

MINUTES OF THE MEETING OF THE NORTHERN NEW SOUTH WALES LOCAL HEALTH DISTRICT BOARD HELD ON WEDNESDAY 26 OCTOBER 2016 IN THE CONFERENCE MEETING ROOM 2, GRAFTON BASE HOSPITAL, ARTHUR STREET, GRAFTON COMMENCING AT 1.00PM

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1. PRESENT AND APOLOGIES:

Dr Brian Pezzutti (Chair), Mr David Frazer, Dr Joe Ogg, Dr Alan Tyson, Mr Mark Humphries, Ms Carolyn Byrne, Dr John Griffin, Professor Susan Nancarrow and Mr Michael Carter.

Via Videoconference: Dr John Moran

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

2. Apologies: Ms Leone Crayden, Ms Deb Monaghan, Mr Patrick Grier (Leave of Absence).

The Chair welcomed the new NNSW LHD Board Members and spoke on the refresh process of the Board that had been undertaken by the Minister for Health. The Chair noted the valued contributions that had been made by the former NNSW LHD Board Members.

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

3. Declaration of Pecuniary and/or Conflicts of Interest

Professor Susan Nancarrow advised that she is on the Council of Southern Cross University and where there may be potential conflicts of interest around acquiring sites for the future development of NNSW LHD services, she will absent from these discussions.

Ms Nancarrow also advised that she is the Chair of the North Coast Allied Health Association and indicated that as a NNSW LHD Board Member she is representing the LHD on this Board and not the North Coast Allied Health Association.

Mr Michael Carter advised that he is an employee of North Coast Primary Health Network (NCPHN) and noted that NNSW LHD and NCPHN work on and fund many joint projects and this will be taken in account during any relevant discussions involving both organisations.

1.00pm – 1.30pm

Mr Chris Gulaptis MP, Member for Clarence addressed the Board Meeting

The Chair welcomed Mr Chris Gulaptis MP, Member for Clarence and asked Mr Gulaptis to raise any issues he would like to discuss with the Board.

Mr Gulaptis congratulated the new Board Members on their appointment to the Northern NSW Local Health District (NNSW LHD) Board however noted that there had been a decrease in the number of Board representatives from the Clarence Valley and indicated that it is important to have reasonable representation across the LHD and indicated that Dr Tyson has provided good representation on behalf of the Clarence Valley community.

Mr Gulaptis asked what would the impact be on the Grafton Base Hospital with the development of the new 1,700 bed Grafton Correctional Facility which will have 500 staff and will also require specialist medical services and how the LHD will manage this impact?

The Chair advised that Mr Wayne Jones, Chief Executive has been meeting with the Chief Executive, Justice Health and Forensic Mental Health Network (JH&FMHN) and a local Oversight Committee inclusive of representation from JH&FMHN and the Ministry of Health (MOH) has been established to consider the management of the impact that the new Correctional Facility will have on GBH and Clarence Valley Health Services. Mr Jones advised that the anticipated additional Emergency Department (ED) and inpatient activity that will result from the new Correctional Facility has been costed and is activity that NNSW LHD is not currently funded for and planning for the additional activity is underway. The main issue for the LHD relates to the Correctional Facility inpatient high dependency unit which is an area for patients who require ongoing overnight stay and the LHD estimate a potential \$2 million capital build that currently has no funding source. The other area that will require planning involved community based services such as drug and alcohol and mental health services. Mr Jones explained that part of the local Oversight Committee is to illustrate the impact on local health services, not only for NNSW LHD but in other LHDs where Correctional Facilities are being developed.

The Chair also noted that a GBH capital build needs to include a separate component that also accommodates female prisoners.

Mr Jones advised that the main concern is the need to identify a funding source for the capital cost for the required build for the in-centre surgical high dependency unit and contact will be made with Mr Gulaptis to discuss what support he can provide in due course.

There was discussion on the potential benefits of a major rebuild of GBH including the required in-centre facility to accommodate correctional facility patients. The Board Chair advised that the GBH Master Plan is currently being drafted.

