

**MINUTES OF THE MEETING OF THE NORTHERN NEW SOUTH WALES LOCAL HEALTH DISTRICT BOARD HELD ON WEDNESDAY 26 AUGUST 2020 COMMENCING AT 9.00 AT GROUND FLOOR MEETING ROOM, CRAWFORD HOUSE, HUNTER STREET, LISMORE**

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The Chair opened the meeting and acknowledged the Traditional Owners of this Land. He also paid his respects to the 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:**

Dr Brian Pezzutti, Mr Peter Carter, Mr Michael Carter, Dr Allan Tyson, Ms Deb Monaghan, Professor Susan Nancarrow, Mr Pat Grier

**Via Teleconference:**

Mr Mark Humphries, Ms Carolyn Byrne, Dr John Griffin, Ms Naree Hancock, Dr John Moran, Dr Alasdair Arthur

**In Attendance:**

Mr Wayne Jones, Chief Executive,  
Ms Jennifer Cleaver, Manager Chief Executive Office  
Ms Kate Greenwood, Secretariat  
Mr Ged May, Community Engagement Manager (via Teleconference)

For part of meeting

Ms Deidre Robinson, General Manager, Mental Health and Alcohol and Other Drugs  
Mr Steve Carrigg, RAHMP Co-ordinator  
Ms Sam Osborne, RAHMP Co-ordinator  
Mr Matthew Long, Director Corporate Services  
Mr Brett Skinner, Director Finance  
Mr Peter Clarke, Associate Director of Financial Services

**Apologies:**

Nil

**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 29 July 2020 as circulated were ENDORSED as a true and accurate copy with the following amendments:

3.1 dot point two to now read ".....reference Climate Sustainability and Healthcare"

5.2.1 paragraph three to now read ".....Peter Carter"

5.2.1 paragraph two to now read ".....reported there has been a decrease in opioid medication prescribing."

**Moved:** Mr Peter Carter

**Seconded:** Mr Mark Humphries

**CARRIED**

**2.3.2 Business Arising from the Minutes:**

**2.3.2.1 Mr Jones to organise a register of models of care changes as a result of COVID-19 in delivering healthcare and report back to the 28 October 2020 Board Meeting.**

The Board noted this will be submitted to the 28 October 2020 Board meeting.

**ACTION:**

**Mr Jones to organise a register of models of care changes as a result of COVID-19 in delivering healthcare and report back to the 28 October 2020 Board Meeting.**

**2.3.2.2 Mr Jones to organise a face-to-face Board Governance workshop to be facilitated by The Nous Group to be held in late August 2020.**

The Board noted the face-to-face Board Governance workshop that was scheduled on 26 August 2020 was postponed due to the ongoing COVID situation and will be re-scheduled to a later date.

**2.3.3 Other Matters Arising from the Minutes**

**Item 2.3.2.3** Responding to a query regarding equipment leasing, Mr Jones advised the Ministry of Health is reviewing state-wide procurement and provide a report to all LHD's in due course.

**Item 5.1.7** Mr Jones advised he will follow-up on the current budget for the LBH Refurbishment work.

**Item 5.1.10** Mr Jones provided a lengthy update on the ongoing support being provided to Residential Aged Care Facilities (RACF) within the LHD footprint with their COVID-19 management. Following an audit of the RACF preparedness and planning a gap-analysis was undertaken of the individual facilities and work is underway to understand and plan for the required support should an outbreak occur. Mr Jones noted NNSW LHD are recruiting additional Enrolled Nurses and Assistants in Nursing as back up workforce for the LHD and RACF's with a particular focus on supporting the aged care sector.

The Board congratulated Mr Jones, Ms Katharine Duffy, Director Nursing, Midwifery and Aboriginal Health and Ms Vicki Rose, Director Integrated Care and Allied Health on the excellent leadership and support for RACF's simulations.

**Item 6.4** The Chair commented on the excellent work of the Climate Sustainability Working Group. Mr Jones advised that Health Infrastructure will provide information on its consideration of strategies to mitigate the impacts of climate change in the planning and construction of the Tweed Valley Hospital.

