

Minutes

MEETING OF THE NORTHERN NEW SOUTH WALES LOCAL HEALTH DISTRICT BOARD

24 APRIL 2024
COMMENCING 8:30AM
GRAFTON BASE HOSPITAL, ARTHUR STREET,
GRAFTON

1. **In-camera Session**

An in-camera session was not required.

2.1 **PRESENT AND APOLOGIES:**

Mr. Peter Carter (Chair), Mr. Scott Monaghan, Dr Alasdair Arthur, Dr Andrew White, Mr. Pat Grier, Mr. Michael Carter. Mr. Thomas George

Microsoft Teams: Adjunct Professor Susan Nancarrow, Ms. Carolyn Byrne, Ms. Naree Hancock, Dr John Griffin

Apologies:

Dr Cathy Adams

In Attendance:

Ms. Tracey Maisey, Chief Executive

Ms. Liz Blake, Manager, Chief Executive Unit

Ms. Melissa Loveday, Board Secretariat, Chief Executive Unit.

In Attendance for part of meeting:

Mr. Richie Williamson MP, Member for Clarence

Mr. Peter Johnstone, Mayor Clarence Valley Council

Ms. Sharon Wright, Director of Nursing and Midwifery, NNSWLHD

Ms. Kathryn Watson, A/Director Integrated Care & Allied Health, NNSWLHD (virtual)

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

No new declarations of pecuniary and/or conflicts of interest were declared.

2.3 **Previous Minutes**

2.3.1 The Minutes of the Board Meeting held on 24 March 2024 were **ENDORSED** as a true and accurate record.

Moved: Mr. Scott Monaghan

Seconded: Mr. Pat Grier

CARRIED

2.3.2 Business Arising from the minutes.

The Chair referred to item 5.1 of previous minutes. The Chair discussed the need for consistency in minute taking and achieving the right balance in presenting minutes. Discussion was held to work towards a set of principles and a standard for minute taking across the district. A working party was established comprising Dr Andrew White and Mr. Michael Carter supported by the Board Secretariat and Tim Lawson, Chief Legal Counsel NNSWLHD. An action was allocated for the working party to report back to the Board with terms of reference.

2.3.3 Other Matters Arising from the minutes.

The Chair referred to an Actions list that had previously been provided to the Board with the minutes. The Actions list will be reinstated as a regular item.

The CE proposed that the Board's decisions will be incorporated with an ELT Decision Register that is being established to improve the ease of communicating key decisions. **The Board endorsed this recommendation.**

3. Matters for Decision

3.1 Corporate & Clinical Governance Structure

The CE tabled the final version of the Corporate & Clinical Governance Structure (V8) for Board endorsement. Feedback had been incorporated into the final version following consultation across the district. The Audit and Risk chair had confirmed compliance with the model by-laws and governance structure.

The CE advised the Board of a communication strategy to announce the structure at the next district staff forum and a separate memo will be sent to all staff, with periodic updates.

Move: The structure be formally adopted and communicated to the organisation.

Moved: Alasdair Arthur

Seconded: Michael Carter

The chair declared unanimous approval by the Board members. **Motion carried.**

3.2 Meeting Minutes

As noted in 2.3.2

3.3 Horizon Scanning

Mr. Scott Monaghan provided an overview of his role as it related to Health and his position on the Board as Deputy Chair. Mr. Monaghan advised there are some significant opportunities for preventative medicine for Aboriginal People in collaboration with the primary health sector.

Mr. Monaghan also advised work is underway externally with the First 2000 Days program in Grafton, with the LHD, Healthy North Coast (HNC) and the Aboriginal Medical Service (AMS). This preventative work is an important screening process and includes upskilling work with clinicians.

This work is meeting requirements for the Rural Health Plan and Closing The Gap and is celebrated as a success. Having this approach has given HNC pathways to move forward. The work towards investing to get people together and using a more targeted approach has certainly paid significant dividends. This is just a snapshot of the successful work being done in the AMS sector.

