Northern NSW Local Health District



Minutes MEETING OF THE NORTHERN NEW SOUTH WALES LOCAL HEALTH DISTRICT BOARD

29 MAY 2024 COMMENCING 9:00AM GROUND FLOOR MEETING ROOM, CRAWFORD HOUSE LISMORE BASE HOSPITAL, LISMORE

1. In-camera Session 8:57am – 9:06am

2 Meeting Opening

2.1 Present and Apologies:

Mr. Peter Carter (Chair), Mr. Scott Monaghan (Deputy Chair), Dr Alasdair Arthur, Mr. Pat Grier, Dr John Griffin, Ms. Carolyn Byrne, Mr. Michael Carter, Adjunct Professor Susan Nancarrow, Dr Cathy Adams

Microsoft Teams:

Apologies:

Dr Andrew White,

Mr. Thomas George

Ms. Naree Hancock

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. Matthew Long, Director Corporate Services

Mr. Brett Skinner, Director Finance

Ms. Katharine Duffy, District Director Nursing and Midwifery

Ms. Karen Bowen, Nurse Manager, Clinical Practice

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 Confirmation of 24 April 2024 minutes

Ms. Carolyn Byrne raised corrections for the minutes.

4.1.14 Full stop after 'smoothly'

4.2.4.1 Amend 2204 to 2024

Page 6 Ritchie Williamson title should be Member for Clarence

Page 7 Mr. Alasdair Arthur should be Dr Alasdair Arthur

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

Moved: Susan Nancarrow Seconded: John Griffin

CARRIED

2.3.2 Business Arising from the minutes - Action List.

Noted

2.3.3 Other Matters Arising from the minutes.

Nil this meeting

3. Matters for Decision

3.1 Top 10 Risks Report Second Quarter 2024

The CE spoke to the Top Ten Risk document. The CE suggested that the format is outdated and hard to read. This report will be reviewed at a workshop in September with a view to creating a more contemporary report. The CEC drew attention to matters related to maternity, however, this is not of significant concern and the maternity team have been looking into addressing the issue.

Risk 7 – There has been an increase in physical assaults on staff and the HSU is undertaking a State-wide campaign in relation to security in hospitals. The HSU has a particular focus on TVH. By all accounts the code black responses have improved. The HSU are still suggesting that there is understaffing in security, and discussions on this are ongoing. Putting aside the union concerns, physical assaults on staff need to be addressed. Having extra security staff is not always a solution to this problem and can sometimes, in fact, escalate it. Appropriate responses are under consideration. Similar issues are occurring across Australia and overseas.

In regard to the Health of Aboriginal people, the Chair suggested that it is highly desirable for all Board members who have not already done so to undertake the Aboriginal Health Respecting the Difference workshop. The Chair asked the Board Secretary to contact those Board members who had not yet undertaken the course to arrange a time for them to do so. The Chair had also suggested to the CE and the Executive Director of Aboriginal Health that at least one Aboriginal person each year undertake the Nursing, Midwifery and Allied Health Emerging Leaders Program and they had agreed with this suggestion. The Board unanimously agreed that this is a priority. The Chair undertook to discuss this with the District Director of Nursing and Midwifery.

ACTION – Board members to attend one day Aboriginal Health workshop on Respecting the Difference.

Dr Alasdair Arthur reported that the move to TVH has resulted in the 24-hour police response available at TTH being unavailable. Ms. Carolyn Byrne noted that she understood that Kingscliff Police Station will move to a 24-hour station model which will help to alleviate the pressures of current situation at TVH.

The Top 10 risks were **endorsed** by the Board.

The chair welcomed Mr. Matt Long and Mr. Brett Skinner to the meeting.

Presentation - Infrastructure risks and related issues

Mr. Matt Long, Director Corporate Services.

The capital asset repair and replacement risk sits at number 3 in the corporate risk register. Mr. Matt Long talked to a slide show presentation. This presentation is available for Board members.

The CE commented that we need to be aware when we purchase new equipment for a facility that our asset base increases as does depreciation. For example, the TVH has some new specialised equipment, and this equipment will all be depreciated over the same period. This could lead to significant problems due to common depreciation timelines.

Adjunct Professor Susan Nancarrow asked whether when a new piece of equipment is purchased, we build future liabilities into the modeling? Mr. Matt Long replied that if it is a piece of medical equipment a service agreement is included however replacement is not part of the purchase agreement. Leases are sometimes an option and that can be easier to work into the financial plan.