Mr Gulaptis also raised issues associated with mental health support in the Clarence Valley noting the recent number of suicides that had occurred and asked if a plan is being developed to give confidence to the community that there is support available. Mr Jones responded that NNSW LHD is leading the Healthy Clarence Initiative and that plan is coming to culmination. Mr Jones noted that while additional resources may be required it is important to understand what the problems are and the areas where the best use of resources can be obtained. A community response is required including input from Housing, Police and Non-Government Organisations, Mr Jones said. Mr Jones also indicated that the North Coast Primary Health Network is also committed to the development of the Healthy Clarence Initiative Plan. Consideration is also being given to including a focus on mental health with the Regional Leadership Groups which will involve a whole of government response, not just health and it will allow agencies to maintain a focus on this important area and the Clarence Valley will be a major focus area.

The Chair spoke on the development of the Mental Health Integration Plan for the NNSW LHD.

Mr Gulaptis sought advice on what progress is being made with the development of the HealthOne Coraki and what is the plan for the existing facilities on that site. Mr Jones responded that the building of the HealthOne is progressing well with the expected completion March 2017

and NSW LHD is currently in negotiations with the local General Practitioner to provide services from the HealthOne facility.

Mr Jones advised that there has been representation from some areas of the Coraki community to purchase the existing convention centre for specific uses and these are under consideration. There has also been discussion with the local Richmond Valley Council and NSW LHD are currently awaiting a letter of support from the Council in relation to the Community suggestions. Following discussion with the Ministry of Health and identification of funding to clear the surplus buildings on the site, a proposal on the future of the convention centre, will be submitted to the Board for consideration.

Mr Gulaptis also asked whether the Maclean District Hospital Rehabilitation Unit was operating at full capacity. Mr Jones advised that the Rehabilitation Unit is currently operating at fifty percent capacity and the Board needs to consider funding to enable the Rehabilitation Unit to move to operating at full capacity by early January 2017.

The management of Maternity Services at GBH being managed by Lismore Base Hospital was raised by Mr Gulaptis. Mr Jones advised that a decision was made to stream Maternity Services across the Richmond Clarence Health Service Group following a number of incidents that occurred at GBH. There is now a Maternity Manager across both sites and that position is required to upskill the staff skill and confidence to a level where site appropriate neo-natal babies can be managed at GBH. Mr Jones assured Mr Gulaptis that the Executive and Board are supportive in ensuring that GBH Maternity Services are bolstered in the Clarence Valley. Consideration has been given to introducing a Midwifery Group Practice Model for the Clarence Valley, however advice is that as there is currently an education skilling program that has been implemented with the GBH midwives and this needs to be completed and evaluated before a Midwifery Group Practice model can be considered.

Mr Gulaptis thanked the Board for their time and discussion.

The Chair thanked Mr Gulaptis for attending the Board Meeting.

1.30pm – 2.00pm

Cr Jim Simmons

Mayor Clarence Valley Council addressed the Board Meeting

The Chair welcomed Cr Jim Simmons, Mayor, Clarence Valley Council and asked Cr Simmons to raise any issues he would like to discuss with the Board.

Cr Simmons congratulated the new NSW LHD Board Members on their appointment to the Board.

Cr Simmons advised that he was concerned about the number of suicides that had occurred in the Clarence Valley. Cr Simmons indicated that the Clarence Valley community want to see professional support services being more available.

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Mr Jones advised that NSW LHD is also concerned with the number of suicides that has occurred in the Clarence Valley and NSW LHD is working to provide more support for the Clarence Valley Community. As a result of the Healthy Clarence Initiative Plan there will be more staff available and the collaborative approach from all NGOs will result in a more collaborative model to assist clients to access relevant services more easily. Additionally, a combined submission to access more Suicide Prevention Strategy funding has been made on behalf of the Clarence community.

A program called Mental Health Emergency Care Rural Access Program (MHEC RAP) which is a 24/7 service has been implemented at GBH which has videoconferencing available in the Emergency Department to enable a more streamlined assessment and care plan to be prepared for mental health patients. To date there have been twenty-five presentations of mental health patients over three months and they have all received timely assessment from a Psychiatrist or mental health clinician of which thirty percent have required admission to LBH Mental Health Inpatient Unit and seventy percent have had care plans developed whilst in the ED and have been discharged either to their GP, NGO or Community Mental Health Services.

Mr Jones stated that it is recognized that there is a need to have mental health education programs in areas such as teachers, who can be trained to identify early signs of mental health issues and then a referral is made to an appropriate service. It is therefore important for the LHD to work with NGOs, private providers and other agencies to represent a population and the Healthy Clarence Initiative is moving towards this type of model. Mr Jones advised that NSW LHD want to invest in programs where there is a benefit and good outcome for patients.