4. Matters for Discussion

4.1 Chief Executive's Report

The CE referred to the issues covered in the Chief Executive's report. The following information was provided further to the report.

4.1.1 Key Events of Note

Financial Sustainability A request had been made from the Ministry, as anticipated, to submit a formal financial recovery plan, however the request was made significantly earlier than anticipated which was challenging. Work on the plan was underway.

The Chair and CE had discussed the strategy and given the short turnaround, it was recommended a Board working group be created with delegated authority to endorse on behalf of the Board. Suggested members of the Board working group would be the Chair, Deputy Chair and the Board members who sit on the Finance and Performance Committee being Michael Carter, Dr Andrew White and Ms. Naree Hancock. The CE will present the adopted Financial Sustainability Plan at the May Board meeting.

The Board approved the proposed delegation.

Moved Thomas George

Seconded Pat Grier

Motion carried.

The CE stated that 7.4% cost reduction needed to be achieved. The plan contains a range of efficiency improvement programs. In 2024/25 the plan has efficiencies of \$43.3 million, this includes targeted reductions of 74 FTE. This results in a deficit position at the end of June 2025 of \$37.2 million. In 2025/26 it is planned to reduce a further \$15.3 million and 96 FTE. At the end of June 2026 there is a deficit position of \$21.9 million representing a significant deficit reduction. The CE asked the Board whether the plan should have a non-specific line to balance out to 0 or report the deficit position of \$21.9 million. The Board supported reporting to the Ministry the accurate financial position, that is the latter, and note that we will continue to work on efficiencies to achieve a zero deficit. If further efficiencies cannot be found the \$21.9 million will need to be balanced by service reductions. This recognises that there is more work to do.

4.1.2 ELT Strategic Priorities

As noted in CE report.

4.1.3 Matters for Approval

As noted in CE report.

4.1.4 Update on Key Issues/Risks

Industrial action – Correspondence was received from the Health Services Union (HSU) advising of a stop work meeting on Tuesday 23 April 2024. The content of the letter advised implementation of work bans and requested additional security staff 24/7 equating to an additional 5 FTE. The HSU had not explained why they believed this was needed, nor provided timely notice. Should any industrial action result in impacts to patient care, the matter would need to be referred to the industrial relations commission (IRC). The CE undertook to keep the Board informed.

Shaping Outcomes – The CE met with Colin Usher, CE of Shaping Outcomes (SO) and another representative of SO recently. Correspondence seeking compensation had been received following this meeting. The legal advice received from internal counsel is that the LHD has no legal obligation to SO and the correspondence had been referred to the Ministry of Health for a further legal determination. This issue had attracted media interest with A Current Affair on site at SO today. SO are continuing to lobby the community for support including an online petition to the Minister and contacting local MPs.

Correspondence from the Tweed Shire Council Mayor had been received seeking confirmation in writing of 'a continuation of a fully functioning hospital at Murwillumbah in perpetuity' following the opening of Tweed Valley Hospital. The Board were unanimous in their view that this was not possible given healthcare was continually in transition as new models of care are developed. The Board have requested the CE draft a response confirming updates will be provided to the Tweed Council. **The CE will draft a letter in consultation with the Chair and circulate for Board input.**

4.1.5 Major Key Performance Indicators

As noted in CE report.

4.1.6 Security, Risk and Compliance

As noted in CE report.

4.1.7 Governance Update

As noted in CE report.

4.1.8 Digital Health Update

As noted in CE report.

4.1.9 Capital Works/Planning Projects (other than TVH)

As noted in CE report.

4.1.10 Update of Management Committees

Refer to item 3.1.

4.1.11 Media and Community Engagements

As noted in CE report.

4.1.12 Primary and Intersectoral Engagements

As noted in CE report.

4.1.13 Matters for Noting

Nil to note.

4.1.14 Questions for the Chief Executive without notice

Thomas George asked the CE if there were further developments at Murwillumbah District Hospital following notification several months ago to staff of the date on which the surgical ward will close consistent with the decision and promulgation in mid 2022 of the decision to transfer surgical inpatient services. The CE reported that implementation was happening smoothly and that she had received some positive responses from Staff during a recent walk around MDH. Further feedback from the unions has been positive.

