

MINUTES OF THE MEETING OF THE NORTHERN NEW SOUTH WALES LOCAL HEALTH DISTRICT BOARD HELD ON WEDNESDAY 27 JULY 2022 COMMENCING AT 9.00AM, BYRON CENTRAL HOSPITAL, 54 EWINGSDALE ROAD, EWINGSDALE.

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The Chair opened the meeting and Mr Monaghan acknowledged the Traditional Owners of this Land. He also paid his respects to Elders both past and present. He extended his respect to other Aboriginal people and colleagues present today.

1. In-camera Session

An in-camera session was not required.

2.1 PRESENT AND APOLOGIES:

Board Members: Mr Mark Humphries (Chair), Mr Peter Carter, Mr Michael Carter, Mr Scott Monaghan, Mr Thomas George, Mr Pat Grier, Dr Alasdair Arthur, Professor Susan Nancarrow, Ms Carolyn Byrne, Dr Allan Tyson.

Via Microsoft Teams:

Dr John Griffin

Dr John Moran

Ms Naree Hancock

Apologies:

Nil

In Attendance:

Mr Wayne Jones, Chief Executive

Mr Ged May, Community Engagement Manager

Ms Kate Greenwood, Board Secretariat

Ms Jennifer Cleaver, Manager Chief Executive Unit (via Teams)

In Attendance for part of meeting:

Dr Alex Stephens, Director Research

Dr Zoe Michaleff, Research Operations Manager

Ms Rebecca Lavery, Research Ethics and Governance Coordinator

Dr Richard Buss, Director Workforce

2.2 Declaration of Pecuniary and/or Conflicts of Interest:

Professor Nancarrow declared her consulting contract with Illawarra Shoalhaven LHD.

2.3 Previous Minutes:

2.3.1 The Minutes of the Board Meeting held on 29 June 2022 as circulated were **ENDORSED** as a true and accurate record with the following amendments:

Page 8 Item 7 to now read: ".....or *brought* to the Board's attention."

Page 8 Item 7.2 to now read: ".....meeting closed at 12.53pm."

Moved: Professor Susan Nancarrow

Seconded: Dr Alasdair Arthur

CARRIED

2.3.2 Business Arising from the minutes:

Nil matters arising from the Minutes.

2.3.2.1 Mr Jones to provide a report on the workforce framework, structure and function with the findings and recommendations to be submitted to the 27 July 2022 Board meeting.

Refer to the presentation provided by Dr Richard Buss, Director Workforce.

2.3.2.2 Mr Jones to provide an update report on Patient Reported Measures to the 27 July 2022 Board meeting.

Mr Jones referred to the information in the brief providing an update on the progress of the Patient Reported Measures (PRM) program rollout across the LHD. The successful implementation continues during 2022, despite significant service disruptions due the pandemic and natural disasters.

2.3.2.3 The Research and Innovation Committee to provide a report on how research success is defined by the LHD from a Board's perspective to the 27 July 2022 Board meeting.

Professor Nancarrow spoke briefly on the information in the brief explaining the initial research strategy for NNSWLHD has appropriately focused on building research capacity. The strategy has been successful and the systems of research ethics and governance within NNSWLHD are well established.

Professor Nancarrow provided a brief overview of the Association of Australian Medical Research Institute (AAMRI) Research Impact Framework Final Report advising the Research and Innovation Committee is exploring the potential for this document to underpin the descriptions of research success used by the NNSWLHD.

2.3.2.4 Mr Jones will provide a report on Workforce challenges including recruitment at the July Board meeting and following the NSW State Budget.

Refer to the presentation provided by Dr Richard Buss, Director Workforce.

2.3.2.5 Mr Jones to request Mr Brett Skinner, Director Finance to present a 2022/23 Budget overview to the 27 July 2022 meeting.

In Mr Skinner's absence due to his requirement to attend meetings at the MOH, the Chief Executive provided this update. Refer to 2022/23 Budget and Service Agreement presentation.

2.3.2.6 Mr Jones to request Mr Phillip Woolley, Chief Information Officer to provide a presentation on Cyber Security to an upcoming Board meeting.

The Board noted Mr Woolley will attend the 31 August 2022 Board meeting.

ACTION:

Mr Jones to request Mr Phillip Woolley, Chief Information Officer to provide a presentation on Cyber Security to the 31 August 2022 Board meeting.

2.3.2.7 Mr Jones to organise a follow-up Board workshop to include the Executive Leadership Team for a potential date following the ISQua Conference.

The Board noted work continues on securing a speaker for the workshop and that it will need to fit in with the 26 October 2022 Board meeting.

