

**MINUTES OF THE MEETING OF THE NORTHERN NEW SOUTH WALES LOCAL HEALTH DISTRICT BOARD HELD ON WEDNESDAY 25 OCTOBER 2017 AT CRAWFORD HOUSE, GROUND FLOOR MEETING ROOM, HUNTER STREET LISMORE COMMENCING AT 1.00PM**

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

**1. In-camera Session**

An In-camera session was held to discuss the development of the Tweed Valley Health Services. A meeting to discuss these services is to be sought with The Hon Brad Hazzard MP, Minister for Health, Mr Thomas George MP, Member for Lismore, Dr Brian Pezzutti, Mr Wayne Jones, Mr Geoff Provest MP, Member for Tweed Head, Mr Sam Sangster, Chief Executive, Health Infrastructure and Dr Nigel Lyons, Deputy Secretary Strategy and Resources, NSW Health.

**2.1 PRESENT AND APOLOGIES:**

Dr Brian Pezzutti, (Chair), Mr David Frazer, Mr Mark Humphries, Dr Joe Ogg, Dr Allan Tyson and Dr John Griffin.

**For part of meeting**

Dr David Hutton, Director Clinical Governance (for part of meeting)  
Dr Richard Buss, General Manager Mental Health, Drug and Alcohol and Stream Services  
Mr Matt Long, Director of Corporate Services  
Ms Vicki Rose, Director Integrated Care and Allied Health  
Mr Peter Clarke, Acting Director of Finance  
Ms Lynne Weir, General Manager Richmond Clarence Health Service Group

**Via videoconference:**

Dr John Moran

**Via teleconference**

Ms Carolyn Byrne, Professor Susan Nancarrow  
Janne Boot, Director of Workforce (for part of meeting)

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

**Apologies:** Ms Deb Monaghan, Mr Michael Carter, Ms Bernadette Loughnane, General Manager Tweed Byron Health Service Group.

**2.2 Declaration of Pecuniary and/or Conflicts of Interest**

Nil declared

**2.3 Previous Minutes:**

**2.3.1** The Minutes of the Board Meeting held on 27 September 2017 as circulated were ENDORSED as a true and accurate record of the meeting.

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Moved: David Frazer  
Seconded: Allan Tyson  
CARRIED

### **2.3.2 Business Arising from the Minutes:**

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

The Board noted that an updated Complaints Summary Report will be provided to the 29 November 2017 Board Meeting for consideration.

**Action:**

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

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

The Board discussed the brief that was provided by Ms Moira Waters, Acting Manager Planning and Performance, on the development of a NSW LHD Schematic Plan. The Board noted the good work of Ms Waters in creating the schematic diagrams and requested that the Schematic Plan be dispersed throughout the LHD. Mr Jones responded that he will include an article in the next Northern Exposure.

**Action:**

**Mr Jones is to submit an article on the development of the NSW LHD Schematic Plan in the next edition of Northern Exposure.**

#### **2.3.2.3 Mr Jones is to submit a NSW LHD service profile document developed by the NSW LHD Planning Unit that provides information on what services are available at all LHD facilities that will be submitted to the 29 November 2017 Board meeting for consideration.**

The Board noted that a NSW LHD service profile document will be submitted to the 29 November 2017 Board meeting for consideration.

**Action:**

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

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

The Board noted that Mr Jones will provide an updated report on NSW ETP to the 29 November 2017 Board meeting for consideration.

**Action:**

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

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

Mr David Frazer referred to the query he had raised previously, regarding the number of beds and activity across NSW LHD compared to the rest of the State.

Dr Richard Buss advised that more analysis had been undertaken in relation to people staying over 24 hours in ED in NSW LHD compared to the rest of the State. However, more analysis will be undertaken involving postcode and diagnosis and once completed a Brief will be provided.

The Board noted some other LHD's have retained their mental health beds while there has been no significant population growth in these LHDs. The Board discussed the need for short stay behavioural disturbance beds as part of an Emergency Department (ED) or being located near an ED rather than in acute in-patient mental health beds. The Chair spoke of the proposal in Lismore to incorporate these beds in the ED and Mr Jones confirmed that this is being included in the prioritisation process for the interim work at The Tweed Hospital.