**Matters for Decision**

**3.1 Letter from Dr Chris Ingall, LBH Clinical Heads of Department requesting Representation to NNSW LHD Board meetings**

A lengthy discussion occurred concerning correspondence from Dr Ingall requesting the opportunity to have representatives from the LBH Clinical Heads of Department and Medical Staff Council to attend the NNSWLHD Board on a regular basis to discuss issues of concern with the Board.

The Board discussed the requirement for Executive Medical Staff Council representation at Board meetings, and the efforts the Board had undertaken to meet this requirement

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previously without success. The agreed compromise between Medical Staff Council representatives and the Board was that Dr Allan Tyson, would represent these groups at the Board meetings.

The Board discussed the various established avenues for clinical engagement including the Clinical Planning and Clinician Engagement Committee and Medical Staff Councils. The Board indicated there should be equitable access to the Board from Medical Staff Council representatives and requested that Mr Jones provide a brief on the most effective way Chairs of Clinical Heads of Department and Medical Staff Councils can regularly engage with the Board.

**ACTION:**

**Mr Jones to provide a brief to the 30 September 2020 Board Meeting on options for the Chairs of the Medical Staff Council and Clinical Heads of Department from across the LHD to engage with the Board on a regular basis including a structure for Allied Health and Nursing Forum representatives to report to the Board.**

**The Chief Executive is to also draft an interim letter of response for the Board Chair's signature to Dr Ingall.**

**3.2 Brief on developer proposing to build road across Byron Central Hospital grounds**

Mr Matt Long, Director of Corporate Services gave an outline of the request by a developer to utilise an easement located on the Byron Central Hospital site.

Following a lengthy discussion, the Board agreed to support the two recommendations and requested Mr Long to liaise with the developer to find a satisfactory resolution and report back to the Board accordingly.

**4. Chairman's Update**

**4.1 Chairman's Calendar**

The Board noted the Chairman's Calendar.

**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**

- Clinician Engagement
- 2020 – 2021 Interim Service Agreement – the Interim Service Agreement was recently signed by the Chief Executive and Board Chair following its submission to the 29 July Board meeting.
- Coronavirus Update
  - Intensive Care capacity
  - Victoria update
  - Border closures continue to be an issue for some LHD workforce with over 100 individual exemption requests for NSW LHD staff who live in QLD to attend work south of the Queensland bubble submitted to Queensland Health. To date no response has been received.

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- A brief overview was given of the restrictions currently in place in light of the recent announcement of hotspot LGA's in Queensland. Negotiations are complete around accessing specialist healthcare in Queensland. There are now restrictions or delaying of access to emergency care, however debate remains around urgent care, with Queensland Health advising all urgent care should be accessed in NSW. Mr Jones advised of the strategies underway to rectify this concern.
  - Private Sector
  - Staff/Community Communication continues to ensure regular and factual information is available
  - Elective Surgery – discussion continues with the private sector on out-sourcing Elective Surgery
  - Personal Protective Equipment Governance Committee
  - Testing across NNSW LHD continues to be provided at all Emergency Departments with dedicated Fever Clinics operating at The Tweed Hospital, Byron Central Hospital, Lismore and Grafton Base Hospitals.
  - Residential Aged Care Facilities

#### 5.1.2 Update on Strategic Issues

- **Value, Develop and Empower Our People** – May 2020 Worker's Compensation Claims data increased in May 2020 with the key driver being around productive time lost. However, early return to work outcomes have been achieved reducing the claims cost and the financial impact on the LHD.
- **Our Community Values Our Excellent Person-Centred Care** - Mental Health and Alcohol and Other Drugs have rebranded through a process initiated by consumers who played an active role in co-designing the branding of series to ensure they reflect the integrated needs of the communities.
- **Integration Through Partnerships**- medical imaging tender has been signed with Healthcare Imaging Services Pty Ltd with Go-live scheduled on 29 September 2020.