ACTION:

Mr Jones to organise a follow-up Board workshop to include the Executive Leadership Team following the 26 October 2022 Board meeting.

2.3.3 Other Matters Arising from the minutes

Nil for this meeting

3. Matters for Decision

3.1 2022/23 Service Agreement – Please refer to 2022/23 Budget and Service Agreement presentation.

The Board **ENDORSED** the 2022/23 NNSWLHD Service Agreement.

Moved: Dr Allan Tyson

Seconded: Mr Peter Carter

CARRIED

4. Board Strategic Priorities

4.1 Workforce Culture – refer to Workforce and Wellbeing presentation.

4.2 Patient Flow - an update is provided in the CE Report.

4.3 Environmentally Sustainable Healthcare – next update will be provided at the September 2022 Board meeting.

4.4 Aboriginal Health – NSW Health 2022 Aboriginal Health Dashboard – The MOH Centre for Aboriginal Health has developed 19 key performance measures that each LHD is required to report against quarterly. A brief discussion followed on the key measures where improvement has been made, the areas requiring improvement and the strategies being engaged to facilitate these improvements.

Mr Jones indicated he has recently met with the NNSWLHD Aboriginal workforce and was very encouraged following the meeting. He advised they are energised and pragmatic about the current workforce strategies that are being implemented. However, challenges remain around immunisation for young children in these communities.

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 including:

5.1.1 Current and Significant Issues

- **Flood Event** – work continues in supporting the well-being of flood effected communities. The LHD remains engaged at a regional and state level with general flood recovery health and wellbeing committees.
- **Accommodation** – a 6-month lease has commenced with The Bounty Hotel in Lismore to support the need for urgent staff accommodation. The development of Capital Investment Plans has commenced regarding urgent workforce accommodation options for both the Tweed Valley Hospital and Lismore Base Hospital.
- **Coronavirus/Influenza** – a rise in the number of presentations and subsequent hospitalisations with COVID continues. The impact to date is on general ward beds with limited ICU admissions.

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- **Vaccination Program** – LHD has expanded the vaccination sites to support both staff and community members for booster/FLUVAX supply.
 - **Visit by Co-Ordinator General, Regional Health** – Mr Luke Sloane, Co-Ordinator General, Regional Health Division toured and met with staff on the 18-20 July 2022. He also met with the Board Chair and Deputy Chair.
 - **Elective Surgery** – challenges continue on elective surgery overdue primarily in the Richmond Valley and negotiations continue with relevant groups in Lismore to rectify this.
 - **Rural Health Plan (RHP)** – RHP consultation has concluded and a draft plan is anticipated to be available in October.
 - **2022/23 Service Agreement** – please refer to 2022/23 Budget and Service Agreement presentation.
 - **Monthly Performance Level** – the performance status of the LHD will now be provided monthly by the Ministry of Health. NNSWLHD's performance level continues to remain at zero.

5.1.2 Update on Strategic Issues

Strategic Priority: Value, Develop and Empower Our People

- **People Matter Employees Survey** – opens to staff 22 August 2022 – 16 September 2022.
- **NSW Health Workforce Plan 2022-32** – the Board noted the letter from Mr Phil Minns, Deputy Secretary NSW Health

5.1.3 Matters for Approval

- Nil for this meeting

5.1.4 Major Key Performance Indicators

- Emergency Treatment Performance (ETP) during June 2022 NNSWLHD did not meet the ETP target of 50% (admitted) with a result of 27.4%.
- Elective Surgery Access Performance during June 2022 was Category 1 89% against a target of 100%, Category 2 58% against a target of 97% and Category 3 was 63% against a target of 97%.
- Elective Surgery overdue numbers for June 2022 were Category 1 – 17, Category 2 – 573, Category 3 – 1031.
- Triage – NNSWLHD met triage Category 1 target, Category 2, June 2022 result was 77% with a target of 95% and Category 3, result was 66% against a target of 85%.
- Transfer of Care target for June 2022 was 90% with a result of 77%.

5.1.5 Security, Risk and Compliance Update

- Nil for this meeting.

5.1.6 Governance Update

- **Quarterly Board Report January - March 2022** – the Board noted the NNSWLHD Key Performance Indicator Report.

5.1.7 eHealth Update

- An update was provided on eHealth progress across the LHD, including the eHealth NSW Bill of IT and the State-wide Data Centre reform project.

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- Mr Jones advised laptops have arrived for all Board members. The LHD eHealth team are preparing the devices to be distributed in due course. It is proposed that an inservice is provided to Board Members at the August Board meeting.