The Chair spoke of the Living Well Plan and the emphasis of treating people in the community both acutely and long-term. Concerns were raised around activity and the implications of funding the extra community visits.

Mr Frazer raised concern about the need to keep the number of beds static between The Tweed Hospital and the new greenfield site in light of the projected population growth for the Tweed Heads area. Dr Pezzutti reiterated that the plan is to offer more community based services for Mental Health patients.

Mr Jones commented that there will be an increase in total mental health beds in the new Tweed Valley Hospital.

**Action:**

**Mr Jones is to provide a further report on Mental Health patients staying in ED longer than 24 hours taking into account postcode and diagnosis analysis.**

**Dr Buss is to arrange a meeting with Mr Frazer and Dr Pezzutti to consider the data when it becomes available, prior to being submitted to the Board for consideration.**

Dr Brian Pezzutti advised that he and Mr David Frazer met with Dr Richard Buss and Ms Moira Waters, Acting Manager Planning and Performance to discuss the information contained in the brief on mental health bed numbers

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

The Board noted that Mr Jones will provide an update to the Board in due course.

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

Mr Jones advised that the meeting scheduled with SERCO on 11 October 2017 had been postponed by SERCO and another date is being identified for this meeting to be held.

**Action:**

**Mr Jones is to advise the Board on the date of the rescheduled meeting with SERCO and further correspond with SERCO concerning the Grafton Correctional Centre and GBH Services.**

- 2.3.2.7 Mr Jones is to arrange for the Clinical Imagery Management Policy to be promoted across the LHD and an assessment of its usage and implementation to be undertaken in six to twelve months and a report provided to the Board.**

The Board noted Mr Jones has circulated a Memorandum to all Clinical Staff promoting the Clinical Imagery Management Policy and that a request has been made to Dr Hutton, Director Clinical Governance for the Board to receive a report on an assessment of the Policy's usage and implementation to be undertaken in six to twelve months.

**Mr Jones and Mr Matt Long, Director of Corporate Services, are to provide advice to the Board on how the volume storage of data for echo cardiographic records is managed and if it is in line with the National Standard for Practice, Storage and Retrieval Guidelines.**

The Board noted the Brief contained in the Board Meeting papers and that Mr Matt Long, Director of Corporate Services is continuing to source information on this request and feedback will be provided to the 29 November 2017 Board meeting for consideration.

**Action:**

**Mr Jones is to provide a Brief from Mr Matt Long, Director of Corporate Services, advising how the volume storage of data for echo cardiographic records is managed and if it is in line with the National Standard for Practice, Storage and Retrieval Guidelines to the 29 November 2017 Board Meeting.**

- 2.3.2.8 Mr Jones is to submit a brief on how empathy training can be incorporated in education and training for staff to assist in improving organisational culture**

**across the LHD to be presented at the November 2017 Board Meeting.**

The Board noted that a request has been made to Ms Janne Boot, Director Workforce to submit a brief on how empathy training can be incorporated in education and training for staff to the 29 November 2017 Board meeting.

**Action:**

**Mr Jones is to submit a brief on how empathy training can be incorporated in education and training for staff to assist in improving organisational culture across the LHD to be presented at the 29 November 2017 Board Meeting.**

**2.3.2.9 Mr Jones is to provide an update report to the September 2018 Board Meeting on what progress has been made with Community Based Paediatric Services, outpatient component, paediatric surgery requirements and generalist counselling.**

The Board noted that Mr Jones is to provide an update report on what progress has been made with Community Based Paediatric Services to the 26 September 2018 Board meeting.

**2.3.2.10 Mr Jones is to rework the Board Paper Template document taking into account the items that need to be considered by the Brief authors and submit an updated template document to the 25 October 2017 Board Meeting for further consideration**

The Chair referred to the updated Board Brief template and suggested that it was much clearer. Mr Jones confirmed the draft template now incorporates that, where possible, information should be provided concerning data trending.