Carolyn Byrne requested an update on proposed terms of reference for Lessons Learnt at Murwillumbah District Hospital. The CE stated the ToR are currently being drafted.

Pat Grier asked the CE how the movement of mental health beds from Lismore to Tweed is going. This has not yet proceeded in anticipation of further discussions the Ministry of Health.

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

4.2 Committee Minutes (discussed on exception basis, otherwise noted)

4.2.1 Health Care Quality Committee (HCQC) – 12 March 2024

The Board noted the unconfirmed HCQC minutes.

4.2.2 Finance and Performance Committee (F&PC) – 17 April 2024

Mr. Michael Carter noted that there was a minor change to these minutes which will be confirmed at the next F&PC meeting. One change is that the full year forecast result has increased from \$76 million to \$80 million Unfavourable due mostly to Tweed Valley Hospital activities.

Finance and Performance Committee (F&PC) – 20 March 2024

The Board noted the F&PC minutes for 20 March 2024.

4.2.3 Medical and Dental Appointments Advisory (MDAAC) Committee – 14 March 2024.

The Board noted the unconfirmed MDAAC minutes.

4.2.4 Audit and Risk Committee – 5 June 2024

4.2.4.1 Audit and Risk Committee chair final report (for noting)

The Board noted the final annual report and that the term of the Chairperson is finishing in July 2024. The Board endorsed undertaking and Expression of Interest Process for the position.

4.2.5 Community Partnership Advisory Committee 8 April 2024

To be tabled at the May Board Meeting.

5.1 Major correspondence

Nil Received

5.2 NNSWLHD Seal

There were no items requiring the NNSWLHD Seal to be applied.

6.1 Calendar

6.1.1 Chair’s Calendar

The Board noted the Chair’s Calendar.

6.1.2 Updated Board Calendar

The Board noted the updated Board Calendar.

6.2 Other matters for noting

The Board noted the League table for February 2024.

6.3 Business without notice

Nil noted

7.1 Meeting Finalisation

7.2 Next Meeting

29 May at Crawford House, Lismore.

7.3 Meeting closed

Mr. Alasdair Arthur provided a critique of the meeting which was positive regarding engagement and open discussion.

There being no further official business, the Chair declared the meeting closed at 12:38pm. I declare that this is a true and accurate meeting record.

Signed

Mr. Peter Carter Chair

Northern NSW Local Health District Board

Date

External Stakeholder Discussions – Key Points

9am-9:20am - Mr. Ritchie Williamson, MP Clarence

The Chair introduced Mr. Williamson to the Board and attendees of the meeting.

- Mr. Williamson noted the tremendous stress that health services are under and on all health staff and thanked the LHD and staff for their service.
- Mr. Williamson referred to the last meeting with the Board at which he had raised the issue of the significant number of constituents contacting his office with what they described as unsatisfactory outcomes. He reported to the Board that those numbers have dropped off quite significantly with no staff having come to him recently with concerns. He was pleased that this suggests that the culture is improving, and this is a credit to the Board and the executive.
- Mr. Williamson discussed how he regularly meets with the CE and discussed his appreciation of their working relationship, and that the CE is approachable and available. He asked for it to be noted by the Board he thinks the CE is doing a terrific job.
- Mr. Williamson would like to see the Grafton Hospital redevelopment proceed as quickly as possible and that would be his number one goal. He offered his assistance in any way possible to move this objective forward. .
- Mr. Williamson raised the issue of the CT scanner requested for Maclean. He acknowledged, a proposal had been put forward. He also aware of the MPS at Casino and that the community is supportive of the change if essential services remain.
- He had received a letter from the aged care home in Maclean and has been speaking with the CE in relation to this. There was nothing further for the Board to consider at today's meeting,

The Chair acknowledged the excellent working relationship Mr. Williamson had developed with the CE and Board and thanked him for his time today.