#### 5.1.3 Matters for Approval

Nil for this meeting

#### 5.1.4 Major Key Performance Indicators

- Emergency Treatment Performance (ETP) during July 2020 was 75% against the target of 81%.
- Elective Surgery Access Performance - during July 2020, NNSW LHD did not meet the Category 2 and 3 targets. The results were as follows: Category 1 was 100% against a target of 100%, Category 2 was 77% against a target of 97% and Category 3 was 55% against a target of 97%.
- NNSW LHD met all triage targets with all triage categories equal to or greater than the July 2019 results
- Transfer of Care result for July 2020 was 90% against a target of 90%.

#### 5.1.5 Security, Risk and Compliance Update

- Nil for this meeting

#### 5.1.6 Governance Update

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- **Corporate Governance:** 2019 -2020 Corporate Attestation Statement – there were no issues of concern raised during its completion. The Board Chair and Chief Executive signed the 2019 – 2020 Corporate Governance Attestation Statement.

#### 5.1.7 eHealth Update

- **Remote user Access** – a great deal of effort has been applied to secure remote user access for staff who need to work from home during COVID.
- **Virtual Health** – a significant uplift in NNSW LHD clinical staff using virtual health care that has been supported by allocation of funds and a dedicated Virtual Health lead.
- **Virtual Visitation** – due to the restrictive visitation practices across the LHD sites, the MOH has provided 70 iPads and have allowed local configuration and management of devices. These have been successfully trialled at Kyogle MPS and LBH.

#### 5.1.8 Capital Works/Planning Projects

- **Tweed Valley Hospital -**
- **Ambulatory Care Unit / GBH** - Official Opening of the GBH Ambulatory Care Unit on 13 August 2020. Negotiations are underway with NSW Health and Treasury to secure funding to progress related service and facility planning for the redevelopment of GBH.
- **Rural Health Minor Works Funding**
- **Byron Central Hospital (BCH)** –Coledale Consulting and Projects is seeking the LHD's view on leasing them property within the BCH grounds to establish a privately-operated inpatient mental health facility. Ms Deidre Robinson, General Manager, Mental Health and Alcohol and Other Drugs will make initial contact with the group.

#### 5.1.9 Matters for Noting

- Resignation of Dr David Townend, Surgeon LBH.

#### 5.1.10 Important Meetings/ Diary Commitments

- Annual Community Conference 2020 has been cancelled due to impact of COVID.
- All meetings/events across NNSW LHD are being critically reviewed with the view of cancelling/ postponing or reverting to video-conferencing to support the implementation of the social distancing principles.

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

- Mr Jones advised the LHD planning is underway for all Elective Surgery for patients south of the bubble that have been booked through Queensland will be returned to NNSW LHD.
- Responding to a query regarding plans and holding works for the Grafton Base Hospital, Mr Jones advised that this will be part of the Clinical Services Plan moving forward
- Dr Tyson advised there has been a number of prisoner escorts to the Grafton Base Hospital and noted implications for the LHD. Mr Dan Madden, General Manager GBH is recording data on this.
- Mr Jones advised Interventional radiology is now included in the new radiology contract.
- Responding to a query around Elective Surgery and funding of \$388 million that was made available to address overdue elective surgery, Mr Jones advised this funding

was allocated from the Commonwealth to address overdue elective surgical procedures during the lockdown period with a focus on partnering with the private sector. He spoke briefly on the challenges raised with the private sector during this period and indicated, following negotiations with St Vincent's Hospital Lismore some elective surgery overdues would be undertaken.

- General discussion followed on the importance of standardisation of Elective Surgery wait times across the state.
- Responding to a query regarding the Surgery Dashboard around the difference between surgical separations and theatre attendances, Mr Jones advised he will follow up with the MOH to provide an explanation of the difference between attendances and separations contained in the dashboard report.