Cr Simmons suggested that there may be a need for increased professional development for staff providing Maternity Services at GBH so that patients don't need to access services in other locations such as LBH, which is 100 kilometers from GBH.

Mr Jones advised this is the model that is currently being implemented at GBH and there is strong staff development occurring at GBH.

Cr Simmons also noted the impact of the development of the Grafton Correctional Centre as previously raised by Mr Gulaptis. Mr Jones advised that while there is a cost impact in treating patients from the new Correctional Centre, there will be negotiations with the MOH over the next few years to obtain adequate funding to meet the increased activity needs. In relation to the Oversight Committee that has been established, the Chair and Chief Executive of JH&FMHN are fully supportive of the approach being taken by NSW LHD. The Chair also noted that it will also be important that appropriate National Weighted Activity Units (NWAUs) are identified for treatment of Correctional Facility patients and Mr Jones advised that this will be raised with the MOH.

The Chair stated that it is important that the NSW LHD Board are good citizens of the Clarence Valley and the development of GBH and advised that it would like to work collaboratively with the Clarence Valley Council.

The Chair thanked Cr Simmons for attending the Board meeting.

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

The Board Members asterisked all Business Arising Agenda Items and Items 6.1, 6.2, 6.4, 6.6, 6.7 and 6.8.

***5. Previous Minutes:**

a) The Minutes of the Board Meeting held on 28 September 2016 as circulated were ENDORSED as a true and accurate record of the meeting.

Moved: Mr David Frazer

Seconded: Dr Alan Tyson

CARRIED

Business Arising from the Minutes:

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

Mr Jones spoke to the content of Brief prepared by Ms Vicki Rose, Executive Director Allied Health and Manager Chronic and Primary Care at the request of the NNSW LHD Board. Mr Jones noted that the challenge in allied health planning is that there is no accepted ratios or models for staffing and much of the content in terms of staffing is perception of what is required into the future for allied health.

Mr Jones indicated that the content of the Brief provides NNSW LHD with the granular level for service planning models and development moving forward and it has had the engagement of the allied health clinicians.

The Chair noted that much of the information contained in the Allied Health Workforce Plan has been included in the NNSW LHD submission to the MOH for additional community based service funding of \$25 million which will continue to be advocated for with Ms Susan Pearce and Ms Elizabeth Woods from the MOH.

The Board noted that the information provided gives a method to make a future submission for additional resources especially in some locations where there are small levels of allied health staffing.

Mr Jones advised that the Allied Health Workforce Plan supports development of a NNSW LHD Workforce Plan.

Dr Ogg stated there is a great need for equitable distribution of resources across the LHD and the Board discussed the importance of getting correct resourcing to support equitable resourcing.

Processor Nancarrow noted there is limited allied health workforce data available and advised that currently she is undertaking a research project with Victorian Health on the allied health workforce and suggested that she would be able to present to the Board on the key messages that have been obtained from this piece of work as well as information on key performance indicators that have been developed for Queensland Health where there is good evidence for effectiveness in allied health services.

The Board responded that Professor Nancarrow provide a presentation to a future Board meeting on allied health comparisons and key performance indicators.

Mr Jones spoke on the impact for NNSW LHD on improving and increasing its coding which will then flow into improving community based resources. It was also noted that a new activity based funding model that is to be implemented in the future across the LHD will assist to have a more equitable funding approach.

Action:

Professor Nancarrow is to provide a presentation to a future Board meeting on allied health comparisons and key performance indicators.

- *6.2 Mr Jones is to work with Dr Page, Dr Moran and Ms Bernadette Loughnane, Executive Director Tweed Byron Health Service Group to develop a media strategy in announcing that the Murwillumbah District Hospital (MDH) Paediatric Unit will be closed including the need to consider including relevant health consumers on the Paediatric Governance Committee**

Dr Moran reported that a meeting has been held with Ms Loughnane and Mr Jones concerning the development of a media strategy for changes to the MDH Paediatric Unit and letters are currently being drafted for the Visiting Medical Officers' consideration.

- 6.3 Mr Wayne Jones to ensure an approval process is undertaken for NNSWLHD for the practice of sterile water injections for low back pain during labour.**

This item was covered in the Chief Executive Report page 3.

