

The Acting 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:

Mr Mark Humphries (Acting Chair), Mr Peter Carter, Mr Michael Carter, Ms Carolyn Byrne, Dr John Griffin, Dr Allan Tyson, Ms Deb Monaghan, Ms Naree Hancock, Dr John Moran, Dr Alasdair Arthur, Professor Susan Nancarrow

Via Teleconference:

Mr Pat Grier

Mr Ged May, Community Engagement Manager

In Attendance:

Mr Wayne Jones, Chief Executive,

Ms Jennifer Cleaver, Manager Chief Executive Office

Ms Kate Greenwood, Secretariat

Apologies:

Dr Brian Pezzutti

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 June 2020 as circulated were ENDORSED as a true and accurate copy.

Moved: Ms Carolyn Byrne

Seconded: Dr John Moran

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 provided 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 workshop is scheduled for the 26 August 2020 prior to the Board meeting.

ACTION:

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.

2.3.2.3 Mr Jones to request Mr Matthew Long, Director of Corporate Services to provide a brief on the average costs of equipment leases across the NSW LHD to the 29 July 2020 Board meeting.

Mr Jones spoke to the information in the brief noting there is now a tendency for the LHD to move towards purchasing equipment and only lease equipment on an as needs basis. In the past few years the LHD has developed an equipment register to have a clear understanding of when equipment is nearing its used by date and undertake the necessary actions required.

Responding to a query, Mr Jones advised at this stage all leasing decisions are made at a LHD level. However, in the future the State Government will be taking a stronger role in procurement management.

Mr Jones noted the brief refers to a significant amount of historical leasing with the costs also incorporating maintenance.

A lengthy discussion followed around various equipment leasing costs across the LHD. Mr Jones explained some of the benefits both for and against in purchasing equipment compared to leasing. Mr Jones advised after the advice on procurement changes is provided from the MOH outlining its procurement role, a report will be submitted to a future Board meeting.

Following discussion around procurement and the variation in particular supplies across the LHD, Mr Jones suggested additional information be provided to the Board through the Finance and Performance Committee after the next Service Agreement is provided from the MOH in approximately six months.

2.3.3 Other Matters Arising from the Minutes

Nil other matters arising from the minutes.

Matters for Decision

3.1 Board Stakeholder Engagement Plan

The Board acknowledged the excellent work undertaken by Ged May in preparing the Board Stakeholder Engagement Plan.

Following a lengthy discussion, suggested changes to the Plan included:

- reference to quality innovation and research
- reference to healthcare sustainability in the face of climate change
- change to the gap rating for local Members of Parliament to -1
- levels of trust to be incorporated into Engagement Principals on page 5

Discussion followed on the importance of ensuring the prioritisation of particular aspects of the plan and how progress would be monitored.

A discussion followed around the roles of NNSW LHD Board members in the community and their responsibilities and accountabilities with implementing the Board Stakeholder Engagement Plan. Mr Jones advised that if individual Board members were attending various forums and external groups, they would need to ensure that any views they may put forward are representative of the Chair, Board and LHD.

Mr Jones indicated that a similar stakeholder engagement workshop is to be undertaken by the Executive Leadership Team. Following this parallel exercise being completed, an updated Board Stakeholder Engagement Plan will be submitted to a future Board meeting.

Mr May advised that Dr Pezzutti has provided feedback on some minor changes to the Plan.

The Board ENDORSED the NNSW LHD Stakeholder Engagement Plan with the changes referred above, noting it was a working document.

Moved: Dr Allan Tyson
Seconded: Mr Michael Carter
CARRIED

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 – is in the process of being reviewed, however due to COVID, an Interim Service Agreement has been provided by the MOH. 48% of the budget for 2019-2020 has been allocated to the sites. Discussions are underway with the LHD site managers and business managers to ascertain the detail that will be needed for the next Service Agreement at the end of 2020.
- Coronavirus Update
 - Intensive Care capacity
 - Victoria update
 - Border closures continue to be a concern for NNSW LHD staff living in Qld with changes to the border passes occurring regularly to mitigate some of this
 - Private Sector
 - Staff/Community Communication continues to ensure regular and factual information
 - Elective Surgery – discussion continues with the private sector in out-sourcing Elective Surgery
 - Personal Protective Equipment Governance Committee

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- Murwillumbah Rurality Status
 - North Coast Collective - recently held a productive meeting with North Coast Primary Health Network and Mid-North Coast LHD. It was agreed to develop, in unison, a framework Governance model for the North Coast collective, which is currently being drafted.

