

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**

No in-camera session was required.

**2.1 PRESENT AND APOLOGIES:**

Dr Brian Pezzutti, (Chair), Mr David Frazer, Mr Mark Humphries, Dr Joe Ogg, Dr Allan Tyson, Ms Deb Monaghan, Professor Susan Nancarrow and Dr John Griffin

**For part of meeting**

Dr David Hutton, Director Clinical Governance

Dr Richard Buss, General Manager Mental Health, Drug and Alcohol and Stream Services

Mr Matt Long, Director of Corporate Services

**Via teleconference :**

Mr Michael Carter

Dr John Moran (for part of meeting)

Ms Vicki Rose, Director Integrated Care and Allied Health (for part of meeting)

Janne Boot, Director of Workforce (for part of meeting)

Ms Lynne Weir, General Manager Richmond Clarence Health Service Group

**In Attendance :** Mr Wayne Jones (Chief Executive)

Ms Jennifer Cleaver (Secretariat)

Ms Kate Greenwood (Secretariat)

**Apologies:** Ms Carolyn Byrne, Mr Murray Spriggs, Ms Annette Symes, Executive Director of Nursing and Midwifery, Ms Bernadette Loughnane, General Manager Tweed Byron Health Service Group

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

Item 6.2 Mr Michael Carter declared a potential Conflict of Interest due to his employment with one of the organisations that will receive funding.

**2.3 Previous Minutes:**

**2.3.1** The Minutes of the Board Meeting held on 30 August 2017 as circulated were ENDORSED as a true and accurate record of the meeting with an amendment to Page 9 Item 3.4 third item to read "Page 4 Review of after-hours support for rapid responses for Drug and Alcohol patients to be considered".

Moved: Mr David Frazer

Seconded: Dr Allan Tyson

CARRIED

**2.3.2 Business Arising from the Minutes:**

**2.3.2.1 Mr Jones is to schedule a meeting by January 2018 with the Chief Financial Officer, Dr Joe Ogg, Dr Alan Tyson and a representative from the LBH Medical Staff Council to discuss equitable allocation of resources.**

The Board noted that a meeting with the newly appointed Chief Financial Officer, Dr Joe Ogg, Dr Alan Tyson and a representative from the LBH Medical Staff Council to discuss equitable allocation of resources will be scheduled by January 2018.

**2.3.2.2 Mr Jones is to draft a letter for the Board Chair's signature to the Surgical Services Taskforce requesting that they review child dental and caesarean sections to be included in the Surgery Dashboard and advising that the Board Chair has offered to attend a Surgical Services Taskforce Meeting and outline his reasoning for this request.**

The Board noted the letter to Dr Arthur Richardson, Chair, Surgical Services Taskforce dated 8 September 2017 requesting the inclusion of child dental and caesarean sections to be included in the Surgery Dashboard. Mr Jones reported that advice has been received that some of the data sets are currently under review and a response will be provided following the completion of the review.

**2.3.2.3 Mr Jones is to request that Ms Anna Law, End of Life Care Project Officer provide the Board with information on when End of Life/Advanced Care Directives Forums are to be held.**

The Board noted that Ms Anna Law, End of Life Project Officer has been requested to forward information to Board Members on forums and workshops that are being held across the LHD as some Board Members may wish to attend and Ms Law has undertaken to provide information as it becomes available.

**Mr Jones is to provide feedback to the Board on the number of staff attending the "Now or Never" Forum at the Tweed Hospital on 23 August 2017.**

Ms Lynne Weir spoke on the "Now or Never Program" courses that have been conducted across the LHD with excellent feedback being received from staff attending the courses.

Ms Weir noted that each course only allows limited numbers to attend. However, as the LHD now has two trainers facilitating the course, dates will continue to be scheduled across to the LHD to enable as many staff as possible to attend.

The Board suggested that more advertising of the courses needs to occur and to time some courses to capture more medical officers.

Ms Weir advised that as she is the Chair of the End of Life Committee she will request that more targeted advertising of the courses be undertaken.

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

The Board noted Dr David Hutton is to provide an updated Complaints Summary Report 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**

**2.3.2.5 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 noted that 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 for consideration.