The Board RESOVED to endorse the new Board Paper Template.

Moved: David Frazer

Seconded: Mark Humphries

CARRIED

Following a suggestion by Professor Nancarrow around the reporting of the Strategic Goals at each meeting, via the Chief Executive's Report, Mr Jones responded that the Board will receive at the 29 November 2017 Board Meeting, a draft proposal on the underpinning strategies that support the agreed Board's Strategic Priorities. Following the Board's endorsement, it is proposed that a quarterly report will be submitted to the Board on how the Strategic Priorities are being progressed.

**2.3.2.11 Mr Matt Long, Director of Corporate Services, is to provide feedback to the Board on whether the new eMR can facilitate a key word search to assist with coding.**

The Board noted information contained in the Brief concerning the facility for a word search in eMR.

- 2.3.2.12 Mr Jones to consider the current policy on whether a designated area can be utilised for mental health patients who smoke and make enquiries on how other Local Health District Mental Health Units manage this issue and provide feedback to the Board.**

The Board noted that Mr Jones will submit information to the 29 November 2017 Board Meeting concerning the current policy on whether a designated area can be utilised for mental health patients who smoke and make enquiries on how other Local Health District Mental Health Units manage this issue.

**Action:**

**Mr Jones is to submit information to the 29 November 2017 Board Meeting concerning the current policy on whether a designated area can be utilised for mental health patients who smoke and make enquiries on how other Local Health District Mental Health Units manage this issue.**

- 2.3.2.13 Mr Jones is to reinforce with Executive Directors and Managers the need to ensure that recruitment is a three stage process and contact should be made with the most recent Manager of the applicant as part of the recruitment process.**

The Board noted that Mr Jones has circulated a memorandum to the Executive Leadership Team outlining the importance of recruitment selection processes and that a referee check should be made with the most recent Manager of the applicant, if appropriate.

- 2.3.2.14 Mr Jones is to provide advice to the 25 October 2017 Board Meeting on the process for monitoring radiology practitioners contract terms finishing.**

The Board noted the information contained in the brief developed by John Wickham, District Manager of Medical Administration concerning the process for monitoring radiology practitioner contract terms.

**The Board Chair is to forward a letter to Dr Ian Kettle, VMO/GP Murwillumbah District Hospital noting his resignation and thanking him for his 30 years of service.**

The Board noted the letter to Dr Ian Kettle, VMO/GP Murwillumbah District Hospital noting his resignation and thanking him for his 30 years of service.

### **2.3.3 Other Matters Arising from the Minutes**

#### **Item 2.3.2.2**

Following a query by the Board Chair concerning a response to the letter to the Surgical Services Taskforce requesting a review of child dental and caesarean sections to be included in the Surgery Dashboard, Mr Jones requested that more time be allowed for a response to be received and his office will continue to monitor a response being received from the MOH.

### **3. Matters for Decision**

### **3.1 2018 NSW LHD Board Meeting Dates and Locations**

The Board endorsed the proposed 2018 Board Meeting dates with the timing of the Board Meetings as follows:

- Tweed Heads and Grafton are to be held from 9.00am -1.00pm.
- Lismore will to be from 12 noon – 4.00 pm.

The Board resolved to schedule an additional meeting on 31 January 2018 from 9.00am - 12.30pm to be held at Kingscliff with the possibility of the North Coast Primary Health Network combined meeting being also held on this date.

**Action: The Board is to receive an updated list of 2018 Board Meeting dates with locations and times and advice on whether the combined Board Meeting with the North Coast Primary Health Network will be held on 31 January 2018.**

## **4. Chairman's Update**

### **4.1 Chairman's Calendar**

The Board Chairman's Calendar was noted.

## **5. Matters for Discussion**

### **5.1 Chief Executive's Report**

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

#### **5.1.1 Current and Significant Issues**

- **Clinician Engagement**  
Mr Jones informed the Board of the latest clinician engagement activities and the recent meetings with Lismore Sexual Assault Service, Ballina Oral Health Service and representatives of the Tweed Medical Council.
- **Public Accounts Committee Session**  
Mr Jones provided a brief outline of the purpose of the Public Accounts Committee predominantly being about efficiency, effectiveness and productivity of health services. The public forum was held on 24 October 2017.