The CE noted risk levels from a Board perspective are a concern and the Board need to impress upon the Ministry the pressure this places on the LHD. There is an opportunity for the Board Chair and the CE to bring this up with the Ministry at the quarterly Finance and Performance Review meetings whenever appropriate. The CE's recommendation to the Board is to wait for the budget to be delivered on the 18 June and if this matter is not addressed in it the Board may wish to escalate the matter to the Ministry.

- 3.2 Service Agreement Key Performance Indicator Quarterly Report (March 2024)
- 3.2.1 NNSW LHD Service Agreement KPI's Report
- 3.2.2 Service Agreement Trend Report

These reports were noted.

3.3 NNSWLHD Financial Recovery Plan – Creating a Sustainable Future Together – Presentation Mr. Brett Skinner, Director of Finance and Ms. Tracey Maisey, Chief Executive.

The CE spoke to a Power Point presentation. This presentation was provided in the May Board papers.

Mr. Brett Skinner commented that as an organisation the historic creditability the LHD has with the Ministry and the arguments and the quality data provided to them, puts us in a strong position in our negotiations with the Ministry.

Ms. Carolyn Byrne asked how the suggested reduction in FTE's accord with the previous Ministry commitment that there would be no reduction in FTE's in regional health workforce. The CE noted that she had asked the same question of the Ministry at a recent Regional SEF meeting and had not had a response.

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

As noted in CE report

4.1.2 ELT Strategic Priorities

Workforce recruitment.

The removal of COVID-19 vaccination requirements for NSW Health staff has now been enacted as of 16 May 2024. There has been some return of staff to date, and this will be monitored.

Safework and WHS

The CE was pleased to note that of the seven Safework Notifiable Incidents that had been open, four had now been closed. The district has provided all material and information required on the remaining three cases and a response is awaited from Safework. It is a testament to the WHS team and the relationship that has developed with Safework to have made this progress.

The first meeting of the NNSWLHD WHS and Security Advisory Committee occurred on the 24th of April. Feedback has been positive.

Quality and Patient Safety

Board members will have noted in the media an increase in COVID, RSV and Influenza.

NNSWLHD 2024 Winter Strategy.

The Lismore opening of Winter beds has been brought forward by two weeks due to an increase in ED presentations.

Emergency Care Assessment and Treatment (ECAT)

There is a lot of work going on across the district with ECAT. Staff are in training at the moment, and we are on track to go live with the ECAT protocols on the 19th of June.

Empowering Aboriginal Health Together

The LHD's actions to support the State's Aboriginal transformation agenda are appended and each of those interventions / actions have been allocated to an ELT sponsor.

4.1.3 Matters for Approval

Nil

4.1.4 Update on Key Issues/Risks

Murwillumbah Hospital

The Lessons Learned workshop following the announcement of the Murwillumbah surgical services ward closure will be held on the 24^{th of} June. The TOR have been circulated. The facilitator is Tamahra Manson, Service Manager, Mental Health Lismore. Tamahra has a background in facilitating. She has not been involved with the issue and she will be running the workshop in accordance with official lessons learned protocols.

4.1.5 Major Key Performance Indicators

KPIs are static. The CE expressed the view that there are likely to be some improvements forthcoming, and work being done at LBH will likely show positive outcomes. The CE said that submissions for short stay arrangements had been proposed for Grafton and Ballina, however, whether they have been successful or not will not be known until after the budget has been brought down on the $18^{\text{th of}}$ June.

Surgery

Waiting list numbers are continuing to reduce, however it will be a challenge to meet Ministry targets by the end of the year, partly because of reliance on anesthetists, of which there is a shortage in Lismore. Commissioning of TVH led to a temporary reduction in surgery sessions leading to an increase of approximately 40 overdue. TVH are reasonably confident that they can get to 0 by the end of June.

4.1.6 Security, Risk and Compliance

Nil to note.

4.1.7 Governance Update

As noted in CE report.

4.1.8 Digital Health Update

Two staff were lost to the EPIC program. There is a need to put a new support model in place.

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 4.2.

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

As noted in the CE report.

4.1.14 Questions for the Chief Executive without notice

Dr. Cathy Adams referred to page 7 of the CE report and asked the CE about the Maternity review. The CE noted we were waiting for TVH to open before starting the review.

Ms. Carolyn Byrne asked if we would publicise the information that the Covid vaccination is no longer required. The Ministry has asked that this not be done; nevertheless, word is getting out.

The CE drew the Board's attention to the new waste contractor who started work in recent days. This brings the LHD in line with the State waste contract.

The Chair complimented the CE on her report and thanked her for keeping the Board so well informed.