**Action:**

**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**

**2.3.2.6 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 developed by the NSW LHD Planning Unit that provides information on what services are available at all LHD facilities 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.**

**2.3.2.7 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 an updated report on NSW LHD ETP and activity will be provided to the 25 October 2017 Board Meeting.

**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.**

**2.3.2.8 Dr Richard Buss is to provide an update report on Mental Health Patient presentations and if the strategies being used to manage the current demand by acute patients have made any factual difference and if not, why not and identify how this can be better managed.**

Dr Buss spoke to the information contained in the Brief on mental health presentations to the Emergency Department longer than 24 hours and addressed the four issues that had been raised at the 30 August 2017 Board meeting.

Dr Buss advised that currently there are 25 acute mental health beds identified for the Tweed Redevelopment as well as six mental health short stay beds to be co-located in the Emergency Department.

Dr Buss also noted that a review of mental health activity is underway to obtain greater understanding of the growth in mental health presentations, the review will include comparisons of bed bases across peer local health districts.

Dr Buss advised that following a request from the Board, a further report will be provided to the March 2018 Board Meeting to ascertain if the strategies being used to manage the current demand of acute patients has made a difference.

The Board discussed the information from the Bureau of Information data on suicide that was provided in the Brief. Dr Buss stated that due to the LHD having a higher rate of suicide than the NSW average, the current mental health programs need to be continued across the LHD including the "Our Healthy Clarence" Program in conjunction with the North Coast Primary Health Network (NCPHN), that will also be implemented in the Lismore and Tweed areas.

Dr Tyson discussed the higher incidence of suicides in the Clarence Valley and the ongoing impact this has on the community. Dr Buss indicated that a holistic approach and working with the community in relation to suicide prevention is needed.

Mr Jones also noted that Health Services needs to partner with other social service organisations to address the high suicide rates across the LHD such as Housing and Justice.

Mr Jones suggested that Mr Frazer, Dr Buss and Dr Pezzutti meet to consider data when it becomes available, prior to being submitted to the Board for consideration.

**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 Jones noted that work is currently underway on obtaining the level of detail 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 and future demand and information will be provided to the 25 October 2017 Board Meeting.

**Action:**

**Mr Jones is to provide advice to the 25 October 2017 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.**

**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.**

- 2.3.2.9 Mr Wayne Jones, is to provide feedback from the MOH on the current status of GP/VMO Specialist appointments indicating how this would assist regional areas to recruit GPs/VMOs Specialists to regional hospitals as there is currently difficulty recruiting to these positions when available.**

Mr Jones advised that correspondence has been forwarded to the MOH advising that there could be medical workforce benefits to regional/rural hospitals in recognising GPs as specialists. Mr Jones advised he will provide feedback to the Board when a response is received from the MOH.

- 2.3.2.10 Mr Wayne Jones is to draft a letter for the Board Chair's signature thanking LBH Endoscopy Nursing Staff for their outstanding efforts in undertaking additional work to meet Category 1 Surgery targets.**

The Board noted the letter to Ms Anita Coghill, Nursing Unit Manager Endoscopy Unit LBH from the Board Chair thanking the Endoscopy Unit staff for their hard work and dedication and to assist in reducing patients waiting for their procedure.

- 2.3.2.11 Mr Jones is to provide feedback to the 27 September 2017 Board Meeting on the Tweed Valley Health Services Planning Project Shortlisting Identified Properties Process and who will be part of the shortlisting process.**

Mr Jones reported that the site selection process has commenced with expressions of interest recently called from landowners with land suitable for a new hospital and the EOI process closing on 22 September 2017.

**Mr Jones is to contact Adam Schumaker, Vice Chancellor Southern Cross University (SCU) to discuss potential future partnerships for student facilities**

Mr Jones indicated that he has made contact with Mr Schumaker, Vice Chancellor SCU and further discussions will be undertaken on opportunities that could arise from the Tweed Valley Hospital development.

- 2.3.2.12 Mr Jones is to seek advice from Dr Hutton on a suggestion that an image can be placed on the Z Drive and a reference/link to the Z Drive could be added to the clinical records and provide feedback to the 27 September 2017 Board Meeting.**

Dr Hutton referred to the information that was provided in the Brief and advised that NSW LHD has a Clinical Imagery Management Policy which refers to the North Coast Digital Imagery Sharepoint Portal which is shared with Mid North Coast LHD and is accessed on the computer desktops.