- *6.4 Mr Wayne Jones is to meet with Mr David Frazer and Yvette Bowen to review the Work Health and Safety Report Template which will be utilised for future reports to the NNSW LHD Board.**

Mr Frazer advised that as Ms Yvette Bowen, Manager Work Health and Safety and Injury Management has been on annual leave and he will be unavailable until the end of November 2016 a meeting to review the Work Health and Safety Report Template which will be utilised for future reports to the NNSW LHD Board will be scheduled after this time.

Action:

Mr Wayne Jones is to schedule a meeting with Mr David Frazer and Yvette Bowen toward the end of November 2016, to review the Work Health and Safety Report Template which will be utilised for future reports to the NNSW LHD Board

- 6.5 Mr Jones is to seek advice from the MOH Legal Branch in relation to issues raised by Mr David Frazer concerning the NSW LHD Deed of Release Template.**

This item was covered in the Chief Executive Report page 3.

- *6.6 The Board Secretariat is to contact Mr Malcolm Marshall in relation to organising a thankyou dinner for his years of service to the local Health Services.**

Mr Spriggs reported that contact was made with Mr Malcolm Marshall who has advised that he does not want a specific dinner organised to recognise his years of services to the Local Health Services however he would be happy to attend a general end of year Board dinner where all Board Members, both present and former, were in attendance.

The Board proposed that Mr Marshall be nominated to receive an award at the annual NSW LHD Staff Awards presentation.

Moved: Dr John Moran

Seconded: Dr Alan Tyson

CARRIED

The Board Secretariat is to draft a letter and Certificate of Appreciation for Mr Marshall for Board Chair's signature.

The Board were advised that a letter and Certificate of Appreciation for Mr Marshall is being prepared for the Board Chair's signature.

- *6.7 An Instrument of appointment is to be completed for appointment of Mr David Frazer as Deputy Board Chair until 31 December 2016 and signed by the Board Chair.**

The Board were advised that the Instrument of appointment has been completed and signed by the Board Chair for the appointment of Mr David Frazer as Deputy Board Chair until 31 December 2016.

The Board Secretariat to advise the Finance Directorate of the appointment of Mr Mark Humphries as Chair of the Board Finance and Performance Committee.

The Board were advised that the Finance Directorate has been advised of the appointment of Mr Mark Humphries as Chair of the Finance and Performance Committee following the resignation of Mr Malcolm Marshall from the Board.

- *6.8 The Board Secretariat to advise the Clinical Governance Directorate of the appointment of Dr Joe Ogg as Chair of the Health Care Quality Committee to December 2016.**

The Board were advised that the Clinical Governance Director has been advised of the appointment of Dr Joe Ogg as Chair of the Health Care Quality Committee following the resignation of Ms Rosie Kew from the Board.

- 6.9 Mr Wayne Jones is to consider changes to the formatting of the 2016/2017 Business Plan for submission to the 26 October 2016 Board Meeting.**

The Board were advised that the suggested changes will be incorporated into the 2016/17 Business Plan and submitted to the Board Meeting for noting.

Action:

Mr Wayne Jones will request that the proposed changes to the 2016/17 Business Plan be incorporated into the document and submitted to the 7 December 2016 Board Meeting for noting.

6.10 Any other Matters Arising from the Board Minutes

7. * Action Table - NNSW LHD Board Resolution & Decision Register Updated from 28 September 2016 Board Meeting for noting.

The Board noted the Resolution and Decision Register.

7.1 Changes to Register Items 540, 563, 566, 567 - 572 covered in Item 6 Business Arising.

Noted

7.2 New Register Items 573 to 578 covered in Item 6 Business Arising.

Noted

8. *Chief Executive's Report

Mr Jones referred to the issues that were covered in the Chief Executive's Report to the Board, which included: Work Health and Safety, Elective Surgery and Emergency Patient Results, Capital Works and Planning Projects – The Tweed Hospital, LBH Stage 3A, LBH Multi-storey Carpark, Performance Reports, Aboriginal Health, Mr Martin Bowles visit to NNSW LHD, Maclean District Hospital Education Rooms, MDH Paediatric Unit, Sterile Water Injections, Deed of Release Template, Business PLAN, Centre for Healthcare Knowledge and Innovation, 2016 NSW Health Awards, NNSW LHD Performance Review, The Tweed Hospital MRI Licence, Mental Health Emergency Care Rural Access Services, Equity Funding in Community Health Services, Initial Allocation of Growth Funds, Audit of Cancer Treatment in NSW and Clinician Engagement.

