

12.30pm – 1.30pm Mr Conrad Groenewald, Chief Executive, HealthShare NSW presented to the NNSW LHD Board on current developments being progressed by HealthShare

Mr Groenewald provided background information on the HealthShare organisation advising that HealthShare exists to support patient care through its expertise as Australia's largest public sector shared services provider for corporate and non-corporate services. The services provided by HealthShare are Strategic Procurement, Food Services, Hotel Services, Linen Services, EnableNSW, Non-Emergency Patient Transport, Financial Services, Employee Transaction Services and Purchasing, Warehousing and Distribution.

Mr Groenewald explained what services existed before the establishment of HealthShare NSW with 29 different payroll systems being condensed to one statewide payroll system, 10 laundries across the State reduced to now having 7 efficient laundries, 14 food production units down to 4 food production units, 33 purchasing contracts replaced by centralised purchasing that allows volume discounts and better customer engagement, 17 warehouses have been condensed to 5 warehouses and distribution centres with savings of \$3 million per annum being achieved and 25 lodgement centres being brought into one statewide organisation with streamlined application processes.

The Chair noted the \$180m worth of medical and surgical supplies are issued each year and asked what the actual spend is each year that is over and above the imprest items that make up the items purchased for \$180 million. Mr Groenewald responded that it has been estimated that around 30% of items are stock.

Mr Groenewald tabled a copy of the HealthShare Strategic Plan 2014-2017 and noted that the HealthShare Vision is "to be a trusted and valued partner enabling excellent healthcare in NSW" and "HealthShare is people helping people deliver excellent healthcare".

Mr Groenewald advised that good feedback had been received from a recent customer experience survey including good feedback on clarity and simplicity, knowledge support, effective delivery and timely resolutions. Therefore, the three main aims for HealthShare moving forward are to better understand customers, experience redesign and to simplify the way HealthShare does business and to have a customer centred culture, Mr Groenewald said.

Mr Groenewald indicated that HealthShare considers its performance is a partnership relay with health agencies and it looks at its Key Performance Indicators in three ways: how HealthShare is performing as a business, how its customers are performing and how the health system is performing overall. A lot of time has been taken in developing a performance reporting portfolio and framework that demonstrates the performance in these key areas to enable tangible advice to be provided to customers and partners.

HealthShare has three different pricing models with the first pricing model being a pass through costing model, fixed cost pricing model and a linen commercial accurate model, which links best with Activity Based Funding (ABF) and therefore HealthShare needs to align itself with the same model the Local Health Districts will be using for their funding. A lot of time has been spent

MINUTES OF THE MEETING OF THE NORTHERN NEW SOUTH WALES LOCAL HEALTH DISTRICT BOARD HELD ON WEDNESDAY 2 JULY 2014 IN EDUCATION CENTRE, BALLINA HOSPITAL, CHERRY STREET, BALLINA, COMMENCING AT 1.30PM

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shadowing costs on Food and Hotel Service and the work that is required to undertake this including the establishment the units of measure, factoring risks including volume variations and fixed versus variable costs and Service Centres all into the model, Mr Groenewald said.

Mr Groenewald indicated that in looking ahead work will be undertaken to implement the 2014 – 2017 Strategic Plan, improve customer service by using the customer value survey, implement strategic commissioning and market testing service cost effectiveness and implementing a continuous improvement culture to instil a culture of high performance.

Mr Groenewald spoke on the proposal for Bundled Services and the difficulties in competing in a commercially equitable environment. Mr Groenewald advised that HealthShare has put out to tender the provision of pre-packaged meals, which tender closes at the end of July 2014. This has been a catalyst for operational change as so much has been learned about Patient consumption behaviour. The whole focus on Food Services has changed so that it now maximises the contribution of the nutrition of Patients in NSW Hospitals and this enables Staff to understand some of the barriers such as reducing time between Patients ordering and receiving meals, as well as the benefit of reducing the waste component in providing meals to Patients.

The Non-Emergency Patient Transport (NEPT) Service is another area that has been subject to marketing testing and it is providing interesting results, Mr Groenewald advised.

Mr Groenewald indicated that a Continuous Improvement Culture Manager is being recruited to drive continuous improvement across the Organisation and to reach out to LHDs to provide qualitative and critical analysis for their consideration.

Mr Groenewald explained that for NNSW LHD in 2012/13 there had been \$34.3 million in charges made for HealthShare Services. The eHealth component of \$4.9 million was noted and from 1 July 2014 all eHealth services will be provided by the eHealth NSW organisation, although there will continue to be strong synergies between HealthShare and eHealth NSW, Mr Groenewald stated.

Dr Page asked if changes are made to create efficiencies, does this funding go back to NSW Health and therefore would there be significant risk if an LHD moved to engage a private service provider? Mr Groenewald responded that HealthShare is a not for profit organisation and spoke on the support that had been provided by HealthShare during the NSW bushfires in 2013 at no cost to the State for distribution of essential goods. Mr Groenewald advised that trying to quantify these types of benefits is part of the HealthShare challenge.