Dr Tyson indicated the policy is not well publicised across the LHD and suggested that staff need to be encouraged to utilise this Program and therefore a greater awareness that there is a Policy needs to be identified across the LHD.

Mr Jones responded that he will arrange for the Policy to be promoted across the LHD and a reassessment of its usage and implementation will be undertaken in six to twelve months.

Dr Ogg also queried the volume storage of data for echo cardiographic records and whether this is managed in line with the National Standard for Practice, Storage and Retrieval Guidelines. Mr Jones advised that he and Mr Matt Long, Director of Corporate Services will consider and provide advice to the Board on this matter.

**Action:**

**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.**

**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.**

**Mr Jones is to refer the issue of the high prescription rate of opioid-based painkillers and whether a policy should be developed on the appropriate prescribing of analgesics for pain relief to the NNSW LHD Clinical Council for consideration and advice is to be provided to the Board.**

The Board noted that the issue of the high prescription rate of opioid-based painkillers and whether a policy should be developed on the appropriate prescribing of analgesics for pain relief has been referred to the NNSW LHD Clinical Council for consideration with advice being provided back to the Board in due course.

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

- Mr Jones referred to the recent community forum held in Lismore as part of the review of seclusion, restraint and observation in Mental Health Units as a result of the Miriam Merten incident and provided a verbal report on the Lismore forum.

Mr Jones advised that the report from the review will be presented to the Secretary on 8 December 2017 and the LHD will consider the recommendations that are raised in the report.

Mr Frazer indicated that a theme from the feedback at the Lismore forum was a greater need for compassion and accountability.

Dr Buss advised that some of the most constructive feedback was received from people associated with Ms Merten's daughter. Dr Buss also advised he has received feedback from Mr Wright that indicates the recommendations will involve mental health plus emergency department services and the way in which the journey into the system impacts seclusion and restraint.

Dr Ogg noted that the issues extend beyond the Emergency Department and the Mental Health Service especially in relation to empathy and suggested that empathy training may need to be considered for all staff not just mental health staff.

Dr Buss responded that trauma informed care education continues to be rolled out and working with frontline staff including looking at empathy. Mr Jones noted that trauma

informed care will be broader and will be progressed as part of education and training program and would be part of a complete package for staff.

The Board requested it receive 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.

**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 November 2017 Board Meeting.**

- Mr Jones spoke to the current issues in obtaining flexible aged care packages for the Bonalbo Multipurpose Service (MPS) and advised that the current aged care licences utilised by Uniting Care Ageing in Bonalbo are not MPS licences. Mr Jones indicated that he has advised Uniting Care Ageing that it is not an issue of ownership of the licences but ensuring that the residents of Uniting Care Aging in Bonalbo having a place to remain in Bonalbo and the LHD would like to transfer these into the new MPS and support the current workforce to manage the residents where appropriate. Currently the LHD considers that a shared management model would be problematic especially in relation to workforce, bond rates, insurance and a range of other issues.

Mr Jones advised he has met with Uniting Care representatives and expressed the LHD's concerns on how to move forward in the management of the Bonalbo aged care facility and a further meeting is scheduled in mid-October 2017. Discussions are also being held with the Commonwealth and Aged Care Service at the Ministry of Health about promoting the need for NNSW LHD to have its own independent 15 Flexible Aged Care Packages for Bonalbo.

Mr Jones reported that Uniting Care Ageing has an extension until May 2018 to undertake work to remedy the issues that relate to the old facility to meet new Commonwealth Standards.

It was suggested that a Memorandum of Understanding be established with Uniting Care Ageing that indicates that NNSW LHD will take the 15 Aged Care residents, so the residents are reassured. Mr Jones responded that he will include this matter in the Agenda of the next meeting with Uniting Care Ageing representatives.

- Mr Jones advised staff who undertake Clinical Leadership Programs will be requested to provide presentations to the Health Care Quality Committee in tandem with the patient story time. Mr Jones also reported that a database is being developed on staff who are undertaking courses as well as Clinical Leadership Programs that can be accessed across the LHD to gain expertise from relevant staff.