The following matters were discussed:

- Mr Jones indicated he anticipates improved Emergency Treatment Performance (ETP) and Transfer of Care results for LBH for October 2016 with improved flow of patients both at LBH and from other sites such as Ballina District and Grafton Base Hospitals. Data issues are also being addressed in relation to Triage Category 2 and the implementation of EMR2 on smaller sites is impacting on Transfer of Care data which is also being remedied. Mr Jones also advised that the LBH Emergency Department (ED) Director has visited The Tweed Hospital (TTH) ED and met with the Director to gain a better understanding of how TTH is achieving good ETP results.

The Board Chair commented that the LBH ETP results are expected to improve with the redeveloped Emergency Department. The Board Chair also suggested that a

standardised approach needs to occur across the LHD for some clinical equipment as this will assist to reduce the need for continual in-servicing for staff and will also reduce associated risk.

- A response has been submitted to the MOH concerning potential changes to standardise pricing for car parking fees across the State which would have a significant negative impact on the revenue received by the LBH multistorey carpark. The major change being considered relates to the definition of “financially disadvantaged” being broadened.
- In relation to GBH Ambulatory Care Project the project requires around \$350K to bring up to tender and the LHD currently has around \$122K. Contact has been made with the MOH suggesting that it would be advantageous for the LHD if construction could commence as soon as possible.

Dr Tyson suggested that Mr Chris Gulaptis MP, Member for Clarence may need to be advised that GBH Redevelopment is listed as number 2 on the NNSW LHD Capital Works Priority List, which may assist him to advocate for the LHD on this matter.

Action:

Mr Wayne Jones is to schedule a meeting with Mr Chris Gulaptis MP, Member for Clarence to discuss the GBH Ambulatory Care Project and the potential to redevelop GBH.

- Mr Frazer commented that the performance meeting with the MOH included an excellent presentation by the Executive team and it was obvious that the NNSW LHD Executive team has the respect of MOH representatives.
- Mr Jones referred to the list of initial allocation of growth funds and advised that it was the first raft of growth funds for allocation and it will be reassessed in February/March 2017. The Board ENDORSED the list of initial allocation of growth funds.
- Dr Tyson referred to patients from overseas who are accessing health services and not insured which impacts on the LHD. Dr Tyson suggested that a better system for approval early in the course of treatment needs to be determined at Executive Director level and suggested that guidelines need to be developed at the LHD level to assist staff in these circumstances.

Action:

Mr Wayne Jones is to consider the development of guidelines in conjunction with the Director of Finance for the management of patients from overseas who are accessing health services and not insured to ensure that there is an approval process developed to guide staff on how these cases need to be managed.

- Some of the clinician engagement activities undertaken by the Chief Executive were discussed and Mr Jones advised how informative these engagements are for him.

Dr Ogg stated that he had attended a meeting with the Chief Executive and TTH ICU Clinicians which was very well managed by Mr Jones.

- The Board noted that there was no "Health on a Page" Report available for this Board meeting.
- The Chair again raised the issue of why surgery "start on time" result is so low for NNSW LHD.
- The Board Chair indicated that the issue of community based funding of \$25m still needs to be addressed by Susan Pearce, Deputy Secretary, MOH and this will be raised by him and the Chief Executive at a meeting to be scheduled with Ms Pearce and Ms Elizabeth Woods.
- Professor Nancarrow suggested that it is worth formally engaging in research opportunities with the Gold Coast Hospital for advanced health research translational partnership involving Griffith, Bond and Southern Cross Universities to obtain their combined research expertise?

Mr Jones responded that the Rural Chief Executives want to progress research that relates and benefits to rural communities and there is expected to be more return as one group such as the rural Chief Executives. However, NNSW LHD is happy to engage if it does not affect the rural Chief Executive's approach, Mr Jones said. Mr Jones advised he will schedule a meeting with Professor Nancarrow to further discuss specific aspects of engaging with the Gold Coast Hospital group.

Action:

Mr Wayne Jones is to schedule a meeting with Professor Susan Nancarrow to further discuss specific aspects of engaging with the Gold Coast Hospital research group.

- Dr Moran noted the letter from Susan Pearce, Deputy Secretary, MOH concerning the Capital Program Allocation for Bonalbo Multi-Purpose Service being allocated to Health Infrastructure as that organisation is managing the project.

The Board ENDORSED the Chief Executive's Report.

