

**MINUTES OF THE MEETING OF THE NORTHERN NEW SOUTH WALES LOCAL HEALTH DISTRICT BOARD HELD ON WEDNESDAY 29 JULY 2015 IN THE COMMUNITY MENTAL HEALTH MEETING ROOM, THE TWEED HOSPITAL, TWEED HEADS COMMENCING AT 1.00PM**

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**1.00pm – 1.30pm**

**Presentation by Vicki Rose, Executive Director Allied Health and Manager Chronic and Primary Care Services and Catriona Wilson, Integrated Care Manager**

Ms Rose and Ms Wilson presented to the Board on the Integrated Care Program.

The Chair thanked Ms Rose and Ms Wilson for attending the Board Meeting and providing an overview of the implementation of the Integrated Care Program.

Ms Rose advised that Roadshows are currently being held across Northern NSW Local Health District (NNSW LHD) to explain to the Clinicians, Managers and Staff what is involved with the Integrated Care Program.

Ms Wilson explained to the Board what is occurring with the Integrated Care Program and that the organising principle is the aim of achieving improved patient care through better coordination of services and is based on the patient's perspective and noted that the integration will combine a set of processes, methods and models that facilitate integrated care. Following a submission to the MOH, NNSW LHD received funding of \$800,000 from the MOH Planning and Innovation Fund in 2015/16 to support the implementation of the Integrated care model. A second component of funding has been allocated to eHealth NSW as an Integrated Care enabler with a large component of this funding being utilized to improve communications across the NSW Health System, which aligns with implementing the Electronic Medical Record in the Community and linking it to General Practices and Aboriginal Medical Services (AMS).

Ms Wilson advised that the NNSW LHD submission targeted adults with chronic conditions and complex care needs, including mental illness, with a whole of system response across acute, community & primary care services. NNSW LHD will partner with the North Coast NSW Primary Health Network, AMSs and NSW Ambulance Service to achieve this outcome.

The Board was advised of the challenges being faced by NNSW LHD to implement Integrated Care, including the dominance of hospital based care, provider-centred models of care, differences in business models and funding arrangements, Information Technology, communication challenges and lack of system capability due to services not being available when and where they are needed. The Integrated Care Program focus is to provide the right care, at the right place, at the right time, with the right team. The MOH will be using seventeen functional components of Integrated Care to develop the framework tool which will be utilized to evaluate and monitor the implementation of the Program, Ms Wilson said.

Ms Wilson reported on the progress that has been made to date to implement Integrated Care across the LHD, which includes the establishment of the governance structure, the appointment of the Integrated Care Program Manager and Executive Sponsor and appointment of an Information Technology Project Officer, a Workshop Launch with many stakeholders in May 2015, continuing to explore eHealth solutions and partnering with the Integrated Care Collaborative Improvement Foundation. Three Care Navigator positions are being trialed in The Tweed (TTH) and Lismore Base (LBH) Hospitals and in the Mental Health

Service to engage early with General Practices, which involves liaising with the General Practice, during the time the patient is in Hospital and facilitating discharge planning, which includes the identification and addressing of issues in the acute setting that are impediments to communicating better with General Practice.

Ms Rose advised that Expressions of Interest will be sought from General Practices to participate in a trial of the Integrated Care Program, which would involve ten GP Practices in each of the Richmond Network and Tweed Byron Health Service Groups.

Ms Rose also reported that ACI Funding has been received to support local initiatives in the Tweed Network to examine building partnerships with older persons with \$100K being allocated for this purpose. Also, another \$100K has been received from the ACI to support the linking of ten mobile telehealth machines in Residential Aged Care facilities in Grafton back to Grafton Base Hospital and to General Practices.

Dr Moran stated that to obtain better engagement with General Practitioners it should be on the basis of the GP Practice being the key hub where Patients receive their healthcare. He said the Integrated Care Program should assist the General Practice to obtain better information, so saving time for both the Patient and the General Practice. This would support earlier interventions for the Patient and therefore it will be a positive Program to implement.

Ms Rose advised that a package of care will be developed that will value add to how the General Practices are currently providing healthcare to their Patients.

The Chair congratulated Ms Rose and Ms Wilson on the progress that has been made to date to implement the changed model of care across the LHD, which is the key to successfully introducing the Integrated Care Program.

**1.30-2.00pm**

**David Hutton, Executive Director Clinical Governance to present on Root Cause Analysis processes**

**Refer Item 6.10**

**1. \*PRESENT AND APOLOGIES:**

Dr Brian Pezzutti (Chair), Mr Malcolm Marshall, Mr David Frazer, Dr Joe Ogg, Dr Jean Collie, Ms Leonie Crayden, Ms Rosie Kew, Dr Allan Tyson, Professor Lesley Barclay, Ms Deb Monaghan, Dr John Moran and Dr Sue Page

**In Attendance :** Mr Chris Crawford (Chief Executive), Ms Jenny Cleaver (Secretariat)

**2. \*Apologies:** Mr Mark Humphries

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

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

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

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

The Board Members asterisked Agenda Items: 6.2, 6.9, 6.11, 6.13, 6.18, 6.19, 6.20 and 6.21.

**5. \*Previous Minutes:**

a) The Minutes of the Board Meeting held on 1 July 2015, as circulated were ENDORSED as a true and accurate record of the meeting including an amendment to Item 11.2 to read "The Board approved the applying of the NNSW LHD Seal to the Deed of Release between NNSW LHD and DA Abbott".

Moved: Mr David Frazer  
Seconded: Dr Jean Collie  
CARRIED

The Board requested that the italics on page 11 first dot point be removed and then the Board approved the Minutes for placement on the NNSW LHD Internet Site.