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

#### **3.1 Ngayundi Aboriginal Health Council Bus Trip**

The Board noted the Brief outlining details of the annual Cultural Bus Trip to be undertaken on 14 October 2017. All Board and Executive Members are to advise Murray Spriggs if they will be joining the bus trip.

### **3.2 Approval for the NNSW LHD Kids and Families Health Plan 2017 - 2022**

Ms Vicki Rose, Director Integrated Care and Allied Health, provided a verbal summary of the development of the NNSW LHD Kids and Families Health Plan 2017 - 2022. Ms Rose explained the Plan is the first Kids and Families Plan that has been developed for the LHD and there had been a lot of engagement and consultation with clinicians, allied health and nursing in the development of the Plan.

Following a query from Mr Frazer on what costs and timeframe are involved with implementing the Plan, Ms Rose responded that in the development of the plan it was understood that any additional resourcing identified in the Plan would need to be assessed with all requests for growth funds. The NNSW LHD Kids and Families Plan is a five-year plan and often during this type of timeframe funding may be received from other sources to be able to progress some aspects of the Plan.

Ms Rose noted that the LHD has been able to commence a Hospital in the Home Paediatric Services and funding has become available to commence the process of establishing that service.

Mr Jones advised that the NNSW LHD Kids and Families Plan 2017-2022 will guide the future funding allocation and planning going forward for the service so from that perspective it is a valuable roadmap. Mr Jones also indicated that the responsibility for progressing the Plan will rest with the Executive.

Mr Jones also stated that items that need to be progressed initially include Community Based Paediatric Services and he noted that the LHD is enhancing these services including a number of Paediatricians that have been appointed primarily with community practice. Also an outpatient component needs to be established and more information is required to better understand paediatric surgery requirements into the future.

The Board requested that an update report is provided to the Board in twelve months on what progress has been made with Community Based Paediatric Services, outpatient component, paediatric surgery requirements and generalist counselling.

Ms Rose advised that there a number of strong links where the North Coast Primary Health Network and LHD work with many other agencies such as under 12s behavioural disturbance and vulnerable children at risk and Aboriginal Medical Services for community paediatric clinics in remote communities.

The Board **RESOLVED** to endorse in principle the NNSW LHD Kids and Families 2017 – 2022 Plan.

Moved: Mr David Frazer  
Seconded: Dr Joe Ogg



CARRIED

**Action:**

**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.**

**3.3 Evaluation of Board Agenda**

The Board indicated that while the current Board Agenda works well the briefing papers being submitted to the Board need to be more succinct in identifying risk for implementation including reputational risk, accountability risk and financial risk as these will assist Board Members to determine the time needed to consider the documents being submitted for consideration and approval.

Dr Ogg also indicated that when data is being provided as part of a Brief, the Board needs to understand the interpretation of the data and provision of confidence intervals and trended data will assist with this.

Mr Jones advised that his office will rework the Board Paper Template document taking into account the "red flag" items that need to be considered by the Brief authors.

**Action:**

**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.**

**3.4 Evaluation of template for reporting of Issues arising at Board Sub-Committees**

The Board noted the importance in terms of governance in capturing specific issues that are raised at Board Sub-Committee meetings that require discussion by the Board.

The Board RESOLVED that all Board Sub-Committee Chairs ask the question as part of the meeting if there are any specific issues arising from the meeting that need to be included in the reporting of issues to the Board and captured on the template for reporting of Issues arising at Board Sub-Committees. These items are to remain on the Board Sub-Committee Agenda until the issues are resolved.

**3.5 Proposal for the development of LHD Safety and Quality Account 2017-18**

Dr Hutton spoke to the Brief on the development of the NNSLWHD Safety and Quality Account for 2017-18.

The Board ENDORSED the proposal to develop an LHD Safety and Quality Account 2017-18.

The Board requested reporting of the Safety and Quality Account is undertaken through both the Health Care Quality and Finance and Performance Committees.

Moved: Dr Joe Ogg  
Seconded: Dr Allan Tyson

CARRIED

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

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

The Board Chair'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**

- The winter period has been the worst winter in recent memory in terms of placing a significant strain on the Health System. Mr Jones thanked staff for their enormous efforts in meeting the additional demand with around 2,500 extra presentations to Emergency Departments and over 700 additional admissions in July and August 2017.

The impact of this additional activity on the sick leave result has been huge with the volume of sick leave significantly driving up overtime and locum costs.