***9. Strategic and Planning Items**

9.1 Brief on proposal to reformat Board Meeting Agenda, Chief Executive Report and the inclusion of a Board Calendar into the Board Meeting Papers

The Board Chair requested that Board Members review the draft formats of Board Meeting Agenda, Chief Executive Report and the inclusion of a Board Calendar into the Board Meeting Papers and this item be resubmitted to the December 2016 Board Meeting for consideration.

Action:

The Brief on proposal to reformat Board Meeting Agenda, Chief Executive Report and the inclusion of a Board Calendar into the Board Meeting Papers is to be resubmitted to the 7 December 2016 Board Meeting for consideration.

10. * Items for Decision/Resolution

10.1 Board Representation on Mental Health Forum and Drug and Alcohol Community Advisory Committee

Board representation on the Mental Health Forum and Drug and Alcohol Community Advisory Committee was considered in Agenda Item 10.2.

10.2 Office-Holder and Board Committee Suggested Appointments 2017

The Board nominated and endorsed the Office-Holder and Board Committee two year appointments for 2017 and 2018 as follows:

Deputy Chair	Mr David Frazer Moved: Dr Alan Tyson Seconded: Ms Carolyn Byrne CARRIED
Finance and Performance Committee	Mr Mark Humphries (Chair) Dr John Moran Mr Michael Carter
Health Care Quality Committee	Dr Joe Ogg (Chair) Ms Carolyn Byrne Professor Susan Nancarrow
Medical and Dental Appointments Advisory Committee	To be determined early in 2017
Health Services Development Committee	Dr Brian Pezzutti (Chair) Ms Deb Monaghan Dr John Griffin Dr Alan Tyson
Audit and Risk Committee	Mr David Frazer
Health Education Workforce and Research Forum	To be determined following completion

	of the Executive Leadership Team Review
NNSW LHD Medical Staff Executive Council (MSEC)	No representation but Bylaws allow for Chair MSEC to attend Board Meeting and Dr Alan Tyson attends as GBH MSC representative – for further consideration in 2017
NNSW LHD Clinical Council	Professor Susan Nancarrow
NNSW LHD Community Engagement Advisory Council	Mr Mark Humphries Ms Carolyn Byrne (currently Chair)
Ngayundi Aboriginal Health Council	Ms Deb Monaghan
NNSW LHD Mental Health Forum	Ms Deb Monaghan (Chair) Mr David Frazer
NNSW LHD Drug and Alcohol Advisory Committee	To be determined in early 2017
Disaster Planning Committee Community Engagement Advisory Committee	To be determined in early 2017
Aboriginal Partnership Meeting	Dr Brian Pezzutti as per Partnership Agreement

10.3 Proposal for the Annual Board Community and Stakeholder Meeting and December 2016 Board Meeting

The Board ENDORSED the recommendations that the Annual Board Community and Stakeholders Meeting is held on 6 December 2016 from 3.00pm to 5.00pm, the Board Dinner is held on the evening of 6 December 2016 commencing at 7.30pm with former Board Members invited to attend and the Board Meeting is held on 7 December 2016 commencing at 8.30am in the Boardroom of the North Coast Primary Health Network.

The Board APPROVED the funding of any accommodation requirements for former Board Members Mr Marshall, Ms Rosie Kew, Dr Jean Collie, Dr Sue Page and Professor Lesley Barclay to attend the Board dinner.

Moved: Mr Mark Humphries
Seconded: Mr David Frazer
CARRIED

***11. Minutes – Governance Committees**

11.1 Finance & Performance Committee (F&PC)

Mr Mark Humphries provided a verbal report of the F&PC Meeting held on the 19 October 2016.

Mr Humphries reported that NNSW LHD is currently on target for revenue and expense for the month and year to date. Mr Humphries indicated that the sale of Bangalow Community Health was under negotiation and Mr Jones reported that negotiations had stalled.

Mr Humphries noted the write offs for bad debts for August 2016. The Board noted the earlier discussion on the need for a policy to manage patients from overseas who do not have insurance.

The work undertaken by Pavillion Health has identified 623 National Weighted Activity Units (NWAUs) and have scanned 21% of the identified records with value of around \$3 million, including 234 at TTH. Mr Jones commented that he is considering engaging an appropriate representative from Pavillion Health to lead the education and training of NNSW LHD Coders.

The Board Chair asked that consideration be given to progressing appointment of any additional Gastroenterologists as either Staff Specialists or Visiting Medical Officers in future recruitment.