5.1.8 Capital Works/Planning Projects

- An update was provided on the Tweed Valley Hospital and the continuation of the Cudgen Road widening works.
- Grafton Base Hospital – an update was provided on the Clinical Services Plan.
- Lismore Base Hospital – various service moves have occurred during June and July now that the redevelopment is complete.
- Ballina District Hospital – Health Infrastructure is undertaking work regarding the planned redevelopment of the hospital as part of their due diligence as a result of the recent flooding event and the subsequent evacuation of the Ballina Hospital.
- Other works – due to industry impacts of the floods, there are delays on other minor works projects and projects funded under the Asset Repair and Replacement Program. Funding has now been rolled over into the new financial year for these works to be completed.

5.1.9 Matters for Noting

- Nil for this meeting

5.1.10 Important Meetings/ Diary Commitments

- Tweed Valley Hospital Topping Out Ceremony has been rescheduled to the 2 August 2022.
- NNSWLHD Quality Award 2022 – Entries open 7 July and close 1 August with the Quality Awards presentation to be held on 24 August 2022.

Questions for the Chief Executive without Notice

- Mr Jones responded to a query regarding some VMOs who have indicated they may not be renewing their contracts.
- Mr Jones advised the People Matter Survey is being promoted across the LHD with various strategies in place.
- A brief discussion followed on the anonymity of exit interviews and the challenges around addressing ongoing concerns moving forward.

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

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

5.2.1 Health Care Quality Committee (HCQC) – 12 July 2022.

Mr Peter Carter advised work continues with various stakeholders on the deteriorating patient education which will be monitored through future HCQC meetings. Mr Jones advised work is underway through the ELT to identify mandatory education that links to the LHDs major clinical risks.

The Board noted the unconfirmed 12 July 2022 HCQC minutes.

5.2.2 Finance and Performance Committee (F&PC) – 20 July 2022

Mr Michael Carter indicated that the update has been provided in today's earlier budget

presentation.

The Board noted the unconfirmed 20 July 2022 F&PC minutes.

- 5.2.3 Medical and Dental Appointments Advisory (MDAAC) Committee – 14 July 2022.**
Dr Arthur provided an overview of the recent appointments and resignations across the LHD.

The Committee noted the unconfirmed MDAAC minutes.

- 5.2.4 Audit and Risk Committee (ARC) – next meeting 7 September 2022.**
The Board noted the next ARC meeting is the 7 September 2022.

Ms Byrne advised the ARC endorsed the NNSWLHD 2021/2022 Financial Statements to be released to the external auditors.

- 5.2.5 Clinical Planning and Clinician Engagement Committee (CPCEC) – 19 July 2022.**
Discussion took place on the effectiveness of the committee due to an often inadequate attendance rate. Dr Tyson advised that the regular attendees are usually LHD staff members who already have access to the information being presented. A query was raised on the possibility to review the Terms of Reference.

Mr Jones agreed that there are challenges around this and would support the decision of the Board to review the committee's effectiveness, its members and its outcomes.

ACTION:

Mr Jones to request Ms Kathryn Watson, Associate Director Planning to review the effectiveness of the CPCEC committee and report back 26 October 2022 Board meeting.

- 5.2.6 Community Partnership Advisory Council (CPAC) – next meeting 1 August 2022.**

The Board noted the next CPAC meeting is the 1 August 2022.

Mr May advised he has received 41 applications in relation to the recent advertisement for community member representatives on the LHDs Community Advisory Groups.

- 5.2.7 Research and Innovation Committee (RIC) – next meeting 3 August 2022.**

The Board noted the next RIC meeting is the 3 August 2022.

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

Nil for this meeting

6.1 Major correspondence

Nil major correspondence

6.2 NNSWLHD Seal

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

6.3 Calendar

6.3.1 Chairman's Calendar

The Board noted the Chairman's Calendar.

6.3.2 Updated Board Calendar

The Board noted the updated Board Calendar.

6.4 Other matters for noting

Nil for this meeting.

7. Meeting Finalisation

Mr Scott Monaghan provided a critique of the meeting.

7.1 Next Meeting

31 August 2022
Crawford House
Lismore

7.2 Meeting closed

There being no further official business, the Chair declared the meeting closed at 12.40.

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

Signed



Date

31.8.22

Mr Mark Humphries

Chair

Northern NSW Local Health District Board

**9am – 9.30am NNSWLHD Research Presentation – Dr Alex Stephens, Director Research
Dr Zoe Michaleff, Research Operations Manager, Ms Rebecca Lavery, Research Ethics and
Governance Coordinator**

The Chair welcomed the presenters and introduced them to the Board.