Dr Tyson referred to freight being charged on items that are not supplied on the HealthShare imprest list and suggested that the LHDs would be expending a substantial amount on freight charges on these additional items and therefore the identified savings of \$3 million would not be reflective of these additional costs. Dr Tyson suggested that if savings are to be made which will assist the LHDs, the imprest lists need to include those items that the customers need.

Mr Groenewald responded that obtaining Clinician agreement across the State on the additional items that need to be included on imprest lists is a challenge for HealthShare. Dr Tyson

suggested that consideration may need to be given to purchasing items that will force the price down at a central level, which will then impact positively on freight charges.

Mr Groenewald indicated that a process called "cross docking" is being investigated and this will enable LHDs to tap into the HealthShare Warehouse footprint and when an order is made with a supplier a request can be made to ship the item to the nearest HealthShare Warehouse and then the item can be shipped to the LHD as part of a normal order process.

The Chair raised the issue of when warehousing was moved to a central store, the cost was shifted to each Department with the need to store large amounts of stock so that it can be readily accessed and this has also caused storage issues and availability of Staff time, which is an ongoing issue for LHDs. Ms Monaghan also noted there is also a minimum order requirement when ordering goods which impacts on the storage of these goods.

Mr Groenewald suggested that due to the increase in lag time for the receipt of some goods, Staff are ordering goods in different quantities therefore causing storage issues.

The Chair asked which organisations is HealthShare benchmarking against? Mr Groenewald responded that benchmarking is difficult for HealthShare due to the scale of the services provided and HealthShare has had to break its areas down into small components to obtain the required relativity and so the benefits of benchmarking.

The Chair referred to a recent issue with the provision of Gemstar Infusion Pumps and suggested that there needs to be transparency when seeking input on what items are to be contracted to be included on the impress items for the whole system. The people on the Selection Groups that make the decision on the purchasing of specific items need to be more transparent and input from LHDs needs to be obtained, the Chair said.

The Chair also commented that there seems to be a lot of one-off purchases made, for example, with ultrasound machines for doing nerve blocks. He suggested that there may be marginal differences between some items, but a base set of criteria is required with the cost factors being taken into account and there should not be pressure to buy machines that are on a Clinician "wishlist" that have different qualities and different prices to the item that is available.

Dr Page noted that often this type of equipment is linked to a Research Unit and that is why it is important to have a variety of regional Clinicians being involved on the procurement Selection Panels.

The Chair referred to the HealthShare Strategic Plan and suggested that the wording around people and customers may need to be changed, so that people and customers are treated in the same way. Mr Groenewald explained the rationale for the way these words had been used and advised that devolution of decision-making is important and there needs to be a level of standardisation across the whole State which is a huge challenge, as there is a need to have a suite of options with degrees of local decision-making in place,

Professor Barclay asked that in relation to the issues of freight and how this is differently treated by the MOH with LHDs in relation to budgets and suggested that there does need to be some

recognition of the differential costs in how the LHDs are treated. Otherwise some LHDs are penalised and are not treated equitably due to an LHD's location.

Mr Groenewald commented that the HealthShare's ability to influence funding is a concern and it understands some of the inequalities between the LHDs. It is hoped there will be an opportunity for different models to be explored, such as NNSW LHD accessing goods from South East Queensland in the future, Mr Groenewald said.

The Chair thanked Mr Groenewald for visiting NNSW LHD and taking the time to present on HealthShare to the Board.

1. *PRESENT AND APOLOGIES:

Dr Brian Pezzutti (Chair), Mr David Frazer, Ms Rosie Kew, Dr Allan Tyson, Ms Deb Monaghan, Professor Lesley Barclay, Ms Leone Crayden, Dr Sue Page

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

2. *Apologies: Ms Hazel Bridgett, Mr Mark Humphries, Dr Joe Ogg, Mr Malcolm Marshall

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

Ms Kew declared a potential conflict of interest in relation to Item 6.1.

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

The Board Members asterisked Agenda Items 6.1, 6.2, 6.5, 6.6, 6.7, 6.8, 6.11 and 14.

5. *Previous Minutes:

a) The Minutes of the Board Meeting held on 28 May 2014 were ENDORSED as a true and accurate record of the meeting with the following amendment to Item 6.2 on Page 3 to include ".....Ms Kew advised that she had apologised to the Secretariat for this oversight and explained that she had raised the social media comments as it was an important topical issue as it had been mentioned in the Chief Executive's Report as NNSW LHD is considering having input into social media via a Facebook page".

Moved: Dr Allan Tyson

Seconded: Professor Lesley Barclay

CARRIED

b) The Abridged Minutes of the 30 April 2014 Board Meeting were APPROVED for placing on the NNSW LHD Internet Site.

Moved: Ms Rosie Kew

Seconded: Dr Allan Tyson

CARRIED

c) Minutes of the NNSW LHD and Northern Coast NSW Medicare Local Combined Board

Meeting dated 5 March 2014 were ENDORSED as a true and accurate record of the meeting.