**ACTION:**

**Mr Jones is to follow up on the definitions of surgical separation versus theatre attendances in relation to the Surgery Dashboard and report back to the 30 September 2020 Board meeting via the CE Report.**

- Mr Jones advised there has been a marked increase in COVID testing since the recent change of the Public Health Order with regards to children who display flu like symptoms, needing to provide evidence of a negative test result before being allowed to re-attend school.

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

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

**5.2.1 Health Care Quality and Research Committee (HCQRC) – 11 August 2020 cancelled.**

The Board noted the 11 July 2020 HCQRC meeting was cancelled due to the Executive Mr Jones advised that the ELT could not attend as they were all addressing Border/COVID related issues.

**5.2.2 Finance and Performance Committee (F&PC) – 19 August 2020.**

Dr Moran gave a brief overview of the F&PC meeting advising there has been a significant unfavourable turnaround with the LHD Budget result and Mr Mark Humphries, Chair F&PC had requested Mr Skinner, Director of Finance and Mr Peter Clarke, Associate Director Financial Services to attend the Board to discuss further details of this result.

Mr Skinner provided a brief overview of the financial baseline position of the LHD in 2019/20 advising that the June 2020 end of year result was effectively an on-budget result. Mr Skinner gave an overview of how COVID impacted the EOY result.

The MOH has issued an interim budget up until end December 2020 and a final Service Agreement will be issued around November 2020.

Mr Skinner advised the MOH has allocated 48% of the 2019/20 budget and noted that generally the NNSW LHD would allocate 49.5% of budget for the first six months, so automatically the LHD is 1.5% of the budget behind. This reflects an amount of approximately \$2.1 million variation in the July 2020 budget. There has been \$2.2 million of COVID related

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activity over and above activity of normal operations and work continues with the MOH on costing and capturing of all COVID related activity.

Mr Clarke advised that there is some uncertainty around the unfavourable result of the full year forecast Variance currently being \$13.2m unfavourable in relation to the Service Agreement. The MOH has engaged Price, Waterhouse Coopers (PWC) to review 16 health entities, NNSW LHD being one of them. The work PWC is undertaking will ensure there is consistency of reporting across the state with COVID related expenses and that expenditure meets the definition of the Commonwealth COVID package.

General discussion followed around the various reasons why there is more expenditure during the first half of the financial year as opposed to the second half.

It was noted the Pavillion coding contract has now finished as the LHD have been able to recruit the appropriate trained staff.

Responding to a query, Mr Jones advised efficiencies achieved through new practices introduced during COVID will be captured in the brief to be submitted to the October 2020 Board meeting.

The Board thanked Mr Skinner and Mr Clarke for attending the Board meeting.

The Board noted the F&PC meeting minutes.

Dr Moran left the meeting.

#### **5.2.2(b) Finance and Performance Committee (F&PC) – 22 July 2020.**

The Board noted the F&PC meeting minutes dated 22 July 2020.

#### **5.2.3 Medical and Dental Appointments Advisory (MDAAC) Committee – 13 August 2020**

Dr Tyson spoke to the MDAAC minutes providing a brief overview of the recent appointments and resignations across the LHD.

A recent appointment, Dr Wardell, Senior Staff Specialist Director Medical Services Mental Health and Alcohol and Other Drugs was well received by LHD staff.

Mr Jones advised the recruitment process has commenced for the position to oversee workforce development, planning and implementation for the Tweed Valley Hospital.

The Board noted the unconfirmed the MDAAC minutes.

#### **5.2.4 Audit and Risk Committee (ARC) – *next meeting 2 September 2020.***

The Board noted the next ARC meeting is to be held on 2 September 2020.

#### **5.2.4(b) Special Financial Audit and Risk Committee- 16 July 2020**

Mr Michael Carter gave a brief update on Asset Revaluation advising that the LHD's assets have been loaded into the register albeit two months behind the scheduled date. The value of the LHD's assets had increased by \$23 million. Mr Michael Carter indicated the auditors have raised concern as to whether the LHD exercises full control over the asset and

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the signing off the NNSW LHD Annual Financial Statement has been postponed until the auditors have further discussion around this point.