5.1.2 Update on Strategic Issues

- **Empowering Aboriginal Health** – Board members will attend Respecting the Difference Training that will be integrated with other staff members over the coming months.
- **Integration Through Partnerships**
- **Value, Develop and Empower Our People**
- **Our Community Values Our Excellent Person-Centred Care**

5.1.3 Matters for Approval

Nil for this meeting

5.1.4 Major Key Performance Indicators

- Emergency Treatment Performance (ETP) during June 2020 was 77% against the target of 81%.
- Elective Surgery Access Performance - during June 2020, NNSW LHD did not meet the Category 1, 2 and 3 targets. The results were as follows: Category 1 was 99% against a target of 100%, Category 2 was 68% against a target of 97% and Category 3 was 57% against a target of 97%.
- NNSW LHD met all triage targets with all triage categories equal to or greater than the June 2019 results, except Triage 2 that fell by 1%
- Transfer of Care result for June 2020 was 92% against a target of 90%.

5.1.5 Security, Risk and Compliance Update

- Nil for this meeting

5.1.6 Governance Update

- NNSW LHD Board Report – July 2020 Quarterly Board Report

5.1.7 Capital Works/Planning Projects

- Tweed Valley Hospital – A Value Management workshop was held earlier this month. Only request for Option 3 (MSC option) that is not proceeding under the agreed scope are the additional 56 inpatient unit beds. The MSC Chairs have advised they will continue to advocate for these beds at future opportunities.
- Lismore Base Hospital – a productive Executive Steering Committee meeting was held 28 July 2020. Complete refurbishment of the older wards will take approximately 8-10 months with the current budget with some delays continuing due to COVID.
- Ambulatory Care Unit – Board members are invited to attend a tour of the facility at the completion of today's Board meeting. Mr Jones also advised he has formally written to the State Capital Works Governance Committee seeking funding out of the current contingency surplus that remains in the Grafton Ambulatory Care budget, to be allocated to the clinical and facility planning for Grafton Base Hospital.

5.1.8 Matters for Noting

- Hospital Visitation – NNSW LHD continue to adopt a conservative position on visitation policy compared to some other LHD's in NSW. Following recent outbreaks in Victoria and parts of NSW other LHD's are reverting to the visitation restrictions currently in place across NNSW LHD.
- Face to Face Education – NNSW LHD has reviewed our position on group education and training programs and have issued a guideline to our clinicians and staff to support them recommencing face-to-face training and education where appropriate.
- TAFE and NNSW LHD engagement – opportunity to broaden engagement with NSW TAFE and a meeting has been scheduled 31 August 2020
- Mr Jones gave a brief update on the recent NSW Health Directive for all staff to wear face masks who come within 1.5 metres of patient care

5.1.9 Important Meetings/ Diary Commitments

- 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.

5.1.10 Questions for the Chief Executive without Notice

- Mr Jones outlined the new procedures soon to be implemented in LBH ED regarding meeting ETP targets.
- A brief discussion was held around the bed numbers at Tweed Valley Hospital, with Mr Jones clarifying the planning has allowed additional beds to be added with the agreed scope and retained the ability into the future to add further inpatient beds when the need arises and funding is available.
- Mr Jones clarified the information provided from the Clinical Excellence Commission around the requirements of wearing a face mask.
- Mr Jones gave an update on the work undertaken by Mr Stewart James and the Human Factor program.
- Residential Aged Care (RAC) - NSW Health and the Commonwealth Department of Health and Ageing have agreed on a joint protocol for management of an outbreak in a RAC facility. NNSWLHD, NCPHN and RAC providers met recently via Zoom and have agreed for providers in the area to undertake a simulation on an outbreak utilising the joint protocol.
- A lengthy discussion followed on the impact on services since COVID has commenced with Mr Jones advising the ELT attended a workshop this week with an external facilitator to discuss and document all the changes that have occurred across the LHD since the start of COVID. A paper outlining these changes is due to the 28 October 2020 Board meeting for consideration.
- Mr Jones advised there is currently enough casual cleaning staff across the LHD to manage cleaning related to COVID.
- Discussion took place on the number of travellers who have been turned away at the border by Queensland authorities. Mr Jones advised the majority of these people have now exceeded their 14-day quarantine period for NSW.
- Mr Jones spoke briefly around the NNSW LHD Quarterly Board report advising it is primarily for information only.

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) – 14 July 2020.

Ms Byrne gave a brief overview of the HCQRC meeting. The committee noted the need to review Board members' attendance of committees using the Policy Committee as an example. Mr Jones advised this matter will be incorporated in The Nous Group Governance workshop to be held on the 26 August 2020.

The Opioid Treatment Program Committee has had a decrease in the data showing the amount of prescribed opioid medication in the LHD has levelled and is slowly decreasing.