Moved: Dr Allan Tyson
Seconded: Dr Brian Pezzutti
CARRIED

5. Business Arising from the Minutes:

- *6.1 Mr Crawford is to provide an updated Brief on the total number and categories of positions that are awaiting approval for recruitment on the Mercury system showing the numbers of FTE versus how many FTE the LHD should have in total, as a percentage as well as the number of FTE for each discipline, to the 2 July 2014 Board Meeting.**

Mr Crawford tabled a Brief that provided information on the number of positions entered into the Mercury Recruitment System that are currently "on hold". Mr Crawford advised that the information that has been received shows that the number of positions "on hold" has decreased to around 30.7 FTE which is around 0.8% of the total budgeted LHD FTE, which is down from the previously reported 65 FTE.

Mr Wayne Jones, Chief of Staff, Chief Executive Unit, is to provide a Brief on the total number of Allied Health vacancies by Site and sub-speciality, advice on the potential for the buying in of Allied Health Services for peripheral Facilities, including demand data to the 2 July 2014 Board Meeting.

Mr Crawford referred to the Brief that was provided in the Agenda Papers and provided background about the content of the Brief. Mr Crawford stated that advice received from the Ministry of Health (MOH) indicates that a Staff establishment does not exist other than in accordance with the Salaries and Wages budgets and a comparison was made in accordance with this methodology, as outlined in the Briefing Note. So if an entity is operating in an over-budget situation it does not have vacancies and if it is operating in an under budget situation it does have vacancies and those vacancies are calculated by making reference to the amount by which the entity is under-budget, Mr Crawford said.

Using this methodology, Mr Crawford said that the Briefing Note advised that there are no Allied Health vacancies in the Tweed Byron Health Service Group and the Clarence Network but there are one-two FTE vacancies in the Richmond Network, amongst the Community and Allied Health Services.

The Board held a detailed discussion about Allied Health vacancies and whether sufficient resources are being invested into employing Allied Health Staff. Arising from that discussion the Board made the following decisions.

Actions:

The Board RESOLVED that the Executive Directors of the two Health Service Groups are to be advised that they have the delegated authority to transfer funds from either the employment of other categories of Staff or from the Goods and Services budget to employ more Allied Health Staff should they wish to do so. The

Executive Directors once they receive their 2014/15 budgets are to consider whether they will employ more Allied Health Staff and are to advise the Board of the outcome of their considerations about this matter.

The Board RESOLVED that a proposal is to be prepared by the Executive Directors of the two Health Service Groups on the means by which Surgical Outpatient Clinics, that need to be attended by Patients prior to their being added to a Surgical Waiting List, can be set up.

- 6.2 Mr Jones is to provide a report that identifies the 319 employees on temporary contracts who require review, information on each temporary contact that sets out the Workforce Group for these positions, what the position is, where it is located, whether the position is vacant and for how long the temporary contract/s is offered and any information about rollover contracts being offered to the 2 July 2014 Board Meeting.**

The Board discussed the information that was provided by Mr Wayne Jones, Chief of Staff, Chief Executive Unit on employees on temporary contracts in the Grafton Base, Maclean and Ballina Hospitals and Clarence Valley Community Health Service. Following on from this discussion the Board indicated that it did not require additional information on temporary contracts in other NNSW LHD locations.

The Board RESOLVED that the management of temporary contracts is a local management matter and asked that a memorandum is circulated to relevant Health Service Groups and Services requesting that long term temporary contracts are permatished where appropriate, as soon as possible.

Action:

Mr Crawford is to circulate a memorandum to the Health Service Groups, Mental Health and Drug and Alcohol Service and Chief of Staff Unit requesting that long term temporary contracts be permatished, where appropriate, as soon as possible.

- *6.3 A quarterly update is to be provided to the Board on the strategies being used to address Visiting Medical Officer (VMO) cost overruns every quarter by the two Health Service Groups and the Mental Health and Drug and Alcohol Service, with the next report due to be submitted to the 2 July 2014 Board Meeting.**

The Board discussed the information that was provided on the strategies being used to address VMO cost overruns every quarter by the Tweed Byron Health Service Group and the Mental Health and Drug and Alcohol Service (MH&DAS).

The Board noted that it will receive a further quarterly report on the strategies being used to address VMO cost overruns at its October 2014 Meeting.

- *6.4 Dr Pezzutti is to update the Board following his receipt of advice from Mr Wayne Jones, Chief of Staff, Chief Executive Unit on feedback received from the MOH on the accommodating of Northern NSW residents on the Queensland Health Renal Cadaveric Transplant recipient list and whether there is a benefit for NNSW LHD should this occur.**

The Board noted that Mr Wayne Jones, Chief of Staff, Chief Executive Unit is still seeking feedback from the MOH on the accommodating of Northern NSW residents on the Queensland Health Renal Cadaveric Transplant recipient list and whether there is a benefit for NNSW LHD should this occur and will provide advice to the Board when this information is received.