**Business Arising from the Minutes:**

**6.1 Mr Marshall is to provide a copy of Ms Liz Rix's presentation on "The Patient Journey of Aboriginal People on Haemodialysis in rural NSW NNSW LHD" to the Chief Executive requesting that he consider the recommendations from the Study and provide comment on them to the NNSW LHD Board in due course.**

The Board noted that a copy of Ms Liz Rix's presentation on "The Patient Journey of Aboriginal People on Haemodialysis in rural NSW NNSW LHD" has been provided to the Chief Executive and he will consider the recommendations from the Study and provide comment on them to the NNSW LHD Board in due course.

**\*6.2 Dr David Hutton, Executive Director Clinical Governance is to provide a report on a comparative analysis of other LHDs Risk Registers to the 29 July 2015 for consideration.**

The Board noted the Brief from Mr Craig McNally, Patient Safety and Corporate Risk Manager that provided a comparative analysis of NNSW LHD Strategic Risk Register and a review of the MOH report on the NNSW LHD Summary Analysis, which compares its high risks relating to patient care with those of other LHDs.

**6.3 Mr Crawford is to forward a copy of the NNSW LHD Charter for the Audit and Risk Committee (ARC) to the NSW Ministry of Health for information**

The Board were advised that a copy of the NNSW LHD Charter for the ARC will be forwarded to the NSW Ministry of Health for information following the document being signed by the Chief Executive and Mr Barry Shepherd, Chair of the ARC.

- 6.4 Mr Chris Crawford and Mr Malcolm Marshall are to meet to consider how the content of the Chief Executive's Report can be circulated more widely within the LHD to inform Clinicians about what is occurring within the LHD, as part of the process of Management and the Board more actively engaging with Clinicians**  
The Board noted that Mr Marshall and Mr Crawford will meet in August 2015 following Mr Crawford returning from leave to consider how the content of the Chief Executive's Report can be circulated more widely within the LHD to inform Clinicians about what is occurring within the LHD, as part of the process of Management and the Board more actively engaging with Clinicians.

**Action:**

**Mr Chris Crawford and Mr Malcolm Marshall are to meet to consider how the content of the Chief Executive's Report can be circulated more widely within the LHD to inform Clinicians about what is occurring within the LHD, as part of the process of Management and the Board more actively engaging with Clinicians**

- 6.5 Mr Chris Crawford is to arrange for the draft revised Clinical Governance Framework to be circulated to all Board Members via email following it being posted on the NNSW LHD Z Drive.**  
The Board was advised that more work is being undertaken by the Clinical Governance Unit (CGU) on the draft revised Clinical Governance Framework before it is placed onto the NNSW LHD Z Drive to solicit feedback on its content and style. When the Clinical Governance Framework is placed on the Z Drive for consultation, the Chief Executive's Office will circulate a copy of the document to all Board Members.
- 6.6 The Chief Executive is to request the NNSW LHD CGU to provide a link to the Clinical Excellence Commission Bulletin which provides a number of key RCAs on current issues from across the State from the NNSW LHD Intranet site.**  
The Board noted the Brief from Dr David Hutton, Executive Director Clinical Governance setting out the number of links that are available from the NNSW LHD Internet Site to the Clinical Excellence Commission website including to the Patient Safety Program.
- \*6.7 Dr David Hutton, Executive Director Clinical Governance is to be invited to attend the 29 July 2015 Board Meeting to address the issues raised by the Board in relation to the Root Cause Analysis (RCA) process including confidentiality, access to RCA information and the quality of the RCA process.**  
Dr David Hutton attended the Board Meeting to discuss the matters relating to RCA Reports, which had been raised by the Board.

Dr Hutton referred to a previous Brief that he had submitted to the 1 July 2015 Board Meeting concerning RCA processes. Dr Hutton also referred to the Brief that was provided in the 29 July 2015 Board Meeting Papers and indicated in that Brief he addressed issues one and three raised by the Board.

Dr Hutton provided a detailed verbal analysis of the Board's queries in relation to the processes that are in place to assess the quality of the in-house RCA process leading up

to an RCA Report being developed. Dr Hutton provided background information on the formation of NSW LHD CGU and the evolution of a model of RCA reporting where a Patient Safety Officer drafts the report on behalf of the RCA Team, which is working well.

Dr Hutton spoke on the quality of RCA Reports and said that the NSW LHD CGU has a record of producing high quality RCA Reports. Dr Hutton noted that as part of a RCA process some RCA Teams do not reach consensus, which has to be managed carefully and appropriately. Dr Hutton referred to a Brief in the background information that was provided in the Board Meeting Papers concerning a presentation on managing RCA processes with regard to diagnostic error work, which is being undertaken by a Clinical Excellence Commission Working Party.

Dr Hutton referred to a specific RCA process that concerned a clinical incident involving diagnostic error. Dr Hutton noted that processes concerning this RCA had been raised at two recent Health Care Quality Meetings. The Board was provided with a detailed explanation of the initial actions that were undertaken in relation to this incident. Dr Hutton indicated that the RCA Team for this incident appeared to struggle with the causation factors pertaining to the incident and while the RCA Team did make a serious attempt to answer "why did the incident happen", the team appeared to become stuck in relation to applying the rules of causation, which can happen.

Dr Hutton advised that in order to prevent this type of incident occurring again, the RCA Team has followed-up its analysis of why the incident occurred by suggesting a number of system improvements which cover diagnosis, clinical handover, ambulance delay and inpatient-centred care. The CGU will continue to monitor the implementation of these system improvement suggestions, Dr Hutton stated.