#### **5.1.2 Update on Strategic Issues**

- Aboriginal Health Unit Structural Review consultant report has been finalised and released to staff and stakeholders. More feedback will be provided once it is received.

#### **5.1.3 Update on Strategic Plan Implementation**

Mr Jones referred to the Draft Working Document NSW LHD Strategic Plan.

#### **5.1.4 Matters for Approval**

There were no matters for approval.

#### **5.1.5 Major Key Performance Indicators**

- The Board noted that the results for Emergency Treatment Performance (ETP) during September 2017 and the LHD result of 76% against the target of 81%. The Chief Executive and the Board discussed the various reason for this performance and possible remedial actions.
- Elective Surgery Access Performance results during September 2017 for Categories 1, 2 and 3 targets were achieved with 100%, 99% and 98% respectively.
- NSW LHD did not meet the Triage 3 target of 75% with a result of 73%. Triage categories 2,3,4, & 5 performances were below the September 2016 results.
- The Transfer of Care results during September 2017 were 86% and did not meet the target of 90%.
- General discussion ensued regarding August “Health on a Page” report and the Surgical Dashboard.

#### **5.1.6 Risk and Compliance Update**

- The Board noted the Chief Executive’s reference to the document of Measurement for Quality Improvement for Board Members and Executives included in the papers, being a guide for practical emphasis and focus for Boards in setting the right tone of assurance in patient safety and identifying gaps in safety culture.

#### **5.1.7 Governance Update**

There was no governance update for this report.

#### **5.1.8 Capital Works/Planning Projects**

- **Byron Hospital**  
A letter was sent to NSW Health Chief Financial Officer John Roach explaining how funds would be utilised from the sale of the “old” Byron Bay Hospital. A brief containing the same information has been submitted to the MOH to support an early decision for Properties NSW to proceed to sale.
- **Conference Centre on Campbell Hospital Coraki site**  
Mr Jones has had telephone discussions with the MOH requesting that they progress with the gifting of the facility to the Coraki Golf Club. However, there is reluctance from the MOH around legislation and risk management concerns specifically around the required remediation and safety work on site.  
NSW LHD is to organise meetings with Richmond Valley Council to encourage them to take ownership of the facility.
- **Proposed Private Hospital in Byron Bay**  
The Development Application has been deferred by the council at present due to traffic issues. The tender box opening will now be progressed for submissions for Private Surgical Services at the Byron Bay Hospital.
- **Murwillumbah Hospital Renal Dialysis Unit**



Final architectural design is progressing. There was general discussion on the necessity to create paediatric overnight admission capacity considering there has not been an overnight inpatient in the paediatric unit for over 12 months.

Mr Jones requested he meet with Dr John Moran and the Medical Staff Council at Murwillumbah Hospital to discuss this matter further. The Chair declined this noting the need to retain some overnight bed capacity for paediatric needs at Murwillumbah Hospital.

It was resolved that Mr Jones progress the costing and come back to the Board for further discussion.

**Action: Mr Jones to progress the costing on continuation of the Paediatric in-patient service at Murwillumbah Hospital and discuss at a future Board meeting.**

- **The Tweed Valley Hospital**

A Value Management Session on The Tweed Valley Hospital was well attended by clinicians and management with good input from all. A draft plan is being developed for further discussion.

A brief and Stakeholder Engagement and Communication Plan has been submitted to the MOH to ensure consistent messaging around the Murwillumbah and greenfield Hospital project.

Due diligence is still continuing around site selection with 20 Expressions of Interest received. With so many submissions, a preferred site may not be known until December 2017.

#### **5.1.9 Matters for Noting**

- **Executive Recruitment Update**

Mr Jones updated the Board on the new Executive recruitments being Ms Katharine Duffy, Director of Nursing Midwifery and Aboriginal Health.

Interviews for the position of Chief Finance Officer were recently held with the new appointment to be announced soon.