***6.5 Mr Crawford is to speak to Dr Ian McPhee seeking further information on allegations of bullying made in his statement to the Board to enable the Chief Executive to determine whether such allegations warrant an investigation.**

Mr Crawford reported that he has discussed with Dr McPhee the allegations of bullying made in his statement to the Board and that Dr McPhee has advised him that he does not want to pursue this matter any further.

The Board RESOLVED that as Dr McPhee has indicated that he does not want to provide further information on this matter and that there is not sufficient information available to investigate the matter without Dr McPhee providing additional information, there is no further action that the Board can reasonably take on this matter.

Mr Crawford is to draft a letter for the Board Chair's signature to Dr McPhee thanking him for the work that he has undertaken in recent years in encouraging Clinicians to engage with the Tweed Byron Health Service Group and for his involvement in the development of TTH Clinical Services Plan and Master Plan.

Mr Crawford advised that Dr McPhee has been unanimously re-elected as the Chair of TTH Medical Staff Council and therefore sending a letter to Dr McPhee thanking him for his previous work on TTH Medical Staff Council would be premature.

The Board noted the advice provided by Mr Crawford on this matter.

6.6 Mr Malcolm Marshall is to request Mr James McGuigan, Executive Director of Finance to include the breakdown of YTD Salaries and Wages Costs for each relevant period and Speciality in the monthly Operating Statement.

The Board noted that this request has not been actioned and requested that Mr Crawford progress this request with Mr James McGuigan, Executive Director of Finance.

The Board also requested that Mr Crawford follow up on the cost of infrastructure for the Renal Dialysis Service in relation to the number of Dialysis Patients being treated across the LHD and provide feedback to the Board as part of a future Chief Executive Report.

Professor Barclay referred to recent research that has been undertaken on the Home Dialysis Service with particular reference to potential Aboriginal Patients, by the Northern Rivers University Centre for Rural Health (NRUCRH) and suggested that this could be a topic for a Patient Story being presented to a future Board Meeting.

Action:

Mr Crawford is to contact Mr James McGuigan, Executive Director of Finance to request that he ensure that a breakdown of YTD Salaries and Wages Costs for each relevant period and Speciality is included in the monthly Operating Statement.

Mr Crawford is to follow up on the cost of infrastructure for the Renal Dialysis Service in relation to the number of Dialysis Patients being treated across the LHD and provide feedback to a future Board Meeting as part of the Chief Executive Report to the Board.

Mr Spriggs is to include the research that has been undertaken on the Home Dialysis Service by the Northern Rivers University Centre for Rural Health as a topic for a Patient Story to be presented at a future Board Meeting.

- 6.7 Mr Crawford is to request Ms Maureen Lane, Manager Planning and Performance to draft a letter of response for the Board Chair's signature to the MOH on the Draft Rural Health Plan outlining the LHD's concern about the lack of attention paid to the provision of Mental Health and Drug and Alcohol Services, the low percentage of Rural Residents with Private Health Insurance cover and the comments made by Ms Bridgett and Professor Barclay.**

The Board noted the letter to Ms Liz Develin, Director, Health System Planning and Investment Branch, MOH dated 5 June 2014, providing feedback on the draft NSW Rural Health Plan.

- *6.8 Mr Crawford is to request Dr Buss to provide a Brief to the 2 July 2014 Board Meeting analysing the data on the number of females self-harming in NNSW LHD as indicated in the draft Rural Health Plan.**

The Board discussed the information that was provided in the Brief from Dr Buss, Executive Director Mental Health and Drug and Alcohol Services, which analysed the data on the number of females self-harming in NNSW LHD.

The Board AGREED that the Chair would discuss the Brief received from Dr Buss with the Minister for Health and Medical Research's Chief of Staff.

- *6.9 Mr Crawford is to correspond with Professor Les White, Chief Paediatrician, NSW Kids and Families seeking his advice in relation to the potential for the undertaking of more surgery on children, including on children under the age of ten years, at Murwillumbah District Hospital (MDH) and to ascertain whether a Level 3 role delineation is sufficient to undertake this extra Paediatric Surgery.**

The Board noted the letter to Professor Les White AM, Chief Paediatrician NSW Kids and Families dated 12 June 2014 concerning the possibility of undertaking more Surgery at MDH.

Mr Crawford is to also obtain information from Ms Bernadette Loughnane, Executive Director Tweed Byron Health Service Group that provides advice to the Board that there is a process in place for verifying that the General Practitioners

/Visiting Medical Officers have contemporary Paediatric skills and that improved Clinical governance processes will be put into place to support the MDH Paediatric Service.

The Board noted the letters to Ms Bernadette Loughnane, Executive Director, Tweed Byron Health Service Group dated 12 and 18 June 2014, advising her of the decisions of the Board and asking her to take specified actions with regard to Paediatric Services at MDH.