Dr Hutton also advised that regular meetings are held between NSW LHD and the NSW Ambulance Service, Northern Region at which issues identified from RCAs regarding Ambulance transfers are discussed. Dr Hutton also indicated that Hospital Staff have poor knowledge of the Ambulance system criteria for determining priority for transfer and Mr Wayne Jones, Chief of Staff, Chief Executive Unit will raise this matter with Wayne McKenna, NSW Ambulance Service with a view to the NSW Ambulance Service providing education on its transfer criteria to NSW LHD Hospital Staff.

Dr Hutton reassured the Board that in relation to this particular incident, it was correctly identified as a SAC 1 incident and so the undertaking of an RCA was required. The process of selecting the RCA Team was discussed and Dr Hutton stated that a multidisciplinary group of Clinicians as included on the Team, including a balance of Medical and Nursing Staff, is the appropriate make up of the team. Dr Hutton advised that an RCA Team can consult with him as part of the statutory privilege which is available to it.

Dr Hutton advised that the CGU searches out systematic reviews that may be helpful to an RCA Team, when it is considering a particular incident and make those reviews available to the RCA Team.

The Board discussed the possibility of the root cause in this particular RCA not being identified being due to the fragmented Medical Record, which is part electronic and part paper based, so making it difficult for a fully informed diagnosis of the Patient's condition to be made.

The Board asked that Ms Kew ensure that this important strategic concern arising from this RCA is further discussed at the Health Care Quality Committee Meeting.

The Board thanked Dr Hutton for attending the Board meeting and providing a detailed response to the Board's queries concerning RCA processes.

- 6.8 Mr Marshall, Acting Board Chair is to write to Ms Atosha Clancy, Project Officer, Dementia Outreach Service from the Board Chair acknowledging her efforts in regard to the work she undertook as part of HETI sponsored research relating to the Dementia Outreach Service.**

The Board noted the letter to Ms Atosha Clancy, Project Officer, Dementia Outreach Service, from the Acting Board Chair acknowledging her efforts in regard to the work she undertook as part of HETI sponsored research on the Dementia Outreach Service.

- \*6.9 The Chief Executive is to provide information to the Board on exit interviews that have been conducted for Senior Managers, Clinical and Non-Clinical, including Executive Director positions, when they have left the Health Service, including the provision of an example of what an exit interview comprises to the 29 July 2015 Board Meeting for consideration.**

The Board requested that exit interviews are mandatorily offered to all Executive and Senior Staff who are exiting the organisation by their Line Managers. Mr Crawford is to request that Ms Janne Boot, Manager, Workforce Change and Sustainability Service, implement a process to ensure that exit interviews are mandatorily offered to Executive Directors and Senior Staff by their Line Managers, when they leave the organisation.

**Action:**

**Mr Crawford is to request that Ms Janne Boot, Manager, Workforce Change and Sustainability Service, implement a process to ensure that mandatory exit interviews are offered for Executive and Senior Staff when they leave the organisation by their Line Managers.**

- \*6.10 Mr Wayne Jones is to discuss with the Matt Long, Chief Information Officer and Dr David Hutton, Executive Director Clinical Governance the availability of further education for the rollout of the eASY Program at GBH and provide feedback to the 29 July 2015 Board Meeting**

The Board noted the advice provided in the Brief from Wayne Jones, Acting Chief Executive concerning the availability of further education for the rollout of the eASY Program at GBH.

- \*6.11 Mr Jones is to discuss the potential for the Infectious Disease Physicians located in the two Health Service Groups to be available to sign off on the use of High Level Drugs for the Grafton Base Hospital (GBH) with Ms Bernadette Loughnane, Executive Director Tweed Byron Health Service Group and Ms Narelle Gleeson, Acting Executive Director Richmond Clarence Health Service Group and provide feedback to the 29 July 2015 Board Meeting.**

Mr Crawford is to provide a Brief to the 2 September 2015 Board Meeting advising what arrangements are able to be put into place to enable the Infectious Disease Physicians located in the two Health Service Groups to be available to sign off on the use of High Level Drugs at GBH and to each provide some cover for the other's leave.

**Action:**

**Mr Crawford is to provide a Brief to the 2 September 2015 Board Meeting advising what arrangements are able to be put into place to enable the Infectious Disease Physicians located in the two Health Service Groups to be available to sign off on the use of High Level Drugs at Grafton Base Hospital and to each provide some cover for the other's leave.**

- 6.12 Ms Vicki Rose, Executive Director Allied Health and Manager Chronic and Primary Care Services and Ms Catriona Wilson, Integrated Care Manager are to be invited to attend the 29 July 2015 Board Meeting to provide a presentation on the intent of the Integrated Care Program and also present to the 28 October 2015 Board Meeting on the progress that is being made with the implementation of the Integrated Care Program.**

Ms Vicki Rose, Executive Director Allied Health and Manager Chronic and Primary Care Services and Ms Catriona Wilson, Integrated Care Manager presented to the 29 July 2015 Board Meeting on the intent and implementation of the Integrated Care Program. Ms Rose and Ms Wilson will provide an update to the 28 October 2015 Board Meeting on the further progress that has been made with the implementation of the Integrated Care Program

- 6.13 Mr Marshall, Acting Board Chair is to forward a letter of congratulations to Ms Annette Symes, Executive Director of Nursing and Midwifery following her appointment to the Nursing and Midwifery Board of Australia.**

The Board noted the letter of congratulations to Ms Annette Symes, Executive Director of Nursing and Midwifery from the Acting Board Chair.