Due to the increased activity the LHD expenditure budget is currently around \$730K unfavourable and around \$115K unfavourable for the revenue budget.

Mr Jones was asked how many of the 2,500 extra presentations could have been managed in primary care? Mr Jones responded that a review of the winter strategy plan that was developed with the NCPHN is to be undertaken and he expects that this will show that of the 1,000 patients that were enrolled in the program, they were managed more effectively in the community by the general practitioners and the community based teams.

- In terms of coding, it was reported that NNSW LHD still has around 400 uncoded files from July 2017. Mr Jones is to provide feedback to the Board as to whether Pavilion Health has been contracted until the end of December 2017 to ensure that improved coding practices are entrenched across the LHD.
- Work is underway to prepare for the performance review meeting with the Ministry of Health (MOH) in December 2017 including a budget remediation strategy. The Executive are also closely considering discretionary costs to assist in maintaining budgets.

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

- The Leading Better Value Care Program Leads have been appointed and are progressing the development and finalisation of clinical/business models in consultation with clinical teams.
- The Aboriginal Health Review Consultant Report is being finalised and following

consideration by the Executive Leadership Team it will go out for consultation during October/November 2017.

**5.1.3 Update on Strategic Plan Implementation**

The Executive has undertaken more work on the proposed actions to support the Strategic Principles that were developed at the Board Strategic Workshop. The actions will be consulted with the Senior Managers Forum on 20 October 2017 prior to being submitted to the 29 November 2017 Board Meeting.

**5.1.4 Matters for Approval**

There were no matters for approval.

**5.1.5 Major Key Performance Indicators**

The Board noted that results for Emergency Treatment Performance (ETP) during August 2017 did not meet the ETP target of 81% with a result of 76%.

- Elective Surgery Access Performance results during August 2017 for Categories 1, 2 and 3 targets were achieved with 100%, 99% and 97% respectively.
- NSW LHD did not meet Triage 3 target of 75% with a result of 74%. Triage categories 2,3,4 and 5 performances were below the August 2016 results.
- The Transfer of Care results for August 2017 was 86% and did not meet the 90% target.
- Ms Lynne Weir and Ms Bernadette Loughnane were commended for their work ensuring both Health Service Groups are meeting elective surgery targets.

**5.1.6 Risk and Compliance Update**

Dr David Hutton presented on the proposed development of the NSW LHD Safety and Quality Account for 2017 - 18.

**5.1.7 Governance Update**

There was no governance update for this report.

**5.1.8 Capital Works/Planning Projects**

- The final stages of the Business Case for Grafton Base Hospital Ambulatory Care Unit is underway and following submission to the MOH this will trigger the project to be transferred to Health Infrastructure management.
- Byron Central Hospital – currently awaiting a response from Properties NSW regarding the proposal to sell the Byron Bay site.
- Tweed Valley Hospital Project – no decision has been made on the scope or design of any new facility. Wayne reiterated that clinicians will decide on the models of care for the new facility.
- A Value Management Study for the interim “keep safe and operating work” is to be undertaken in October 2017.
- The site selection process has commenced with Expressions of Interest called from landowners with suitable land for the new hospital. The EOI process closed on 22 September 2017 with the final site to be selected following a detailed assessment and due diligence investigations undertaken.

- It is anticipated that advice will be provided to the Board on a preferred position for the greenfield site prior to the end of 2017.
- Brief on Ballina District Hospital Stage 2 theatre project – The Board **ENDORSED** the recommendations on the proposed next steps/actions to be taken by the NSW LHD Executive.

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

- The Health Infrastructure Board is visiting NSW LHD as part of its rotational meeting program. The HI Board will be undertaking tours of The Tweed, Byron Central and Lismore Base Hospitals on 23 and 24 October and holding its Board Meeting on 24 October 2017.
- Mr Jones and Dr Pezzutti will be attending a dinner with the HI Board on 23 October 2017.
- Ms Katharine Duffy has accepted the position of Director Nursing, Midwifery and Aboriginal Health and will commence on 13 November 2017.

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

There were no meeting or diary commitments to note.