- *6.10 Mr Crawford is to draft a letter for the Board Chair's signature to Professor Michael McKay, Radiation Oncologist and Staff Specialist within the North Coast Cancer Institute (NCCI), Lismore congratulating him on being awarded the prestigious Rohan Williams Travelling Professorship Award from the Royal College of Radiologists of the United Kingdom (UK).**

The Board noted the letter to Professor Michael McKay, Radiation Oncologist and Staff Specialist, NCCI dated 23 June 2014 congratulating him on being awarded the Rohan Williams Travelling Professorship Award from the Royal College of Radiologists of the UK.

- *6.11 Mr Crawford is to make enquiries as to whether the Finks Motor Cycle Club has been named as an outlaw organisation, whether NNSW LHD is still receiving donations from the Finks Motor Cycle Club and what are the ramifications for the LHD if it is still receiving donations from the Finks Motor Cycle Club, if they are considered an outlaw Motor Cycle Club and provide advice to the 2 July 2014 Board Meeting.**

A confidential Briefing was tabled for the Board's consideration.

The Board were advised that:

- The Finks Motor Cycle Club has made several donations to the MDH Children's Ward but has not made a donation for some time;
- The Finks Motor Cycle Club is not considered an Outlaw Motor Cycle Club under the current Legislation.

The Board noted the information that was provided in the Brief.

- 6.12 Mr Crawford is to draft a letter for the Board Chair's signature to the Minister for Health and Medical Research suggesting that the tendering process for Non Government Organisations (NGOs) be delayed so that they retain their existing funding until 30 June 2016.**

The Board noted the letter to the Hon. Jillian Skinner, MP Minister for Health and Medical Research dated 26 June 2014 requesting that the tendering process for NGOs be delayed so that they retain their existing funding until 30 June 2016.

6.13 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 28 May 2014 Board Meeting were noted.

7.1 Changes to Register Items 294, 304, 321, 322 and 327 were covered in Item 4 Business Arising.

Noted

7.2 New Register items 328, 330 to 335 were covered in Item 4 Business Arising.

Noted

8. *Chief Executive's Report

Mr Crawford referred to the issues that were covered in the Chief Executive Report to the Board, which included the Board Members Conference, NSW Health Symposium, Tweed Byron Health Service Group Accreditation, NEST, NEAT and Triage Results, Capital Works Projects – Yamba Community Health Centre, LBH Stage 3A, LBH Emergency Medicine Unit, GBH Pathology Service and Pharmacy Department Upgrade, Planning Projects – Ballina District Hospital Operating Theatre and Medical Imaging Upgrade, Casino District Hospital ED, Byron Shire Central Hospital, LBH Stage 3B, The Tweed Hospital (TTH) Stage 4, Bonalbo Multipurpose Services (MPS), Coraki HealthOne Service, Murwillumbah District Hospital (MDH) ED Upgrade Stage 3 and LBH Multistorey Carpark, Follow Up of Board Decision on the Future Arrangements for Paediatric Services at MDH, Audit and Risk Committee, Bundled Services, Ministerial Rural Health Advisory Committee, NNSW LHD Budget -2013/14 Budget and 2014/15 Budget, Complex Cancer Surgery, Hosted Services, 2014/15 MOH/NNSW LHD Service Agreement, Vulnerable Communities, Rural Minor Works Allocation, Protection of Water Against Coal Seam Gas Mining, Palliative Care Funding Boost, Integrated Care, Capacity Assessment Project, Health On A Page, More Response to Federal Health Budget, NNSW LHD Facebook Page, Praise for the NNSW LHD Finance Team, Declaration of Grafton Base Hospital (GBH) and Byron Bay Hospital Emergency Departments, Allocation of Junior Medical Officers at GBH, Outdoor Smoking Bans, Membership of the Health Education Research Forum, Recent National Health Performance Authority Report, Changes at St Vincent's Lismore Hospital Lismore, Men's Health Week, GBH Long Service Awards, New Yamba Medical Centre, Northern Child Health Network, MOH Public Affairs Unit Reorganisation, Aboriginal Cultural Awareness Bus Trip, New Leadership Challenge Seminar with John Clarke of the Kings Fund, Latest North Coast Integrated Care Clinical Training Network Newsletter and "Buy Local" Project Wins Award.

The Board ENDORSED the Chief Executive's Recommendation to:

- Reappoint the existing Independent Chair and Independent other Member of the Audit and Risk Committee for a further one year term, and
- To make representations to MOH asking that it approach the NSW Treasury with a request that it extend the maximum terms of the Chairs of the NSW Audit Committee

to two three year terms.

Mr Crawford referred to the recent NSW LHD Performance Meeting with the MOH and tabled a copy of a letter that has been forwarded to Mr Ken Whelan, MOH that provides information on the work that NSW LHD is undertaking to improve its budget performance and to explain why the LHD performance rating should not be increased to Level One.

The Board noted the feedback received from the Auditor-General's Representative on the assistance and co-operation received from the NSW LHD Finance Team and requested that a letter be forwarded to Mr James McGuigan, Executive Director of Finance congratulating the Finance Team on the good feedback that had been received from the Auditor General's Representative on its performance.