Dr Stephens provided an overview of the Research office's core business that includes ethics and governance oversight, research development and support and strategic growth of research activity and infrastructure.

Being a research active health service has multiple benefits for patients and the public, healthcare staff and overall hospital efficiency.

Broadly, research governance can be viewed as two main elements being ethical and scientific review, through to site authorisation. Key stakeholder engagement is critical at every part of the process. The purpose of ethical and scientific review is to 'protect participants and maximise benefits by ensuring all research conducted is rigorous, robust and of high-scientific quality, and is ethically acceptable and safe.' Dr Stephens spoke to the process involved in the multiple pathways in the ethical review.

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Site authorisation 'ensures all research being conducted with the LHD is compliant with the guidelines for responsible research, relevant legislation and policy, and institutional procedures.' Each research project is assessed for suitability for staff/site capability and capacity, resource implications and insurance and indemnity requirements.

A brief overview was provided of the activity of the Research office during 2021 including the number of Ethic Committee meetings held, amendments reviewed, progress reports reviewed and multiple other governance activities and responsibilities.

Dr Michaleff spoke on the importance of 'research in providing an objectivity that we don't and a framework to evaluate everything we do.' The capacity building plan for the LHD goals include:

- Promoting a culture of research
- Developing and growing research
- Providing support and resource for research
- Building skills in the entire workforce to use research effectively

Referring to the Grafton Grand rounds, Dr Michaleff spoke on the Evidence Based Practice (EBP) workshops held in Grafton in May 2022 and the plans underway to rollout an LHD wide seminar series on EBP.

Strategic growth of research activity and infrastructure across the LHD continues and Dr Stephens referred to some of the key initiatives underway and briefly outlined the purpose and aim of these.

Dr Michaleff provided an overview of two successful examples of 'research with impact' recently undertaken in the LHD, being the Northern Brain Rehabilitation Service and North Coast Cancer Institute.

Mr Jones acknowledged the excellent work undertaken by the NNSWLHD Research Office championing the contribution and benefit that regional health services can offer to research overall.

The Board thanked the presenters for taking time to attend the meeting.

9.30am – 9.50am – Mr Scott Monaghan, Board member – discussion and update on research work being undertaken at Bulgarr Ngaru Aboriginal Medical Corporation.

Mr Monaghan commenced his update by indicating his agreement with the Drs Stephens and Michaleff on the importance of quality improvement, culture changes within organisations and gaining partnerships. He advised Bulgarr Ngaru has been involved in several partnerships and research projects over many years.

Providing a recent example, Mr Monaghan spoke on the 2005 research project in an Indigenous community regarding the over-prescription of antibiotics for the treatment of children with otitis media. The result of a three-year research project identified poor nutrition and poor access to fresh fruit and vegetables. Bulgarr Ngaru embarked on a fresh fruit and vegetable program which continues today across the broader footprint, supported by the NSW Health Public Health Unit for the Tabulam community.

Referring to a key piece of research work around asbestos that Bulgarr Ngaru engaged in, Mr Monaghan tabled a document 'Screening and Management of Asbestos-related Disease: Background Information. He advised that Baryulgil had an active asbestos mine from approximately 1940 – mid 1970's'. Predominantly this mine was operated by an Aboriginal population and when the Aboriginal Medical Services commenced in 1991 a key goal was to commence a monitoring process for the effects of asbestos. In 2005, due to a high rate of presentations with respiratory symptoms, Bulgarr Ngaru partnered with James Cook University and Mawarnkarra Health Service to commence a screening and treatment program for Aboriginal people. Mr Monaghan advised the research not only involved the miners who were exposed but all residents in the area who may have been exposed in some form to the asbestos and contaminated dust.

Through the research program, in partnership with the Dust Disease Board and the Asbestos Foundation for NSW, it was found there was no acceptable or save level of exposure to asbestos.

A pathway for treatment was developed in conjunction with James Cook University and Mawarnkarra Health Service. This strengthened Bulgarr Ngaru's approach to quality improvement and seeking partnerships to address the needs of the service. Mr Monaghan indicated that Bulgarr Ngaru's clinicians are very interested in research programs and partnerships which could ensure better outcomes for the communities they treat.

The Chair thanked Mr Monaghan for his presentation.

9.50am – 10.35am – 2022/23 NNSW LHD Budget and Service Agreement update, Mr Wayne Jones, Chief Executive

Mr Jones provided an overview on the 2022/23 NNSWLHD Budget presentation.