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

- The Board Chair suggested that to assist with managing the winter demand in 2018 the LHD could undertake work to ensure that all staff are immunised.
- The Board Chair advised that the MOH has undertaken an assessment of LHDs for Unplanned Readmissions and what the target should be for this indicator across the system. For NSW LHD it should be 7.1% and the LHD is currently reporting 6.7% which shows performance better than the target.

Dr Hutton referred to the Health Care Quality Committee Minutes page 15 footnote concerning pricing and funding for Hospital Acquired Complications timeframe and suggested that following the Commonwealth making a determination on the readmission definition NSW LHD undertake analysis of the data. The Chair advised that he will discuss this matter with Dr Hutton outside of the Board Meeting.

- The Board noted the letter from Mr Daniel Hunter, Chief Executive, HealthShare advising that the proposal for procurement and delivery of inventory supplies from Queensland Health was not of any benefit to them and they did not wish to pursue any arrangement. Mr Jones advised that he and Mr Long are meeting with HealthShare representatives in the coming weeks and the matter of transport costs differential will be raised.
- Mr Matt Long is to provide feedback to the Board on whether the new eMR can facilitate a key word search to assist with coding.

Dr John Moran joined the meeting via teleconference.

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

**Action:**

**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.**

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

### **5.2.1 Health Care Quality Committee (HCQC) – 12 September 2017**

Dr Ogg, Chair, HCQC provided a verbal report on the 12 September 2017 HCQC Meeting.

Dr Ogg reported the patient story of a patient with disabilities from Byron Central Hospital was very useful and related to areas for improvement for her future care and patients who have similar difficulties. A report will be provided to a future HCQC meeting on what progress has been made on the specific issues raised.

Following discussion on a specific RCA that involved the death of a mental health unit patient who absconded to have a smoke and died, the Board requested that Mr Jones 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.

#### **Action:**

**Mr Jones 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.**

Detailed reports were received on Rehabilitation Services from Maclean, Murwillumbah and Ballina showing good outcomes. The LHD has a large percentage of patients who live alone with no support available. A report is to be provided to the HCQC meeting outlining the areas where the services are at the 25<sup>th</sup> percentile.

'ssues concerning Between the Flags and some junior nursing staff not accurately carrying out daily observations were discussed. Ms Annette Symes, Director of Nursing, Midwifery and Aboriginal Health is to contact the tertiary sector to discuss their responsibility to ensure the competency of graduates in basic nursing skills.

The Board discussed the process when recruiting staff to ensure that referees are contacted and the most recent Manager of the applicant needs to be one of the referee contacts. The Board requested Mr Jones reinforce 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.

Mr Jones provided a verbal report on the work that is underway in relation to the identification of cladding on NNSW LHD facilities with risks being determined as minimal.

The Board noted the HCQC Meeting Minutes of 12 September 2017.

#### **Action:**

**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.**

#### **5.2.2 Finance and Performance Committee (F&PC) – 20 September 2017**

Mr Humphries provided a summary report of the FPC Meeting held on 20 September 2017.

Mr Humphries spoke on a Forum he and Craig Watt, Financial Accountant had attended in Sydney followed by a meeting with Mr John Roach, Chief Financial Officer, MOH, that was very useful.

Mr Jones noted that Mr Roach is retiring later in 2017 and when a formal farewell function is held for Mr Roach by the MOH, appropriate representatives from the LHD will attend.

Mr Humphries reported that activity has increased impacting on the expenditure budget result now being \$730K unfavourable. Significant factors include increased overtime costs \$690K, sick leave \$46K and VMO costs \$320K.

The General fund result is currently of \$130K unfavourable and the significant factors include a decrease in MAA and DVA activity.

Mr Humphries also noted that admissions for ABF hospitals has increased by 220 or 1.3% and ED presentations are up 2,603 or 8.1% on last year's result.

Recruitment is currently underway for Coders with a number of applications being received.

The Board Chair noted the FTE had increased by 191 or 4.6% and indicated this is due to the additional resources from the MOH following continued representation by NNSW LHD Board and Executive for more equitable funding allocation.

The Board agreed that the additional supporting documents with the FPC papers were very helpful.

Mr Jones also reported that the recruitment process for the new Director, Finance is underway.

The Board noted the F&PC Minutes of the 20 September 2017.

#### **5.2.3 Medical and Dental Appointments Advisory (MDAAC) Committee – 14 September 2017**

Dr Tyson provided a verbal report of the MDAAC Meeting held on 14 September 2017.