Action:

The Board Chair is to forward a letter to Mr James McGuigan, Executive Director of Finance congratulating the NSW LHD Finance Team on the good feedback that has been received from the Auditor General's Representative in relation to the co-operative relationship that has been developed between the External Auditors and the NSW LHD Finance Team.

The Board noted the Chief Executive had attended the New Leadership Challenge Seminar with John Clarke of the Kings Fund and requested that the Chief Executive provide some dot points on lessons learned from the Seminar as part of the Chief Executive's Report to the 30 July 2014 Board Meeting.

Action:

Mr Crawford is to provide some dot points on lessons learned from the New Leadership Challenge Seminar with John Clarke of the Kings Fund that may be of interest to the Board as part of the Chief Executive's Report to the 30 July 2014 Board Meeting.

Mr Crawford requested that any comments on the 2014/15 Service Agreement are to be provided to him or his Executive Assistant and the draft letter of response on the 2014/15 Service Agreement to the MOH Secretary will be developed by Ms Lane, Manager, Planning and Performance and submitted to the 30 July 2014 Board Meeting for consideration.

The Chair indicated that he will be requesting that the words "consumer and client" are removed from the Service Agreement.

The Board ENDORSED the Chief Executive's Report.

9. * Strategic and Planning Items

There were no Strategic and Planning Items for consideration.

10. Minutes – Governance Committees

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

The Board noted the unconfirmed F&PC Minutes of the 25 June 2014 Meeting and the summary report about that Meeting that was provided by Mr Malcolm Marshall, Chair of the F&PC Meeting.

10.2 *Health Care Quality Committee (HCQC)

The Board noted the written summary report from Ms Kew of the HCQC meeting that was held on 9 June 2012.

The unconfirmed Minutes of the HCQC held on 9 June 2014 were noted.

10.3 *Medical and Dental Advisory Appointments Committee (MDAAC)

Dr Tyson provided a verbal report on the MDAAC Meeting held on 12 June 2014.

Dr Tyson reported that one Anaesthetist who had been appointed to GBH has now indicated that she will not be taking up the position, however the second Anaesthetist from the United Kingdom will still take up an Anaesthetist position at GBH.

The Chair noted the significant number of Locum Emergency Medicine Specialists who are being engaged in the LBH Emergency Department (ED) and queried why there has not been advertising undertaken to fill the vacant positions in the LBH ED. Mr Crawford said that advertising to fill this position is underway.

Mr Crawford responded that his Office will follow-up with Mr John Wickham, District Medical Administration Manager, to ensure that the recruitment being undertaken to the LBH ED Locum Emergency Medicine Specialist position is included on the next MDAAC Meeting list of positions being recruited to and then this information is included in the MDAAC Minutes.

Action:

Mr Chris Crawford is to follow up with Mr John Wickham, District Medical Administration Manager, to ensure that the advertising for the vacant temporarily filled Emergency Medicine Specialist position located in the LBH Emergency Department is included on the next MDAAC Meeting list of positions being recruited to and is then included in the MDAAC Minutes as a Specialist Medical Officer position that is subject to recruitment.

The unconfirmed Minutes of the MDAAC Meeting held on 12 June 2014 were noted.

10.4 *Health Services Development Committee (HSDC)

The Board noted that the unconfirmed Minutes of the HSDC Meeting held on 12 June 2014 will be included in the 30 July 2014 Board Meeting Agenda for noting.

10.5 *Audit and Risk Committee (ARC)

Mr Frazer provided a verbal report on the ARC Meeting held on 5 June 2014.

Mr Frazer advised that the Auditor General's Representative had commented on the LHD's strong financial management over the past few years, indicating that our commitment has been positive and that the queries regarding management as part of the audit process have been significantly less than other LHDs. Mr Frazer also indicated that the Auditor-General's Representative had indicated that in relation to the early close off of accounts, NNSW LHD was referred to as being a model and a benchmark for other LHDs.

The Board requested that this feedback is included in the letter to Mr Ken Whelan, MOH.

Mr Frazer noted that Mrs Gail Farrar, Internal Audit Manager, will no longer be working for NNSW LHD as a result of the splitting of the Internal Audit Unit, as she has taken up the position of Mid North Coast LHD Internal Audit Manager. Mr Frazer noted that Ms Emma Webb has been appointed as the NNSW LHD Acting Internal Audit Manager.

The Board requested that the Chair forward a letter to Ms Farrar thanking for her contribution as Internal Audit Manager for NNSW LHD and its predecessor organisation over the last eight years.

Action:

Mr Crawford is to draft a letter for the Board Chair's signature to Ms Gail Farrar thanking her for her contribution as Internal Audit Manager for NNSW LHD and its predecessor organisation over the last eight years.

The Initial Work Health and Safety Report from Ms Yvette Bowen, Work Health and Safety Manager was received by the ARC, Mr Frazer said.

Mr Frazer advised that the NNSW LHD Strategic Risk Register has been received by the ARC and the rating of the level of financial risk in relation to the Risk Register item will be determined once the NNSW LHD 2014/15 budget is analysed and then presented to the Board.