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

4.2.1 Health Care Quality Committee (HCQC)

14 May 2024 meeting was cancelled. Next meeting 11 June 2024.

The Chair requested an update on the implementation of the long-awaited e-sepsis pathway. The CE took this question on notice.

Dr Adams advised that she has an interest in and has been involved with the sepsis pathways revision. Our compliance rate for sepsis is low and this needs attention.

The CE advised that the sepsis pathways were released on 15 February. NNSWLHD set a Go Live date for 15 April and additional promotion is planned for World Sepsis Day on 13 September. Communications on this are multimodal – memos to key leaders, screensavers, CE updates and verbal at a range of meetings. There are plans to collect and develop patient stories to provide a lived experience aspect to staff awareness.

ACTION - The Board have asked the CE to report on the E-Sepsis, roll out.

4.2.2 Finance and Performance Committee (F&PC) – 15 May 2024

The Board noted the minutes.

4.2.3 Medical and Dental Appointments Advisory (MDAAC) Committee –9 May 2024

4.2.4 Dr Arthur presented the MDAAC report.

The Chair asked Dr Alasdair Arthur to outline how My Emergency Doctor works. Dr Alasdair Arthur explained that these are for sites that don't have a doctor overnight. They can access the TeleMed service, and this allows patients to have a face-to-face interview online. The TeleMed doctor can also make a referral or refer the patients back to their GP for further investigations. Dr Arthur explained that for some things it is very useful however for more complex patients it can be sub optimal. Doctors can miss the nonverbal cues and generally it is not the same as an in-person appointment, particularly for emergency medicine as often the subtle cues are missed. It does have its place in patient treatment.

Board noted MDAAC minutes.

4.2.4 Audit and Risk Committee – 5 June 2024

Nil to note.

4.2.4.1 Financial Audit and Risk Committee – 22 April 2024

The Board noted the minutes.

4.2.5 Community Partnership Advisory Committee 8 April 2024

Dr. John Griffin commented that there is a more corporate view emanating from the committee, and he noted that CPAC is working well and contributing to the organisation. Mr. Pat Grier said that having the CE at the committee meetings gives CPAC members important information and allows the community members to feel heard. The CE has committed to visit Coraki with Lynne Weir, Director Clinical Operations and Monika Wheeler from Healthy North Coast. The CPAC committee has been invited to the LHD Leadership Summit on the 20th of June in Ballina.

The Board noted the minutes.

ACTION - The Chair noted that the proposed Board member site visits can commence now staff had more time available to organize these following the opening of TVH. The Board secretary will arrange the visits commencing as soon as possible.

5.1 Major correspondence

Nil received.

5.2 NNSWLHD Seal

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

6 Calendars

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.

Mr. Pat Grier asked if Mr. Scott Monaghan could provide the Board feedback on the Aboriginal Transformation Committee. The CE suggested that Kirsty Glanville, Director Aboriginal Health, could also provide her feedback.

ACTION – Mr. Scott Monaghan and Kirsty Glanville Director Aboriginal Health to present feedback to the Board at the July Board meeting.

Ms. Carolyn Byrne referred to a message sent to her regarding problems with carparking at TVH. She also mentioned that a business across the road from the hospital are reporting LHD staff are parking at their site. Ms. Byrne put it to the Board that she is raising this as a risk. The CE responded that the East Carpark has been opening to staff from 1pm and volunteers are parking in the fleet area; by all accounts this has eased the parking problem. Consultants in traffic studies have been reviewing traffic flow and will provide a report and recommendations shortly.

6.2.1	Financial Recovery Plan working group meeting – minutes The Board noted the minutes.
6.3	Business without notice Nil noted.
7	Presentations to the Board
7.1	ELT presentation Ms. Katharine Duffy, District Director Nursing and Midwifery and Ms. Karen Bowen, Nurse Manager Clinical Practice spoke to their presentation on Enhanced Care.
7.2	Horizon Scanning Mr. Michael Carter reported that, over the remainder of his Board member tenure, he would hope to be able to contribute to a central workforce housing project across the district, as this aligns closely with what he does on a day-to-day basis. He is currently working with some large community housing providers developing 'affordable housing, not 'social housing'. Affordable housing is provided at a cost 25% below the current rate of other housing in a particular area.
8	Meeting Finalisation
8.1	Meeting Finalisation Mr. Pat Grier provided a meeting critique.
8.2	Next Meeting 26 June 2024, Tweed Valley Hospital – Senior Leadership meeting room ground floor
8.3	Meeting closed.
	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	Date
Northern NSW Local Health District Board	