network and NNSW LHD Board at the Tweed Service Club, Tweed Heads

1.00pm

NNSW LHD Board Meeting, TCERI Education Centre, The Tweed Hospital

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

MINUTES OF THE MEETING OF THE NORTHERN NEW SOUTH WALES LOCAL HEALTH DISTRICT BOARD HELD ON WEDNESDAY 31 AUGUST 2016 IN THE GROUND FLOOR MEETING ROOM, CRAWFORD HOUSE, HUNTER STREET, LISMORE COMMENCING AT 2.00PM

Signed  Date 18/11/16

Dr Brian Pezzutti
Board Chair
Northern NSW Local Health District