- 6.14 The Chief Executive is to consider whether Priorities Nos 9 and 10 on the NNSW LHD Asset Strategic Plan should be reversed with feedback to be provided to the 29 July 2015 Board Meeting to enable the Board to endorse the list of priorities from six to ten.**

Refer Item 9.2

- 6.15 The Board requested that the revised pages of the NNSW LHD Integrated Aboriginal Health and Wellbeing Plan 2015 - 2020 that have been updated with the**

**inclusion of the additional items be submitted to the 29 July 2015 Board Meeting for noting.**

The Board noted the excellent work that was been undertaken by Maureen Lane, Manager Planning and Performance in incorporating the Board changes into the NSW LHD Integrated Aboriginal Health and Wellbeing Plan 2015-2020.

**\*6.16 Mr Crawford is to provide advice to the 29 July 2015 Board Meeting on when the Maclean District Hospital Rehabilitation Unit (MDHRU) will be fully operational.**

Mr Crawford reported that some recruitment has been completed with some still underway for the MDHRU. Mr Crawford indicated that five beds in the MDHRU will be open in the coming months, once the recruitment of all the required Staff for the MDHRU has been finalised.

**\*6.17 Mr Wayne Jones, Chief of Staff, Chief Executive Unit is to check whether similar Deeds of Release of this type require the applying of the NSW LHD Seal.**

The Board noted the information contained in the Brief from Wayne Jones, Acting Chief Executive. Mr Crawford stated that some organisations request that a document is signed under Seal while others do not have this requirement. Mr Crawford advised that where applicable he will request these organisations to reconsider the use of the old fashioned signatory page that requires the Seal to be applied, to standard and relatively minor documents, which will then allow the Chief Executive to sign these documents "for and on behalf" of NSW LHD. A form letter will be developed to send to those organisations requiring such documents to be signed "under Seal" requesting a change of practice with regard to their signatory pages.

**\*6.18 Mr Malcolm Marshall, Acting Board Chair is to forward a letter of response to Dr Sare with a copy to Dr Ingall, advising that the NSW LHD Board has nominated five Board representatives to attend a meeting which is to be scheduled to be held with them as soon as is mutually convenient.**

The Board noted the summary document provided by Mr Malcolm Marshall, of the meeting held with Drs David Sare and Chris Ingall and the representatives of the NSW LHD Board on 17 July 2015.

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

- A Brief is to be provided to the Board outlining what the process is when inpatients at an acute Hospital receive specialist services from an external health service that are not available from the acute Hospital and whether the NSW LHD or Medicare is charged for the provision of these specialist services.
- The Board noted that the Board Chair indicated that he will continue to use the word "Patient" as relevant to the particular document being signed but still taking into account the Resolution of the Board that there are a range of similar words that are interchangeable with the word "Patient" that can be used for this purpose.

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



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The Updated NNSW LHD Board Resolution and Decision Register from the 1 July 2015 Board Meeting were noted.

**7.1 Changes to Register Items 420, 426, 435, 442, 443, 456 and 457 covered in Item 6 Business Arising.**

Noted

**7.2 New Register items 457 to 469 were covered in Item 6 Business Arising.**

Noted

**8. \*Chief Executive's Report**

Mr Crawford referred to the issues that were covered in the Chief Executive's Report to the Board, which included the After Hours Primary Healthcare Arrangements, North Coast GP Training, Health On A Page, 2015/16 Budget, 2014/15 Budget, NEST, NEAT and Triage Results, Capital Works Projects - LBH Stages 3A and 3B, Byron Central Hospital, Planning Projects - Ballina District Hospital Operating Suite and Medical Imaging Upgrade, TTH Stage 4, Bonalbo Multipurpose Service, Coraki HealthOne Service, LBH Multistorey Carpark, Regional Aboriginal and Torres Strait Islander Health and Wellbeing Plan, GBH Ambulatory Care Centre, proposed Murwillumbah District Hospital (MDH) Renal Dialysis Unit, Asset Strategic Plan, Resignation of John Lambert, Manager Capital Works, Health Roster Implementation, NNSW LHD 2015 Quality Awards, Child Protection, Health System Planning and Investment Branch, MDH Maternity Services, Aboriginal Workforce, Regular Influenza Reports and Winter Activity Levels, MDH Carpark, Asset Refurbishment Replacement Program 2015/16, Public Service Commission Public Sector Agency Survey, 2015/16 Service Agreement, Visiting Medical Officer Self-Education Claims, Integrated Care, Interim Appointments, Future targets for NEAT and NEST, Trauma Application, Dorothy Edwards Midwifery Scholarship, Dr Sheila Keane, Lismore Radiation Therapy Unit Turns Five, Lismore Live + Work Campaign and Joint Forum Between NSW Health and NSW FACS Senior Executives.

The Board discussed the following issues:

- The 2014/15 NNSW LHD end of year Budget result of \$1.590M unfavourable being 44.2% below the declared March 2014/15 forecast of \$3.6M. The Board indicated that this was an excellent result especially when consideration is given to the additional Patients who have been treated in NNSW LHD Hospitals over and above which the number of Patients NNSW LHD was funded to treat.
- Enhanced coding of Sub-Acute Patients needs to be actively progressed to ensure that appropriate coding is occurring to capture all services that are being provided to these Patients, so that the applicable funding is received for treating these Patients.

The Board was advised that where a Patient lives alone and is an inpatient that there is extra funding available, so it is essential that correct coding is also applied to these Patients, which needs to record that they live alone.

Mr Crawford advised that he will investigate whether appropriate coding of these Patients is occurring.