The Board noted the Special Financial Audit and Risk Committee Minutes.

**5.2.5 Clinical Planning and Clinician Engagement Committee (CPCEC) –25 August 2020.**

The Board noted the CPCEC minutes will be submitted to the 30 September 2020 Board meeting.

**5.2.6 Community Partnership Advisory Council (CPAC) – 10 August 2020.**

Mr Peter Carter spoke briefly on the CPAC minutes advising the forum is very valued by the community and is also of value to the LHD. The flow of information is well received and the community group is very appreciative of the work undertaken by Mr Jones and Mr May in keeping them informed on current issues.

The Board noted the unconfirmed CPAC meeting minutes dated 10 August 2020.

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

Nil matters for noting

**6.1 Major correspondence**

Nil major correspondence

**6.2 NNSW LHD Seal**

There were no items requiring the NNSW LHD Seal to be applied.

**6.3 Updated Board Calendar**

The Board noted the updated Board Calendar.

**6.4 Other matters for noting**

Nil matters for noting

**6.5 Business without notice**

Mr May advised that work is underway to ensure that a COVID-Safe Annual General Meeting can be held and he will report back to the Board on options for consideration on how the meeting can be held.

Professor Susan Nancarrow gave a brief overview of the meeting.

**7. Meeting Finalisation**

**7.1 Next Meeting**

30 September 2020

Location: To be advised

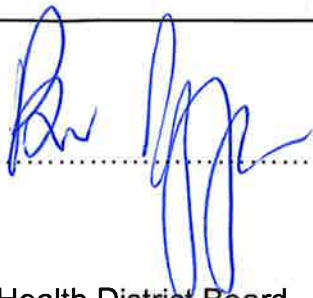
**7.2 Meeting closed**

There being no further official business, the Chair declared the meeting closed at 12.35pm

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



Signed .....



Date .....

26/10/2020

Dr Brian Pezzutti  
Chair

Northern NSW Local Health District Board

**9.00am – 9.30am Presentation by Rural Adversity Mental Health Program Co-ordinators (RAHMP) Mr Steve Carrigg and Ms Sam Osborne**

Ms Deidre Robinson introduced Ms Carrigg and Ms Osborne as experienced and valued members of the Mental Health Team.

Mr Carrigg and Ms Osborne gave a brief overview of the work involved in their positions as RAHMP Co-ordinators. The program commenced in 2007 and is a major program based out of the Centre for Rural and Remote Mental Health situated in Orange and funded by NSW Health.

There are centres all over NSW with 20 co-ordinators and are essentially an early-intervention, prevention and health promotion program.

Ms Osborne spoke briefly on the four strategies within the RAHMP:

- Link – provide personalised advice to link individuals needing assistance to the most appropriate services
- Train – deliver standardised and tailored mental health training to build capacity among community members and workplaces
- Partner – work in partnership with stakeholders to create pathways to care and a flexible interagency response to priority groups and issues
- Inform – produce and disseminate information about mental health and available services and resources through a wide variety of channels targeting rural and remote people.

Mr Carrigg gave an outline of RAHMP's recent response to the local disasters including the bushfires and floods. Mr Carrigg advised they are heavily involved in the evacuation centres and respond as needed. The recent bushfires at Rappville saw 2 lives lost, 237 homes destroyed and 83 damaged, with 2257 rural landholders impacted.

Mr Carrigg explained the difference between psychological first aid and mental health first aid and being able to turn on their clinical 'radar' to ensure that community members are supported accordingly during their traumatic experience. He spoke on the Healthy Minds program and how it was well received through the community.

Ms Osborne mentioned the work the North Coast Primary Health Network is undertaking in ensuring psychologists and specialists were brought into the multiple evacuation centres to provide support both to the community and Mr Carrigg and herself.

RAHMP had direct contact with 4040 people at 219 community events and attended 897 inter-agency meetings from January 2019 – June 2020.

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The Board and Chief Executive thanked Mr Carrigg and Ms Osborne for their dedicated and hard work in their RAHMP co-ordinator roles.