Continued research funding continues to remain a concern due to the financial impacts of COVID. Mr Peter Carter indicated that the research component of the HCQRC has not successfully been incorporated into the committee, but work continues and will be discussed further at the meeting scheduled with Professor Nancarrow, Dr David Hutton, Mr Michael Carter and Mr Jones.

Staff influenza vaccine uptake is 100% for MPS's and those staff who were unable to have the vaccine have been redeployed to other locations. Across the LHD, 83.4% of staff have received the vaccine.

Ms Byrne indicated that perineal lacerations data continues to be of concern. Education is occurring for staff and data quality issues are being addressed and needs to be viewed with an understanding of the narrative that supports it.

The Board noted the unconfirmed HCQRC minutes.

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

Mr Humphries gave a brief overview of the F&PC two-page report and noted the 22 July 2020 minutes will be provided to the 26 August 2020 Board meeting.

General Funds month \$2.17M unfavourable and YTD \$0.04M favourable compared to forecast of \$1.1M favourable in May 2020.

Some significant factors impacting the budget continue to be around COVID and premium labour costs including agency costs and overtime.

Expenses are returning to normal pre-COVID levels in June as activity normalises and elective surgery increases.

Following a discussion around the Medicare Benefits Schedule Taskforce decision for a reduction in the Medicare scheduled fee for ECG's in private practices, Mr Jones requested Dr Moran forward him any formal advice he had received around this and will raise this with the MOH, and provide a response when available.

5.2.3 Medical and Dental Appointments Advisory (MDAAC) Committee – 9 July 2020

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

A General Physician has been recently appointed to Grafton Base Hospital which will give the GBH a full cohort of General Physicians.

Dr Tyson spoke briefly around the status of staff specialists, advising Mr Jones, Mr John Wickham, NSW LHD Manager Medical Administration and Dr Tim Williams, Executive Director Medical Services will report to the committee on the criteria for granting senior status to staff specialists.

The Board noted the unconfirmed the MDAAC minutes.

5.2.4 Audit and Risk Committee (ARC) –3 June 2020.

Mr Michael Carter gave a brief overview of the minutes advising of the deep dive with Mr Matt Long, Director of Corporate Services around the radiology service system and cyber security risks across the LHD.

Mr Michael Carter noted the excellent work undertaken by Mr Craig Watt, NSW LHD Senior Finance Account, External and Internal Reporting in ensuring all pre-close processes are in place for an early close on financials.

Responding to a query around the risks associated with COVID, Mr Jones advised COVID is rated as Risk 1 in the current risk register. Discussion around this will occur again at the next Risk Register meeting to be scheduled in the coming months.

Workers Compensation claims across the LHD in April was noted to be the highest number of claims since 2013. Mr Jones provided a narrative to this data indicating that 80% of these have returned back to full-time employment.

The Board noted the unconfirmed the ARC minutes.

5.2.5 Clinical Planning and Clinician Engagement Committee (CPCEC) – 23 June 2020.

Mr Jones spoke briefly on the meeting advising the draft Terms of Reference were endorsed at the 23 June 2020 meeting.

Mr Jones advised a Clinician Engagement Framework document is being drafted with Mr Matt Long and Ms Kathryn Watson, Manager Planning and Performance and will include clear KPI's, a clear outline of what engagement means and strategies for engagement that are sustainable. The document will be submitted to a future committee meeting for consideration.

The Board noted the unconfirmed the CPCEC minutes.

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

The Board noted the next CPAC meeting will be 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

6.4.1 Progress update on Climate Sustainability working party

Mr Peter Carter gave a brief update on the work that has been undertaken by the working party advising the group is meeting regularly. The Terms of Reference have been modified and expanded and have included Dr John Griffin as a member of the working party as well several outside experts.

The Board noted the Climate Sustainability working party progress report.

Mr Jones reported he has contacted Health Infrastructure who will prepare a report to the local Tweed Project User that sustainability and climate change have been incorporated in the new build plan for the Tweed Valley Hospital.

6.5 Business without notice

Mr Jones advised will he add e-Health as a sub-heading in his monthly report

Dr Allan Tyson gave a brief overview of the meeting.

7. Meeting Finalisation

7.1 Next Meeting

26 August 2020 1.00am – 4.00pm
Venue: Kingscliff Beach Bowls Club
Marine Parade, Kingscliff

7.2 Meeting closed

There being no further official business, the Acting Chair declared the meeting closed at 11.31am.

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

Signed

Date 31/8/20

Mr Mark Humphries
Acting Chair
Northern NSW Local Health District Board