9:20 – 9:55 – Mr. Peter Johnstone, Mayor of Grafton Clarence Valley Council

The Chair introduced Mr. Johnstone to the Board and attendees of the meeting.

- Mr. Johnstone thanked the Board for the opportunity to speak to them today. Mr. Johnstone spoke about access to mental health services being one of his biggest concerns. Mr. Johnstone advised he had spoken to his wife as a local GP prior to attending today's meeting and her feedback related to the impact the NDIS has on access to local psychology services.
- Mr. Johnstone spoke about the lack of GPs in the community. Primary healthcare is a major problem. The CE agreed and noted that that this was not confined to the Clarence and is an issue across the district and indeed the State.
He acknowledged how the lack of GP's puts further pressure on the local Emergency departments.
- Mr. Johnstone discussed the issues related to attracting and retaining qualified staff in a bid to increase the number of GPs in the area. He talked about local training and the possibility of online training. He also referred to the issues of the lack of key worker accommodation and childcare as also being contributing factors to the difficulty to attract and retain staff.
- Mr. Johnstone discussed targeted accommodation for key workers. He would like to encourage a social network to make people feel comfortable in moving and settling in the area. The LHD could assist with publicising what is available in the area.
- The reconstruction authority is working with the local Mayors to create a Regional Vision. **The CE will work with Mr. Johnstone on facilitating input from the LHD.**

The Chair thanked Mr. Johnstone for his time.

The Board noted that meetings with local authorities were particularly valuable.

10:48 – 11:10 - Sharon Wright Director of Nursing, Grafton Base Hospital

Workforce - there has been a lot of activity with workforce over recent months. The overseas nursing recruitment has been very successful for the Clarence valley. There have been 36 identified recruits allocated to date with 18 onboarded. A further seven have identified start dates and work is taking place with the final 11 to identify start dates. Any further vacancies are classified as temporary. An onboarding package has been created to help with the integration for the overseas staff, this package was being piloted in Grafton and is now being used by other sites.

A new nurse practitioner will be working in Maclean. New position in the Maclean structure will be a Nurse Manager.

Culture – it is recognised from the People Matters Employee Survey (PMES) results that some work has been needed in this area. GBH have been working closely with staff to improve this. There are now 6 monthly all staff recognition awards, special Nursing & Midwifery awards tied in with International Nurses' Day and International Day of the Midwife in May. Six GBH nurses have attended the district N M and Allied Health Emerging Leaders' Program which is investing in the development of staff.

Quality and safety of care. ED presentation numbers have increased and remain high. Considering implementing continuity of care in Midwifery.

At the end of the month the surgical wait list will be at 0 which is a great achievement. The staff will work very carefully to maintain this.

Maternity department received extra funding to run a program called "What A Bummer" to increase the skills of staff for ultrasounds to look for unplanned breaches. Since the training there have been 0 unplanned breaches.

GBH is the pilot site for the Nursing and Midwifery Enhanced Care bundle. Teamed with that is a roll out of patient experience surveys. The nursing unit managers will work across wards to facilitate feedback on patient experiences reporting back and feeding to staff on the wards.

Health Roundtable - we are pleased that Grafton is sitting in a good position compared to peers. Falls management, staff are placing a real focus on this area.

In the last couple of months an Aboriginal staff meeting group has been created and feedback has been reported. A stall will be staffed at the Yamba festival with an Indigenous focus and provide an opportunity for staff to talk to locals. This is also an opportunity to promote the health sector to people looking for a career.

The chair thanked Sharon and asked if the Board had any questions or comments.

Dr. Alasdair Arthur commended Sharon on the senior nurses talking with the patients to receive direct feedback.

12:00 – 12:20 - Presentation Kathryn Watson A/Director Integrated Care and Allied Health

The Chair welcomed Kathryn Watson to the meeting.

Ms. Kathryn Watson talked to a slideshow presentation which will be provided to Board members with the distribution of the minutes.

The Chair thanked Ms. Watson for her presentation.