**Action:**

**Mr Crawford is to investigate whether there is extra funding available for Patients who live alone and are an inpatient and if so, whether appropriate coding of these Patents is occurring.**

- The location of the proposed new Renal Dialysis Unit at MDH requires further consideration. Mr Crawford said some of the location options set out in the Chief Executive Report are only set out to indicate to the Board that all options are being explored. It was stated by Mr Crawford that some of the options included in the Report are not considered by him to be viable options.
- Consider whether conscientious objectors to vaccination should be placed in a separate room within Birthing Units so that patients who are immunised are not placed in the same room as a birthing Patient who is not immunised. Mr Crawford advised that he will discuss this matter with the Executive Directors of both Health Service Groups.
- The Board requested that a farewell dinner be held for John Lambert, Manager Assets and Capital Works, who is leaving the LHD after twenty-four years service, to take up a position in Tasmania.

**Action:**

**The Board Chair is to forward a letter to John Lambert, Manager Assets and Capital Works, thanking him for his valuable contribution to NNSW LHD and its predecessor organisations.**

**Mr Crawford is to seek advice from the Executive Directors of both Health Service Groups as to what processes are in place to accommodate requests from immunised Patients, who are admitted to give birth, to not be placed in the same room as an immunisation conscious objector Patient.**

- The Board endorsed priorities one to five in the NNSW LHD Asset Strategic Plan and noted priorities six to ten.
- The final Energy Performance Contract was noted with the Chief Executive to sign the contract which will enable around \$7 million of funding to be released and the work to commence on upgrading energy infrastructure across the LHD.
- The Board was advised of a solar hot water system being used at Bellingen Hospital which was funded in association with the local community. Mr Crawford is to make enquiries as to whether NNSW LHD would be able to also implement this type of hot water system in this way to benefit some LHD Facilities.

- Mr Crawford is to investigate the potential to lease roof space on some LHD Facilities to benefit the NSW LHD and/or other organisations by the placement of solar panels on these roof spaces to generate cheaper electricity or in the case of hot water tanks to utilise less electricity to operate them.

**Action:**

**Mr Crawford is to investigate the potential to lease roof space on some LHD Facilities to benefit NSW LHD and/or other organisations by the placement of solar panels on the roof spaces to generate cheaper electricity or in the case of hot water tanks to utilise less electricity to operate them.**

- The Board was advised that a letter of response has been received from UnitingCare Ageing indicating that it is disappointed that NSW LHD will not be purchasing its Caroono Bonalbo Residential Aged Care Bed Licences as the LHD has indicated that it needs a different type of Bed Licence for Multipurpose Service Beds. NSW LHD has been advised that the UnitingCare Ageing Board will now consider NSW LHD's advice to it and will provide a response to the LHD in due course.
- The Board was advised that Visiting Medical Officer Self Education funding claims need to be consistent with the agreement made between the MOH and the Australian Medical Association. Following a discussion on how the MOH Guidelines on self-education funding claims should be applied, Mr Crawford advised that he will provide an update on this matter to the 2 September 2015 Board Meeting as part of the Chief Executive Report.
- The Board noted the excellent end of year results achieved by the LHD indicating that both fiscally and in terms of the quality and timeliness of the services being provided, the results were very good and were due to the hard work undertaken by the NSW LHD Clinicians and Staff. The Board asked for a Media Release to be developed as well an article being included in the next edition of Northern Exposure to thank all Clinicians and Staff for their hard work in achieving these good results with a focus in the article and Media Release on the good clinical outcomes that were achieved.
- Mr Crawford is to include information in the next Chief Executive Report to the Board on the type of Clinician engagement that has been undertaken on the LBH Stage 3B Redevelopment.
- The Board was provided with a verbal report about the first meeting of the Tweed Byron Health Services Group Maternity Services Steering Committee (MSSC) Meeting which was held on 9 July 2015. The Steering Committee membership includes Dr Geeta Sales, Head of TTH Obstetrics and Gynaecology Department, Professor Lesley Barclay, Director University Centre for Rural Health, and two active consumer/community representatives, as well as various management representatives. The Board was advised that providing a better model of care which meets the Patient's needs is being considered, taking into account the excellent caseload model, being implemented at

Mullumbimby Hospital. The next meeting of the MSSC is scheduled to be held on 6 August 2015.

- The Chief Executive is to consider making the refurbishment of the Laurel Lodge accommodation in Lismore, which is utilised by LBH Registrars, a higher priority for refurbishment due to the break-ins that have occurred there recently.
- The Board was advised of two incidents, one at Grafton and one at Tweed Heads, involving the NSW Ambulance Service not taking injured Patients to the closest acute Hospital. The Board asked Mr Crawford to gather information about these incidents and to then correspond with the NSW Ambulance Service seeking its advice on why the two LHD acute Hospitals were bypassed on these occasions.
- The Board sought advice on the process undertaken to obtain information from TTH Management in relation to the Asset Refurbishment Replacement Program (ARRP) priorities, as TTH was only identified as requiring \$600K of refurbishment funding compared to larger amounts requested for other LHD Facilities. Mr Crawford indicated that he will provide information on the process that was undertaken to determine the ARRP priorities, in the next Chief Executive Report to the Board.
- The Chief Executive reported on the issue of Mid North Coast LHD referring Coffs Harbour and surrounds Ophthalmology Patients to the GBH Ophthalmology Service following the ceasing of the Coffs Harbour Base Hospital (CHBH) Ophthalmology Service, without any consultation with NNSW LHD and sought the Board's support for a proposal to be made to the MOH for funding to support the treatment of these Patients. The Chief Executive advised that he wishes to submit a proposal to the MOH to obtain funding to support the treatment of the MNC LHD Ophthalmology Patients that have been placed on the GBH Ophthalmology Surgery Waiting List as MNC LHD has not provided any funds to NNSW LHD to treat these Patients from the funding that MNC LHD is still receiving to treat them at CHBH.