The unconfirmed Minutes of the ARC Meeting held on 5 June 2014 were noted.

10.6 *NNSW LHD Clinical Council

The Board noted that the unconfirmed Minutes of the NNSW LHD Clinical Council Meeting held on 17 June 2014 are to be submitted to 30 July 2014 Board Meeting for noting.

10.7 Community Engagement Advisory Council (CEAC)

The Board noted the next CEAC Meeting is scheduled for 28 July 2014.

10.8 Medical Staff Executive Council (MSEC)

Dr Tyson provided a verbal report on the MSEC Meeting held on 15 May 2014.

Dr Tyson reported that the MSEC continues to have difficulty in maintaining quorums from representatives of the LHD Hospital MSCs. However, the substance of the meeting was useful with an emphasis being on Clinician engagement and work is underway to seek

clarification of who the nominees from the MSCs are so that alternate representatives can be identified to attend the MSEC as required, Dr Tyson said.

The unconfirmed Minutes of the MSEC Meeting held on 15 May 2014 were noted.

10.9 NSW Aboriginal Interim Partnership Meeting (AIPM)

The Board noted the next meeting of the AIPM is scheduled to be held on 14 July 2014.

11. * Items for Decision/Resolution

11.1 Complaint or Concern about a Clinician – Management Procedure

The Board ENDORSED the amended Complaint or Concern About A Clinician – Management Procedure and requested that the amended Procedure is now loaded onto the NNSW LHD Intranet Site.

The Board also suggested that the table on page 8 or 14 is changed to a flowchart when the Procedure is next reviewed.

Moved: Dr Allan Tyson
Seconded: Ms Rosie Kew

11.2 Letter from Dr Chris Ingall, LBH Medical Staff Council Chair dated 1 May 2014 concerning content of NNSW LHD Board Minutes and position of Chief Executive

The Board noted the letter from Dr Chris Ingall, Chair LBH Medical Staff Council and discussed this matter with the following points being raised:

- NNSW LHD Abridged Minutes which are endorsed by the Board do not regularly contain discussion of items that are considered "In Camera or Confidential".
- The decision to transfer Ophthalmology Surgery from two Private Health Facilities to LBH was a decision made by the NNSW LHD Board.
- A separate area was built to accommodate the Ophthalmology Surgery at LBH and therefore the return of Ophthalmology Surgery has had very little effect on the rest of LBH and LBH is now meeting its NEST targets in spite of increased emergency Surgery activity.
- Clinician engagement is an item that has been identified for improvement with the Chief Executive and the Executive having developed the Improving Clinician Engagement Paper and with the Paper's Recommendations now being implemented.

The Board resolved that the Board Chair will write to Dr Ingall and to all LBH Visiting Medical Officers advising of the actions undertaken by the NNSW LHD to improve Clinician engagement, the positive results being achieved from the transfer of Richmond Network Ophthalmology Surgery Service to LBH and the amendment of the Management of a Complaint or Concern About a Clinician Procedure.

Action:

The Board Chair is to write to Dr Ingall and to all LBH Visiting Medical Officers advising of the actions undertaken by the NNSW LHD to improve Clinician engagement, the positive results being achieved with the transfer of the Richmond Network Ophthalmology Surgery Service to LBH and the amendment of the Management of a Complaint or Concern About a Clinician Procedure.

11.3 Letter from Vahid Saberi, Chief Executive, North Coast NSW Medicare Local (NCML) dated 10 June 2014 concerning NSW Health System Integration Plan

The Board noted the letter from Vahid Saberi, Chief Executive, North Coast NSW Medicare Local dated 10 June 2014 seeking nomination of Board Members to participate in the development of the NSW Health System Integration Plan.

Action:

Mr Crawford is to forward a letter to Mr Vahid Saberi, Chief Executive, NCML advising that the NNSW LHD Board has nominated Ms Leone Crayden, Ms Rosie Kew and Dr Sue Page as the NNSW LHD Board representatives for the NSW Health System Integration Plan.

11.4 Brief on Health Literacy Masterclass October 2014

The Board noted the Brief on the Health Literacy Masterclass to be held in October 2014 and agreed to support Ms Hazel Bridgett attending the Health Literacy Masterclass in her capacity as a Board Member.

11.5 Program Level Agreements – NNSW LHD and Family and Community Services - Aboriginal Child, Youth and Family Strategy and Families NSW

The Board ENDORSED the Signing and Sealing of the Program Level Agreements between NNSW LHD and Family and Community Services - Aboriginal Child, Youth and Family Strategy and Families NSW.

11.6 Service Level Agreement NNSW LHD and NSW Ambulance Service

The Board ENDORSED the Signing and Sealing of the Service Level Agreement between NNSW LHD and the NSW Ambulance Service.

11.7 Rural Doctors Fund (RDF) Network Outreach Funding (MSOP) Agreement

The Board ENDORSED the Signing and Sealing of the RDF Network Funding (MSOP) Agreement.