There have been 11 applications for the position of Director of Workforce.

- **Aboriginal Cultural Bus Trip**

Mr Jones gave a brief report on the tour and encouraged the Board and the Executive to prioritise attendance at future opportunities. Mr Jones mentioned that it was an informative and enjoyable day. Dr Joe Ogg confirmed Mr Jones comments and encouraged others to go next year. Mr Mark Humphries queried the possibility of it being held on a different day to Saturday next year which will be considered.

- The Board noted that both the Chief Executive and Board Chair will be attending a dinner with the Health Infrastructure Board on 23 October 2017 and will also attend their Board meeting scheduled for 24 October 2017 which is to be held in Crawford House Lismore.
- NSW Health Senior Executive Development Program  
Mr Jones referred to his report on the success of Ms Yvette Bowen, Manager, Workplace Health Safety and Insurable Risk gaining a position in this sought after development program.
- Oncology Management Information Systems  
Mr Jones provided a brief summary on his report regarding Oncology Information Systems. The Lismore Cancer Unit has used MOSAIQ as the radiation oncology information systems for the 5-6 years whilst Medical Oncologists and Haematologists have used CHARM.

Negotiations have continued over the last 6-8 months between the Lismore Oncologists/Haematologists around the upgrading of the CHARM licence. These have been positive negotiations and are progressing to a point of agreement in using CHARM. Mr Jones referred to the letter from the NSW Cancer Institute stating that NNSW LHD is restricted to using only the three major suppliers of Oncology Management information systems being: ARIA, MOSAIQ and Cerner.

Mr Jones indicated that clinicians have been advised of the advice from the NSW Cancer Institute and further meetings with relevant clinicians and NNSW LHD oncology medication providers are being arranged.

#### **5.1.10 Important Meetings/ Diary Commitments**

NNSW LHD Annual General Meeting 13 December 2017 3.00pm – 5.00pm.

#### **5.1.11 Questions for the Chief Executive without Notice**

- The Chair raised the issue around the ETP performance especially at Lismore Base Hospital and noted his concern that they are not acceptable.

Mr Jones responded that he had discussions with Ms Lynne Weir who advised that she has spoken to the Clinicians in Lismore raising the concerns of the Board. New strategies are being implemented in an endeavour to improve the LBH ETP performance and a report will be provided to the Board in two months. The Chief Executive has requested that Ms Lynne Weir draft a letter to the LBH Director of Emergency clearly stating that the Board and the Chief Executive do not find the current ETP results acceptable and there needs to be significant improvement in the two-month period for November-December 2017.

#### **Action:**

**Mr Jones is to provide a brief to the 31 January 2018 Board meeting**

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**concerning the new strategies that are being implemented to improve LBH ETP figures for the two-month period between November - December.**

- The Chair queried why NNSW LHD has the lowest rate in the state for patients receiving urgent surgical care. Mr Jones responded that he is reviewing this result and has been informally advised that the variation in results across LHD's reflects differing practices of recording the start time. Mr Jones reassured the Board that he has spoken to Dr David Hutton, Director Clinical Governance and the waiting list co-ordinator at LBH and that this is not a clinical urgency issue in getting patients to surgery however he will provide a Brief to the Board in 31 January 2018 confirming the surgical wait times data.

**Action:**

**Mr Jones is to provide a brief to the 31 January 2018 Board meeting confirming surgical timeframes for patients requiring urgent surgical care.**

The Board congratulated the Health Service Group General Managers on the elective surgery figures achieved despite the huge pressure on beds.

- The Board noted Murray Spriggs has resigned effective from January 2018. The Board thanked Murray for his support of the Board during his time with NNSW LHD.

Dr Moran left the meeting.

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

## **5.2 Committee Minutes (discussed on exception basis otherwise noted)**

### **5.2.1 Health Care Quality Committee (HCQC) – 10 October 2017**

Dr Ogg, Chair, HCQC provided a verbal report of the 10 October 2017 HCQC Meeting.