An overview was provided on expense, National Weighted Activity Units (NWAU) and revenue results for the last fiscal year and provided a comparison on where NNSWLHD rates were in relation to other LHDs across the state. Own Source Revenue continues to be a challenge with no predication of this improving in the near future. Cost of living increases the pressure of discretionary costs, and many people are now forgoing joining private health funds which impacts greatly on the public health system.

An expenditure overview was provided indicating that over 70% of total expenditure is labour related. Referring to the significant workforce shortage, Mr Jones advised this currently costs the LHD money due to agency and locum premium components and overtime.

Providing commentary around the NWAU data, Mr Jones provided an explanation on the data that is gathered and collated regarding the impact of COVID.

Key Performance Indicators were discussed, in particular, Average Length of Stay which reflects excellent results. Mr Jones advised it is an indication of how well staff are working.

Elective Surgery Access Performance continues to be a challenge. An update was provided on the current negotiations with the Lismore Anaesthetic group.

Referring to the Financial Year 2022/2023 Service Agreement, there is \$985.1M for total expense allocation. Mr Jones spoke briefly on the other budget challenges expected during this year.

Capital works projects continue across the LHD and the Board noted the detailed information in the report.

The MOH and Talent Development Branch will be developing a central reporting framework to enable ongoing monitoring of all relevant budget commitments. Mr Jones has also commenced regular meeting with senior management at each of the sites to ensure engagement around the budget commitments. All Districts are required to identify the value of Productivity, Revenue and Expenses strategies required to achieve on budget performance in 2022-23, and to document their Efficiency Improvement Plan strategies as Roadmaps no later than 31 July 2022.

Mr Jones has advised the Finance Department and Planning Department have both reviewed the 2022/23 NNSWLHD Service Agreement. Following discussion, the Board agreed to endorse this. Please refer to Item 3.1.

Mr Jones and the Chair thanked Mr Brett Skinner and his Finance team in the work undertaken to understand the complexities of the budget and compile the presentation for the Board.

The Board thanked Mr Jones for presenting the Budget and Service Agreement information.

10.45am – 11.15am – Workforce and Wellbeing presentation – Mr Richard Buss, Director Workforce

The Chair welcomed Dr Buss to the meeting.

Dr Buss provided an overview of his presentation today, speaking of the current challenges with workforce not only in the LHD but also across the state.

Referring to the challenges around recruitment for the LHD, these include;

- COVID
- Floods
- Accommodation/Housing
- Awards structures and remuneration
- Queensland Border
- Shortage of staff across NSW
- Opportunities and time for education
- Worker's compensation claims

Dr Buss spoke to the information in the report regarding the number of vacancies advertised for the LHD from 2017- 2022. The comparative chart showed that work has been consistently undertaken to recruit to these vacancies.

Current strategies for recruitment include:

- Marketing of the District – a 12-month contract with a local advertising agency.
- Centralised Recruitment Unit
- Rural Incentive Scheme for NSW
- Accommodation consideration for NNSW
- Overseas recruitment of Medical Staff
- Stepping Up Program
- Ongoing work with the MOH

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- Imagine rural

The Recruitment Flowchart was spoken of at length and on the process to be followed for all NSW Health LHDs. Dr Buss spoke on the Centralised Recruitment Unit which has recently been established. He provided an overview of how this new Unit will work to help streamline the process and alleviate the recruitment pressure from managers.

Dr Buss referred to the current strategies for retention, including:

- Rural Incentive Scheme for NSW
- Expansion of EAP Programs
- Wellness and Mental Wellbeing
- People Matter Employee Survey (PMES)
- Big Ideas
- Above and Below the Line behaviours

An overview was provided on how these new strategies can be monitored to ensure they are meeting their intended goals with updates being provided through the Executive Leadership Team. The workforce challenges can be measured in some part by a decrease in overtime, decrease in excessive annual leave and a decrease in the use of agency staff.

The PMES will be launched soon, and will provide the LHD an indication of the areas needing work or further monitoring.

An outline of 'Above and Below the Line Behaviours' was spoken about and Dr Buss provided an explanation of how this will be rollout across the LHD.

There are six components to staff wellbeing that the LHD is operating under. These include:

- Mental Health-Wellbeing
- Professional Wellbeing
- Physical Wellbeing
- Cultural and Social Wellbeing
- Organisational Wellbeing
- Financial Wellbeing

A brief update was provided on clinical placements and the work continuing with universities around this.

One of the biggest challenges across NSW Health and NNSWLHD is the recruitment and retention of staff, which require the LHD to adapt and change to the workforce landscape.

The Board agreed to monitor the workforce challenges moving forward through the Finance and Performance Committee.

The Board thanked Dr Buss for his time in presenting to them.