The Board referred this matter to the NNSW LHD Service Agreement Working Party for consideration in relation the "defined population" item listed in the Service Agreement.

The Board ENDORSED the Chief Executive's Report.

## **\*9. Strategic and Planning Items**

### **9.1 2015/16 NNSW LHD Service Agreement**

The Board requested that a meeting be scheduled between the Board Chair, Mr Malcolm Marshall, Deputy Chair and Chair of the NNSW LHD Finance and Performance Committee, Mr Crawford, Mr James McGuigan, Executive Director of Finance, Mr Wayne Jones, Chief of Staff, Chief Executive Unit and either Ms Maureen Lane, Manager Planning and Performance or Ms Moira Waters, Planning Officer, from the Planning Unit to discuss some aspects of the 2015/16 NNSW LHD Service Agreement. The Board proposed that the

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Working Party should review the Service Agreement in the light of previous advice it has received about the Board's key concerns and should then formulate these concerns into a response to the MOH, which the Planning and Performance Unit can translate into correspond to the MOH raising the Board's concerns, which correspondence should be signed by the Board Chair.

Moved: Dr Allan Tyson

Seconded: Dr Joe Ogg

CARRIED

### **9.2 NSW LHD Asset Strategic Plan 2015**

The Board noted the excellent work undertaken by Mr John Lambert, Manager Assets and Capital Works to develop the NNSW LHD Asset Strategic Plan 2015.

Moved: Dr Allan Tyson

Seconded: Ms Deb Monaghan

CARRIED

#### **Action:**

**The Board Chair is to forward a letter to Mr John Lambert, Manager Assets and Capital Works acknowledging the very good work that he has undertaken in developing the NNSW LHD Asset Strategic Plan 2015.**

### **9.3 Monthly Reports on High Level Risks**

The Board commented on the significant work that has been undertaken to reduce the High Level Risk Rating concerning the Child Protection Risk. The Board requested that the Chair write to Ms Rosa Flaherty, Service Manager, Child Protection and Ms Wayne Jones, Chief of Staff, Chief Executive Unit thanking them for the significant work that they have undertaken to reduce the High Level Risk Rating for the Child Protection Risk.

The Board also requested that as a response has not been received from the Cross Border Commissioner to the letter from Mr Crawford concerning the need to improve cross NSW/Queensland border co-ordination of Child Protection Services, that a follow-up letter is forwarded to the Cross Border Commissioner by the Chief Executive seeking his urgent response to the NNSW LHD correspondence.

The Board requested that Ms Elizabeth Koff, Deputy Director-General, Strategy and Resources, MOH is invited to visit NNSW LHD to discuss the importance of NNSW LHD receiving an appropriate proportion of funding from the new Mental Health Funding that is still to be allocated by the MOH.

#### **Action:**

**The Board Chair is write to Ms Rosa Flaherty, Service Manager, Child Protection and Ms Wayne Jones, Chief of Staff, Chief Executive Unit thanking them for the significant work that they have undertaken to reduce the High Level Risk Rating for Child Protection.**

The Chief Executive is to forward a follow-up letter to the Cross Border Commissioner seeking his urgent response to the NNSW LHD correspondence concerning the need to improve NSW/Queensland cross border co-ordination of Child Protection Services.

Mr Crawford is to correspond with Ms Elizabeth Koff, Deputy Director-General, Strategy and Resources, MOH to invite her to visit NNSW LHD to discuss the importance of NNSW LHD receiving an appropriate proportion of the new Mental Health Funding that is still to be allocated by MOH.

**9.4 Brief on Quarterly Review of the NNSW LHD Strategic Risk Register 2015**

The Board ENDORSED the updated NNSW LHD Strategic Risk Register June 2015 noting that the Child Protection Risk rating has been reduced. The Board requested that monthly reports are submitted on Risks five to seventeen, as it was noted that the ratings for these risks have not been reduced over an extended period. The Reports which should be in the same format as the reports for Risks one – four should include advice on what is being undertaken to ameliorate these risks.

Moved: Mr David Frazer  
Seconded: Mr Malcolm Marshall  
CARRIED

**Action:**

Mr Crawford is to request the Executive Directors responsible for Risks five to seventeen to submit monthly reports to the Board, commencing at the 30 September 2015 Board Meeting, outlining what actions are being undertaken to ameliorate each Risk that they are responsible for and to provide a timeframe when it is expected that each Risk will achieve its residual rating.

**\*10. Minutes – Governance Committees**

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

Mr Marshall spoke to a written summary of the key issues discussed at the F&PC Meeting held on 22 July 2015 which was provided in the Board Meeting Agenda Papers.

The Board noted the improvement in coding timeliness at TTH.

The Board commended the good work undertaken by Mr James McGuigan, Executive Director of Finance and the Finance Team and asked that the Board Chair forward a letter to them to thank them for undertaking the hard work required to meet the various Budget deadlines.

Mr Crawford advised that he and the Board Chair will include an article in the August edition of Northern Exposure thanking all LHD Staff for their excellent efforts in assisting

the LHD to meet the NEAT and NEST and to achieve an excellent end of year financial result.

The Board also commended the Board Chair on his tenacity in arguing for extra funding which has led to the LHD obtaining additional funding and also of the Executive for its support of the Board Chair in this regard.

**Action:**

**The Board Chair is to forward a letter to Mr James McGuigan, Executive Director of Finance and the Finance Team to thank them for undertaking the hard work required to meet the various Budget deadlines.**

**Mr Crawford and the Board Chair are to include an article in August edition of Northern Exposure thanking all LHD Staff for their excellent efforts in assisting the LHD to meet the NEAT and NEST and to achieve an excellent end of year financial result.**

The unconfirmed Minutes of the FPC Meeting held on 22 July 2015 were noted.