Dr Ogg stated there were four issues to be brought to the Board's attention: These were -

- 1) Resource implications of post –delivery reviews for 6 weeks for women who deliver outside the "Continuity of Care" model.

A Working group led by the LHD Clinical Midwifery Consultant is in place to address the midwifery continuity of care model / post-natal support. This will be priority work for the next 12 months.

- 2) Communicating Root Cause Analysis (RCA) findings widely.

To assist in communicating RCA findings widely, completed RCA reports will be de-identified and loaded onto the intranet page with relevant reports being provided to the LHD HCQC and easy to read summaries of selected RCA's with themed lessons learned will be made available.

- 3) Admitting Medical Officer (AMO) shared-care (when there is more than one consultant overseeing the care of a patient).

Mr Wayne Jones is to provide a brief to the committee on improving arrangements for MO shared-care. Dr Ogg referred to a recent situation of a patient at TTH admitted after falling and breaking his/her hip as an example of shared care and a lack of communication.

- 4) Leading Better Value Care

A Leading Better Value Care dashboard is to become a standing agenda item on the Committee. It will be placed side- by-side on the agenda with Patient Safety First because of overlap with hospital acquired complications. This will provide the Board with assurance regarding the requirements of the LHD Service Agreement.

The Chair noted the two appointments of Aboriginal Midwives to the TTH and queried whether this was an extraordinary situation and was something that should be advised to the Minister for Health as it is a good news story.

**Action:**

**Mr Jones is to report back to the 29 November 2017 Board meeting on whether the appointment of two Aboriginal Midwives at TTH has not occurred elsewhere and if this is the case, to advise the Minister for Health.**

The Board requested Dr Ogg to confirm with Dr David Hutton, Director of Clinical Governance, the changes to the definition of Out of Hours being a significant issue for the LHD as it is an area of great risk.

The Board discussed the concern around General Practitioners (GP) being able to reach into the LHD's eMR, noting the LHD cannot access GPs records. Mr Jones talked about the risk around secure messaging and the concerns around feeling confident in using these systems with access for the GP's being problematic. The Board noted that access to eMR has been identified as a risk, and it has been acknowledged in the Clinical Excellence Commission report summary.

**5.2.2 Finance and Performance Committee (F&PC) – 18 October 2017**

Mr Humphries provided a summary report of the FPC Meeting held on 18 October 2017.

Mr Humphries reported the LHD budget is currently unfavourable however the forecast through the LHD Finance Department is that the LHD will be favourable by the end of financial year.

Factors to be taken into consideration include a significant increase in projected activity resulting in increased overtime and sick leave, VMO engagement, drug expenditure and also issues with coding.

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The Board noted that the Pavilion Health contract has been extended until the end of December 2017. Mr Jones reported that in July 2016 there was a turnaround of over 200 NWAU, and an increase for the same time this year of 54 NWAU shows a significant improvement in local coding.

Mr Jones advised that recruitment for Coders in both Health Service Groups is currently underway although there are challenges in filling the positions.

Mr Humphries reported that General Funds expenditure is unfavourable by \$974K and that the own source revenue result is \$272K unfavourable.

Mr Jones informed the Board of the Budget Remediation Brief that will be tabled at the next Executive meeting that identifies three major strategies that the Executive Leadership Team will be asked to respond to.

Mr Humphries informed the Board that he has requested an update on the Honeywell Energy project through Mr Matthew Long, Director of Corporate Services which will be provided through the F&PC in November 2017.

Mr Frazer noted that his concerns about ETP was around Grafton Base (GBH) and Lismore Base Hospitals.

Mr Jones spoke on the strategy used at GBH in previous years concerning the IMG recruitment program which did not meet the expected outcomes. While the results of the most recent IMG recruitment program were slightly better this year, GBH is still challenged in providing supervision of the IMG Staff. Mr Jones advised he was planning to meet with GBH management to discuss this matter further. Mr Jones indicated that Dr Abbey Perumpanani is to be commended on his hard work on turning around the specialist medical workforce from 75% locum to now 20% locum.

Mr Jones reported that the interview process for the Director, Finance has been completed and the referee checks are underway.