The unconfirmed Minutes of the FPC Meeting held on 19 October 2016 were noted.

11.2 Health Care Quality Committee (HCQC)

Dr Ogg provided a verbal report of the HCQC Meeting held on 11 October 2016.

Dr Ogg acknowledged the good work that had been undertaken by Ms Rosie Kew, previous HCQC Board Chair.

A presentation was received on the Standard Observation Chart Point Prevalence Audit report and the calling of Rapid Reviews there being a 20 – 25% failure of compliance with some of the parameters with around 70% rapid responses being called. Dr Ogg noted that this has been raised previously and he has sought input from the HCQC Members on how these results can finally be addressed. Suggestions put forward included additional educational support for staff to ensure that they understand what is legally required and that non-compliance could become a performance management matter.

The Clarence Network Accreditation results were noted with AC90 received in relation to two core actions with Standard 9 which are being addressed.

Dr Ogg advised also noted the death screening results at TTH continue to be less than expected. Mr Jones responded that an additional Patient Safety Officer has been appointed to Tweed Byron Health Service Group and that position is expected to provide support to the Director of Medical Services in relation to death audits and it is expected to see an improvement in the Death Screening results for TTH.

Following a query from Dr David Hutton on the level of information pertaining to Coroner's Reports that the Board requires, the Board requested that information be provided to the HCQC and that it determine whether the particular Coroner's Reports (dependant on the implications for the LHD), should proceed to the Board for information.

Dr Ogg advised that a sub-committee including the Board Chair is to be established to review and endorse policies and procedures from November 2016.

Mr Humphries left the Board meeting.

Ms Nancarrow noted that in relation to the Clinical Policies, Guidelines and Procedures it would be helpful for a one-line description of what the policy refers to be included on the Agenda. Dr Ogg responded that this should be addressed by the establishment of the new sub-committee to review and endorse policies and procedures and to restructure the HCQC agenda to make it less operational.

The unconfirmed Minutes of the HCQC Meeting held on 11 October 2016 were noted.

11.3 Medical and Dental Advisory Appointments Committee (MDAAC)

Dr Tyson provided a verbal report on the MDAAC Meeting held on 13 October 2016.

Dr Tyson referred to the work being undertaken by John Wickham, Medical Administration Manager on Career Medical Officer appointments and their scope of practice for a credentialing pathway and whether MDAAC should be responsible for the appointment process. A Brief is to be submitted to MDAAC for consideration on this issue.

The resignation of Dr Brian Pezzutti, VMO Anaesthetist effective 30 December 2016 was noted and a letter of appreciation is to be forwarded to Dr Pezzutti.

The Board noted the appointments of 120 Radiologists employed by Everlight Radiology who has a current contract with NNSW LHD. The Board discussed the need for an ongoing process for Radiologists employed by Everlight to ensure that these clinicians are appropriately credentialed.

The unconfirmed Minutes of the MDAAC Meeting held on 13 October 2016 were noted.

11.4 Health Services Development Committee (HSDC)

The Board noted that the unconfirmed Minutes of the HSDC Meeting held on 13 October 2016 will be submitted to the 7 December 2016 Board Meeting for noting.

11.5 Audit and Risk Committee (ARC)

Mr Frazer advised that he provided a verbal report of the ARC Meeting held on 7 September 2016 at the 28 September 2016 Board Meeting.

Mr Frazer advised that some Internal Audit report recommendations are not being responded to and the Chief Executive is following up to ensure any risk is being addressed

and is considering undertaking spot audits some time following the recommendations being completed.

The unconfirmed Minutes of the ARC Meeting held on 7 September 2016 were noted.

11.6 NSW LHD Clinical Council (CC)

Mr Jones provided a verbal report of the CC and Clinician Engagement Consultation Meeting held on 6 September 2016.

Mr Jones advised that discussions are progressing and the CC continue to discuss its role. Consideration is being given to rotating meetings and to open invitations to the CC meetings to all clinicians at the different sites where the meeting is being held. Select issues and some primary issues are also to be undertaken by the CC over a six to twelve months' period.

A combined CC dinner meeting with the NCPHN and NSW LHD CCs is to be held on 1 December 2016.

The notes of the CC and Clinician Engagement Consultation workshop held on 6 September were noted.