## **10.2 Health Care Quality Committee (HCQC)**

Ms Kew provided a verbal report of the 14 July 2015 HCQC Meeting.

Ms Kew advised that the HCQC had received a presentation on Between the Flags and there was much discussion on this subject including the increasing Rapid Response Rates at TTH, however the documented Nursing Clinical Reviews result was only 42% and although an improvement to it was acknowledged there is more work to be done. Consideration of the link between Rapid Response Rates and end of life care is a piece of work that also needs to be undertaken, Ms Kew said. Also a point was made that the LHD Rapid Response Rate is now at 80% and a query was raised whether this is the LHD ceiling result or whether there will be any further improvement made? reported Ms Kew.

Several Policies and Procedures were endorsed and the draft revised Clinical Governance Framework will be placed on the Z Drive for consultation with the final Clinical Governance Framework being submitted to the Board in due course for endorsement.

A Sub-Committee is being established to consider Bariatric Patient issues, being the management of Bariatric Patients and also the LHD's role in the treating of Bariatric Patients.

69% of RCA Recommendations have been completed for 2015 and they will be placed on the NNSW LHD intranet site following de-identification of the documentation.

Discussion on the time of the HCQC Meetings to ensure maximum Clinician participation has been completed with the results indicating that as the majority of Clinicians who are members of the HCQC already attend the meeting at the current time, there is no need for the time of the meeting to change.

Ms Kew referred to a document on Managing Death and Dying for Aboriginal People that is to be presented to the HCQC for consideration and advised it will later be submitted to the Board for consideration. The Board suggested that a copy of this document obtained from Queensland Health should also be forwarded to the MOH for its information.

The unconfirmed Minutes of the HCQC Meeting held on 14 July 2015 were noted.

### **10.3 Medical and Dental Advisory Appointments Committee (MDAAC)**

Dr Tyson provided a verbal report on the MDAAC Meeting held on 9 July 2015.

The Board was advised of an instance where an applicant indicated that he/she would not be prepared to provide education as part of the role to which he/she was being appointed. The Board stated that advice be provided to the MDAAC Members that providing education is an essential requirement of a NNSW LHD Clinician's role.

The Board requested that Mr Crawford discuss with Ms Lynne Weir, Executive Director Richmond Clarence Health Service Group the appointments of Dr Ken Meagher, Acting Palliative Care Specialist and Dr Katherine Willis-Sullivan, Acting Director of Medical Services Richmond Network, which should be made permanent in place of the rotating Locum appointments that they currently receive.

#### **Action:**

**Mr Crawford is to remind the Members of MDAAC that providing education is an essential part of a NNSW LHD Clinician's role and that it needs to ensure that a commitment to providing education is included in all Medical Officer applications that are considered by MDAAC.**

**Mr Crawford is to discuss with Ms Lynne Weir, Executive Director Richmond Clarence Health Service Group the appointment of Dr Ken Meagher, Palliative Care Specialist and Dr Katherine Willis-Sullivan, Acting Director of Medical Services Clarence Network.**

The unconfirmed Minutes of the MDAAC Meeting held on 9 July 2015 were noted.

### **10.4 Health Services Development Committee (HSDC)**

The Board Chair noted that an upcoming HSDC meeting is to be held after hours on 8 October 2015 to offer enhanced Clinician engagement.

The unconfirmed Minutes of the HSDC Meeting held on 11 June 2015 were noted.

### **10.5 ARC**

Mr Frazer noted that he had provided a verbal report on the ARC Meeting held on 10 June 2015 at the 1 July 2015 Board Meeting.



Mr Frazer advised that the end of financial year ARC meeting was held on 24 June 2015 and the Financial statements were signed off. The Attestation Statement signed by the Chief Executive to the MOH indicates that NSW LHD has appropriate Audit and Risk Management processes in place and that there is an ARC which is operating appropriately.

Mr Frazer reported that he has received a document from the Auditor-General indicating that there needs to be a minimum of three independent members from the prescribed list of prequalified people on an ARC. Mr Frazer advised that he has made application to be placed on this list as he could then be appointed as the third independent Member of the ARC and this is being considered by the relevant MOH/Treasury Department Committee at its August meeting.

The Unconfirmed Minutes of the ARC Meeting held on 10 June 2015 were noted.

#### **10.6 NSW LHD Clinical Council (CC)**

The unconfirmed Minutes of the CC Meeting held on 16 June 2015 were noted.

Ms Kew reported that at the CC Meeting held on 28 July 2015 the Council received briefings from Ms Janne Boot, Manager, Workforce Change and Sustainability Service on current recruitment timeframes and processes and from Ms Maureen Lane, Manager, Planning and Performance on planning projects currently being undertaken by the Planning and Performance Unit.

#### **10.7 Community Engagement Advisory Council (CEAC)**

The Board noted that the unconfirmed Minutes of the CEAC Meeting held on 22 June 2015 will be submitted to the 2 September 2015 Board Meeting for consideration.

#### **10.8 Medical Staff Executive Council (MSEC)**

The Board noted that the unconfirmed Minutes of the MSEC Meeting held on 18 June 2015 will be submitted to the 2 September 2015 Board Meeting for consideration.

#### **10.9 NSW LHD Interim Aboriginal Partnership Meeting (APM)**

The Board noted that the next meeting of the APM Meeting is scheduled to be held on 18 September 2015.

#### **10.10 NSW LHD Mental Health Forum (MHF)**

The Board noted the next meeting of the MHF is scheduled to be held on 10 August 2015.

#### **10.11 Health Education Workforce Research Forum (HEWRF)**

The Board noted the next meeting of the HEWRF is scheduled to be held on 29 September 2015.