The Board noted the Finance and Performance meeting minutes of 18 October 2017.

### **5.2.3 Medical and Dental Appointments Advisory (MDAAC) Committee – 12 October 2017**

Dr Tyson provided a verbal report of the MDAAC Meeting held on 12 October 2017.

Dr Tyson noted that of the new appointments made by MDAAC there is a Senior Staff Specialist FACEM for GBH, a HMO Physician at Murwillumbah District Hospital and a HMO In Gynaecological and Oncology at The Tweed Hospital.

Dr Tyson explained to the Board how the quinquennium process for the re-appointment: VMO's is progressed.

The Board noted the MDAAC Meeting Minutes of the 12 October 2017.

**5.2.4 Health Services Development Committee (HSDC) – 12 October 2017**

The Board noted the HSDC Minutes of 12 October 2017 will be submitted to the 29 November 2017 Board Meeting.

**5.2.5 Audit and Risk Committee (ARC) Special sign off meeting – 6 December 2017**

The Board noted the next Audit and Risk Committee (ARC) is scheduled for 6 December 2017.

**5.2.6 Clinical Council (CC)**

The Board noted the next Clinical Council meeting is scheduled on 28 November 2017.

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

Mr Humphries gave a brief summary to the Board reporting that Ms Anne O'Donoghue chaired the meeting well. The Community Conference will be held as a one-day event this year on Thursday 14 December 2017, focusing on only a few areas including Mental Health and Integrated Care.

The Board noted the discussion in the minutes regarding the concerns raised at the CEAC meeting around the high prescription rate of Opioids.

The Board noted the CEAC Meeting Minutes of 25 September 2017.

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

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

**5.2.9 Aboriginal Partnership Meeting (APM) – 6 November 2017**

The Board noted the next APM Meeting is scheduled on 6 November 2017.

**5.2.10 Mental Health Forum (MHF) – 25 September 2017**

Mr Frazer reported that he was absent from the last MHF meeting however he noted negotiations are currently underway to create an appropriate 'warm room' in LBH ED. A 'warm room' will be included in the design of the Tweed Valley Hospital. Mr Frazer stated that the new MHF members will make a great contribution to the Forum.

The Board endorsed the Chair to take the MHF minutes to the Mental Health Commissioner.

The Board noted the MHF Meeting Minutes of 25 September 2017.

**5.2.11 Health Education Workforce Research Forum - to be advised**

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

**5.2.12 Drug and Alcohol Community Advisory Committee (DACAC) – 12 October 2017**

Mr Jones gave a verbal report on the DACAC meeting mentioning that there is active and recovering users in the group and that the LHD wants to support them as individuals and as an organisation.

Mr Jones spoke of the Drug and Alcohol Liaison Officer role of supporting active users and people with a lived experience who are noticing the way staff are dealing with them in the ED.

The Board noted the DACAC Meeting Minutes of 12 October 2017

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

**6.1 Major correspondence**

There was no major correspondence for noting.

**6.2 NSW LHD Seal**

There were no items for Endorsement

**6.3 Updated Board Calendar**

The Board noted the updated Board Calendar.

**6.4 Other matters for noting**

There were no other matters for noting.

**7 Meeting Finalisation**

**7.1 Meeting Finalisation**

Mr Humphries provided a critique of the Board Meeting.

**7.2 Next Meeting**

**29 November 2017 – 9.00am – 1.00pm**

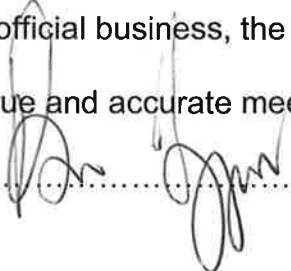
Education Centre, Grafton Base Hospital Arthur Street Ground Floor Meeting Room,

A Board Dinner is to be held in Ballina following the Annual General Meeting on 13 December 2017.

**7.3 Meeting closed**

There being no further official business, the Chair declared the meeting closed at 4.30

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

Signed .....  ..... Date 13/1/18 .....

Dr Brian Pezzutti  
Chair  
Northern NSW Local Health District Board