12. * Items without Notice/Late Business

- The Chair advised that three Board members have been requested to provide input into a third party Government Information Privacy Act (GIPA) (former FOI) request that involves the potential release of the Chief Executive's Performance Agreement, 2012/13 Performance Appraisal and a section of the full NNSW LHD Board Minutes where the Chief Executive's performance appraisal was discussed.

The Board raised the following points:

- Seek advice from the NSW LHD Privacy Officer to obtain information on whether the Privacy Legislation overrides some of the GIPA Legislation and whether this may need to be taken into account when determining what information should be released on the Chief Executive's personal performance.
- If the information is released whether a precedent is set which will have potential impact on full and frank discussions at future Board Meetings.

The Board resolved that there is no harm in releasing the Chief Executive's Performance Agreement and Appraisal, however consideration needs to be given to the advice from MOH on the potential systemic implications across the Health System on this matter, as well as seeking advice from the NSW LHD Privacy Officer on what rights the Chief Executive has under the Privacy Legislation, when considering potentially releasing the requested documents.

- The Board considered the future content of the NSW LHD Minutes and **RESOLVED** that in the future the NSW LHD Board Minutes are not to include discussion except where it is directly relevant to a decision and Board Members are to indicate the resolutions that are to be minuted, including any dissenting views from Board Members in line with the NSW MOH Guidelines for the Minuting of Board Meetings.

The Board **ENDORSED** that there is to be only one set of Board Minutes developed, which will be the Minutes placed on the NSW LHD Internet Site, unless there are confidential or in camera items included in the Minutes, in which case an abridged version of the Minutes which does not include these items will be produced and posted on the NSW LHD Internet Site.

Moved: Dr Allan Tyson
Seconded: Ms Rosie Kew
CARRIED

- The Board Resolved to hold a farewell dinner for Ms Hazel Bridgett, who is retiring from the NSW LHD Board in December 2014 on 3 December 2014 following the Annual Community and Stakeholder Engagement Meeting in Ballina.
- Professor Barclay advised that in relation to clinical training some of the local LHDs are trying to charge Universities for taking students for training. The University of Sydney has available a good paper that has been submitted to NSW MOH about the reciprocation that occurs between Universities and LHDs and it puts forward arguments on why LHDs charging Universities should not occur. Should there be any costs levied by Health Services for training students these need to be determined nationally and systematically, Professor Barclay said.
- Ms Crayden advised that the On Track Community Program has built twenty Units in Tweed Heads that are affordable accommodation, the rental of which is being promoted at 30%

below their market value and they are targeted at key health workers. Ms Crayden indicated that she is seeking advice on whether it is appropriate to place this information on the NNSW LHD Intranet Site for the information of Staff and if so she will correspond with the Chief Executive about this matter.

The Board resolved that it would be appropriate to place the information about the On Track Community Program Units that are available for rental by appropriate Staff on the NNSW LHD intranet site.

13. Items for Noting

- 13.1 Letter to Mr Don Page, MP, Member for Ballina inviting him to be the Guest Speaker at the Annual Community and Stakeholder Meeting in December 2014**
Noted
- 13.2 Letter from the Hon Jai Rowell MP, Minister for Mental Health dated 15 May 2014 acknowledging the Acting Chair's letter of congratulations and invitation to attend the NNSW LHD**
Noted
- 13.3 Letter from Ms Hazel Bridgett, Chair, NNSW LHD Mental Health Forum dated 5 May 2014 concerning changes to the NGO Funding and Contracts**
Noted
- 13.4 Letter to Mr Kevin Hogan, MP Member for Page dated 28 May 2014 concerning the establishment of Primary Health Networks**
Noted
- 13.5 Letter from Dr Chris Ingall, Chair, LBH Medical Staff Council Dated 1 May 2014 concerning the Resource Distribution Formula**
Noted
- 13.6 Email from the Office of Don Page MP, Member for Ballina accepting the LHD's invitation to be the Guest Speaker at the NNSW LHD Annual Community and Stakeholder Meeting on 3 December 2014.**
Noted
- 14. Items for Information:**
There were no items for information.
- 15. Date and Time of next Board Meeting:**

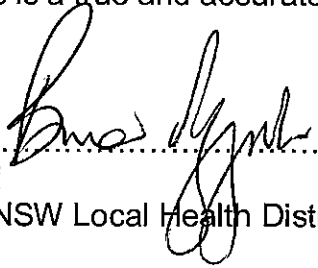
Wednesday 30 July 2014 in the Education Room, Level 4, The Tweed Hospital, Tweed Heads commencing at 10.00am

There being no further official business, the Chair declared the meeting closed at 4.59pm.

MINUTES OF THE MEETING OF THE NORTHERN NEW SOUTH WALES LOCAL HEALTH DISTRICT BOARD HELD ON WEDNESDAY 2 JULY 2014 IN EDUCATION CENTRE, BALLINA HOSPITAL, CHERRY STREET, BALLINA, COMMENCING AT 1.30PM

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

Signed
Dr Brian Pezzutti
Chair, Northern NSW Local Health District



Date 7/7/14