Dr Tyson noted that a number of appointments have been made to TTH Emergency Department for Visiting Medical Officer FACEMs for zero hours. Following consideration of the applications there was discussion on whether FACEMs have ownership of the standard hours as he/she is not compelled to be of assistance to the facility.

Mr Jones responded that he will discuss this issue with the relevant Directors of Medical Services.

Dr Tyson also referred to more appointments for Everlight Radiologists and noted there is no process for the LHD to be advised when Radiology practitioners contract terms finish. Mr Jones advised that he will take that query on notice and will follow-up on what process should be implemented to monitor the contract periods and provide advice to the Board.

Dr Tyson queried what process is in place should a credentialed Clinician decide they do not want to continue to undertake an aspect of their appointment for which they were credentialed and would they need to reapply to be recredentialled? Mr Jones responded that he would discuss this with John Wickham and provide advice via MDAAC.

The Board noted that Dr Ian Kettle, VMO General Practitioner Murwillumbah District Hospital has tendered his resignation from 1 December 2017 after around 30 years of service. The Board Chair will forward a letter of thanks to Dr Kettle.

The Board noted the MDAAC Meeting Minutes of the 14 September 2017.

**Action:**

**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 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.**

**5.2.4 Health Services Development Committee (HSDC) – 10 August 2017**

The Board noted the HSDC Meeting Minutes of 10 August 2017 were reported on at the 20 August 2017 Board Meeting.

The Board noted the HSDC Minutes of 10 August 2017.

**5.2.5 Audit and Risk Committee (ARC) Special sign off meeting – 28 August 2017 Special Finance Meeting and ARC Meeting of 6 September 2017**

Mr Frazer provided a verbal report on the ARC Meetings held on 28 August 2017 and 6 September 2017.

Mr Frazer reported that the External Auditor Contractor reported on a number of issues including three potential conflicts of interest within the LHD identified following the recent completion of the mandatory reporting forms and information obtained from the ASIC website. A formal report will be provided to the Chief Executive on the conflicts of interest in due course and to provide reassurance to the Board.

A new process is being introduced for the Executive Summary of outstanding audit matters that will be provided for each Audit and Risk Committee meeting and will replace the current lengthy document that has been previously provided.

Mr Frazer referred to a previous Internal Audit Report from Grafton Base Hospital advising that this has been reviewed and following identification of some communication issues, it is now

evident that the Report is not as adverse as previously reported.

The Board noted the ARC Meeting Minutes of the 28 August 2017 and 6 September 2017.

**5.2.6 Clinical Council (CC)**

The Board noted the next Clinical Council meeting is scheduled on 17 October 2017.

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

The Board noted that the CEAC Meeting Minutes of 25 September 2017 will be provided to the 15 October 2017 Board Meeting.

**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**

The Board noted the MHF Meeting Minutes will be provided to the 25 October 2017 Board meeting.

**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**

The Board noted the next DADAC meeting is scheduled on 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 NNSW LHD Seal**

The Board ENDORSED the applying of the NNSWLHD Seal to the NGO Funding Agreements 2017/18 for The Buttery – Drug and Alcohol Rehabilitation; Northern Rivers Social Development Council – Family Planning; Northern Rivers Women’s and Children’s Service; Northern Rivers Community Gateway – Reaching Out Sexual Assault Namitjira Haven – Magistrate Referral Intro Treatment (MERIT), Drug and Alcohol Rehabilitation.

Moved: Mr David Frazer  
Seconded: Ms Deborah Monaghan  
CARRIED

**6.3 Updated Board Calendar**

Noted

**6.4 Other matters for noting**



**6.4.1 Clinical Coding Improvement Project Update 5**

Noted

**7 Meeting Finalisation**

7.1 Meeting Finalisation

7.2 Next Meeting

**25 October 2017**

Ground Floor Meeting Room, Crawford House, Hunter Street, Lismore  
1.00 pm – 5.00pm NSW LHD Board Meeting

**7.3 Meeting closed**

There being no further official business, the Chair declared the meeting closed at 1.52pm.

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

Signed .....  ..... Date 18/11/17 .....

Dr Brian Pezzutti  
Chair  
Northern NSW Local Health District Board