11.7 Community Engagement Advisory Council (CEAC)

The Board noted it had received a verbal report of the CEAC Meeting held on 19 September 2016 at the 28 September 2016 Board Meeting.

Ms Byrne advised that car parking at the Murwillumbah District Hospital had been raised and CEAC were informed that strategies have been put into place to provide more car parking availability.

The unconfirmed Minutes of the CEAC Meeting held on 19 September 2016 were noted.

11.8 Medical Staff Executive Council (MSEC)

The Board noted that the unconfirmed Minutes of the MSEC Meeting held on 15 September 2016 will be submitted to the 26 October 2016 Board Meeting for noting.

11.9 NSW LHD Aboriginal Partnership Meeting (APM)

The unconfirmed Minutes of the APM held on 21 July 2016 were tabled and the Board noted that a verbal report had previously been provided to the Board.

The unconfirmed Minutes of the APM held on 21 July 2016 were noted.

11.10 NSW LHD Mental Health Forum (MHF)

Mr Frazer provided a verbal report on the MHF Meeting held on 10 October 2016.

Mr Frazer advised that there had been discussion in relation to consumers being involved in the RCA processes as they have lived experience as it was suggested that this does

occurs in another LHD. The Board indicated that this could be an opportunity to value add however there would need to be a process of providing relevant training and support to any person being part of an RCA process. Mr Jones suggested it would need to be considered on a case by case basis not a mandatory requirement.

The Board requested that the Chief Executive seek advice from Dr David Hutton, Executive Director Clinical Governance on the proposal for other representatives to be invited to be involved in RCA processes and feedback is to be provided to the Board and the Mental Health Forum.

The Board agreed that the Board Chair provide a copy of the MHF Minutes to the Mental Health Council.

Action:

Mr Jones is to seek advice from Dr David Hutton, Executive Director Clinical Governance on the proposal for other representatives to be invited to be involved in RCA processes and feedback is to be provided to the Board and the Mental Health Forum.

11.11 Health Education Workforce Research Forum (HERF)

The Board noted that the date of the next HERF Meeting is to be advised.

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

The unconfirmed Minutes of the DACAC Meeting held on 21 July 2016 were noted.

The Board Chair noted the input that had been provided by former Board Member Dr Sue Page on the DACAC and enquired whether Dr Page would be able to remain on the Committee as a community member. Mr Jones took this question on notice and will provide advice to the 7 December 2016 Board Meeting.

Action:

Mr Jones is to provide advice to the 7 December 2016 Board Meeting on whether Dr Sue Page is able to continue on the Drug and Alcohol Community Advisory Committee as a community member.

12. * Items without Notice/Late Business

- The Board were advised that the opening of LBH Stage 3A redevelopment is taking place on 18 November 2016 at 10am.
- The Board Chair provided a brief verbal report on two international conferences he had attended being the International Society of Vascular Behavioural and Cognitive Disorders Meeting (VAS-COG) in Amsterdam and the Canadian Association of Gerontology (CAG) in Montreal. One presentation at the VAS-COG Meeting related to 'Baby Boomers' reaching Dementia 10 years later in life than that of their parents with better treatment of hypertension, maintenance of Vitamin D levels, lower fat diet and higher

level of education being associated with this change. Statistics quoted were a drop from 8.4% to 2.9% of patients with Dementia at 75 years of age.

At the CAG meeting it was noted that Australia is at the forefront of aged care in many aspects. One informative session attended related to ways of assessing pain in dementia patients. As the North Coast has the highest percentage of people over the age of 65 and that the proportion, and the numbers of people are growing rapidly it is important to ensure that our people age in a healthy state of mind and body and that they continue to live in their own homes for as long as possible. This includes the need to ensure strategies are introduced to reduce risk factors associated with dementia.

- Professor Nancarrow provided feedback on the conduct of the Board Meeting.

13. Items for Noting

There were no items for noting.

14. Items for Information:

There were not items for information.

15. Close of Meeting

There being no further official business, the Chair declared the meeting closed at 5.01 pm.

16. Date and Time of next Board Meeting

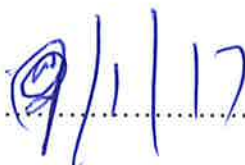
Wednesday, 7 December 2016 in North Coast Primary Health Network Offices, Tamar Street, Ballina commencing at 8.30am – 1.00pm.

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

Signed



Date



Dr Brian Pezzutti
Chair

Northern NSW Local Health District Board