#### **10.12 Minutes of the Drug and Alcohol Community Advisory Committee (DACAC)**

Dr Page advised that the first meeting of the DACAC was held on 3 June 2015 and it was a very good meeting with much enthusiasm among the membership. The DACAC will next

be examining the Patient experience with a particular focus on community based Drug and Alcohol Services.

The unconfirmed Minutes of the DACAC Meeting held on 3 June 2015 were noted.

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

**11.1 Clinician Engagement**

Mr Marshall referred to the summary document that was provided to the NSW LHD Board arising from a meeting held between Board representatives and Drs David Sare and Chris Ingall and provided a verbal report of this meeting to discuss the proposal for a Memorandum of Understanding to be entered into between the NSW LHD Board and LBH Medical Staff Council.

Mr Marshall advised that there was discussion on a potential way forward that can assist to achieve better Clinician engagement. The meeting produced good outcomes with seven Recommendations proposed as identified in the summary document submitted to the Board.

The Board supported the seven Recommendations proposed to be implemented to achieve better Clinician engagement and asked that Mr Crawford submit them to the NSW LHD Executive for consideration prior to the Board Chair providing a response to Dr Sare.

Mr Crawford will provide feedback to the Board Chair from the Executive and will also resubmit the Clinician Engagement Action Plan to the Board with an outcomes column showing what progress has been made with the implementation of the Recommendations contained in the Improving Clinician Engagement Paper to the 2 September 2015 Board Meeting for consideration.

Mr Crawford also indicated that many of the Recommendations contained in the summary document are consistent with the Improving Clinician Engagement Paper and Action Plan.

**Action:**

**Mr Crawford is to submit a copy of the Summary Document of the Meeting between Board representatives and Drs Sare and Ingall for consideration by the Executive of the Recommendations contained in the summary document, which arose from that meeting.**

**Mr Crawford is to submit the Clinician Engagement Action Plan outlining what progress has been made with the implementation of the Recommendations from the Improving Clinician Engagement Paper to the 2 September 2015 Board Meeting for consideration.**

**12. \* Items without Notice/Late Business**

- Professor Barclay advised that the Northern Rivers University of Rural Health

(NRUCRH) has received a donation of \$500K to put Registrar PHD scholarship holders through the NRUCRH, the receipt of which funding involves the University of Sydney. Meetings are being held with Registrars in the week commencing 3 August 2015 to introduce them to the education and research potential that is available to them through the NRUCRH and to advise them that they can apply as Registrar applicants for these scholarships. The scholarships are aimed at encouraging more clinically oriented research with the objective of improving rural health services or indigenous health status in this region.

- Dr Page noted a recent article in the Northern Star that indicated the need for more support of Carers of Dementia Patients, as twenty-six percent of those reported upon as having dementia have contemplated suicide in the previous twelve months

### **13. Items for Noting**

**13.1 Letter from Mr Mark Humphries, NNSW LHD Board Member to Associate Professor Megan Passey, Director, Australian Rural Health Research Collaboration (ARHRC) dated 15 July 2015 accepting an invitation to join the ARHRC Advisory Council.**

Noted

**13.2 Email dated 15 July 2015 to Nicola Robb, HealthShare advising that the NNSW LHD Board has invited Mr Daniel Hunter, Chief Executive, HealthShare to attend a future NNSW LHD Board Meeting to provide an update on HealthShare activities.**

Noted

**13.3 Letter from Mr Sam Sangster, Chief Executive, Health Infrastructure, dated 10 July 2015 responding to the NNSW LHD Board's query concerning inclusion of a Creche in the LBH Stage 3B Redevelopment.**

The Board noted that Dr Chris Ingall, Chair, Our Kids is investigating the potential to develop a Medihotel to further support LBH Patients, Families and Carers. The Board asked that the Chief Executive correspond with Dr Ingall to make enquiries as to whether he would consider including the opportunity for a Child Care Centre to be included in the proposal for a Medihotel, which is under consideration by Our Kids. It is proposed that the Child Care Centre could support Staff working for NNSW LHD as well as other Emergency Services and related Agencies Staff, such as Staff of the Family and Community Services Cluster.

#### **Action:**

**Mr Crawford is to correspond with Dr Ingall, Chair Our Kids, asking whether he would consider including the opportunity for a Child Care Centre in the proposal for a Medihotel that is under consideration by Our Kids noting that a Child Care Centre could support Staff working for NNSW LHD as well as other Emergency Services and related Agencies Staff.**

**MINUTES OF THE MEETING OF THE NORTHERN NEW SOUTH WALES LOCAL HEALTH DISTRICT BOARD HELD ON WEDNESDAY 29 JULY 2015 IN THE COMMUNITY MENTAL HEALTH MEETING ROOM, THE TWEED HOSPITAL, TWEED HEADS COMMENCING AT 1.00PM**

**13.4 Letter from Dr Mary Foley, Secretary, NSW Health dated 24 July 2015 responding to the Board Chair's letter concerning various financial issues.**  
The Board noted that the letter from Dr Foley, Secretary, NSW Health did not address cross border flow funding issues and indicated that it would continue to make representations to the MOH on this matter.

**14. Items for Information:**  
There were no items for information.

**15. Close of Meeting**  
There being no further official business, the Chair declared the meeting closed at 4.55pm

**17. Date and Time of next Board Meeting**

**The next ordinary Board Meeting will be held on Wednesday 2 September, 2015 commencing at 1.30pm in the PBL Meeting room, UCRH, Uralba Street, Lismore**

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

Signed .....  
Dr Brian Pezzutti  
Northern NSW Local Health District

Date 29/9/15