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The Chair opened the meeting and paid his respects to Aboriginal Elders, past and present, as the traditional owners of the land, being the Bundjalung Nation and thanked them for their custodianship of the land.

#### 1. In-camera Session

An in-camera session was not required.

#### 2.1 PRESENT AND APOLOGIES:

#### **Board Members Via Teleconference:**

Dr Brian Pezzutti, Mr Mark Humphries, Mr Peter Carter, Professor Susan Nancarrow, Mr Michael Carter, Ms Carolyn Byrne, Dr Alasdair Arthur, Dr John Griffin, Dr Allan Tyson, Ms Deb Monaghan, Ms Naree Hancock, Dr John Moran, Mr Pat Grier

#### In Attendance via Teleconference:

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

#### **Apologies:**

Nil

## **Declaration of Pecuniary and/or Conflicts of Interest**

Dr Moran declared a conflict of interest advising his medical centre has been selected by the Commonwealth Government to operate as one of the respiratory clinics during the COVID-19 pandemic.

#### 2.3 Previous Minutes:

**2.3.1** The Minutes of the Board Meeting held on 25 March 2020 as circulated were ENDORSED as a true and accurate copy.

Moved: Dr John Moran Seconded: Ms Carolyn Byrne

**CARRIED** 

## 2.3.2 Business Arising from the Minutes:

# 2.3.2.1 Mr Jones is to submit a brief on birthing services at Murwillumbah Hospital to the 29 April 2020 Board meeting.

Mr Jones spoke to the information in the brief advising there continues to be a decline in births at Murwillumbah District Hospital under the Midwifery Group Practice model of care.

Following discussion around the introduction of a home based midwifery program, Mr Jones advised re-structures across the LHD are not currently occurring due to the COVID-19 response. However, he suggested progressing engagement with the relevant Community Engagement Groups (CAG's) over a number of months to ensure adequate community consultation throughout the redesign process. The Board **ENDORSED** this approach

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moving forward.

2.3.2.2 Mr Jones to request Mr Matthew Long, Director of Corporate Services to form a small working group including Mr Peter Carter and provide a report/brief/action plan on the strategies to be undertaken by the NNSW LHD to reduce environmental impact to the 29 April 2020 Board meeting.

The Board noted this brief will now be provided to the 27 May 2020 Board meeting.

#### **ACTION:**

Mr Jones to request Mr Matthew Long, Director of Corporate Services to form a small working group including Mr Peter Carter and provide a report/brief/action plan on the strategies to be undertaken by the NNSW LHD to reduce environmental impact to the 27 May 2020 Board meeting.

2.3.2.3 Mr Jones is to request Mr Brett Skinner, Director Finance to share his financial visionary overview for the NNSW LHD to the 29 April 2020 Board meeting.

The Board noted Mr Brett Skinner will attend the 24 June 2020 Board meeting.

#### ACTION:

Mr Jones is to request Mr Brett Skinner, Director Finance to share his financial visionary overview for the NNSW LHD to the 24 June 2020 Board meeting.

2.3.2.4 Mr Jones to request Mr Matthew Long, Director Corporate Services to present on the steps being undertaken to manage the risks associated with e-Health on the NNSW LHD Top 10 Risk Register to 29 April 2020.

Mr Jones spoke to the information in the brief, advising e-Health is rated 8<sup>th</sup> on the NNSW LHD Top 10 Risk Register. The increased investment in infrastructure, workforce and leadership through Corporate Services and e-Health has improved dramatically over time. The risk at present is to maintain speed, access through infrastructure with cyber security continuing to be an ongoing risk noting the number of regular attacks on NSW Health.

Mr Jones responded to a query around the recent issues with Skype and teleconference since COVID-19 measures have been introduced, advising a recent increase in Bandwidth across the LHD should hopefully resolve some of these issues.

The Board noted the information in the brief.

2.3.2.5 Mr Jones is to request Mr Ged May to organise a workshop that will include nominated Board Members to assist in the development of a Board Stakeholder Engagement Plan.

The Board noted the workshop for the Board Stakeholder Engagement Plan is scheduled for 24 June 2020.

2.3.2.6 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.

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#### **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.

# 2.3.2.7 Mr Peter Carter and Professor Nancarrow to provide an update brief on the Governance Symposium to the 29 April 2020 Board meeting.

The Chair spoke briefly to the information in the Governance Symposium papers.

General discussion followed around the importance of ensuring that the guidelines and governance framework are in line with The NOUS Group recommendations to the Board from last year's workshop.

Mr Jones advised he will submit a brief providing a proposed outline of a further workshop that addresses issues of governance that were identified at the Symposium and taking into account the work it had undertaken with The Nous Group in 2018 and 2019.

#### **ACTION:**

Mr Jones is to submit a brief with a proposed outline of a further workshop that addresses issues of governance that were identified at the Symposium and taking into account the work it had undertaken with The Nous Group in 2018 and 2019 to the 24 June 2020 Board meeting.

#### 2.3.3 Other Matters Arising from the Minutes

**Lines of authority** – Mr Jones advised that as part of the management of COVID-19 an Executive Leadership Team line of authority is currently being drafted. The Chair indicated he will follow up with Board members regarding a line of authority for the Board.

**Item 3.2** – Mr Jones advised after follow-up with Ms Kirsty Glanville, Associate Director Aboriginal Health Services regarding the wording on the Acknowledgement of Traditional Custodian Plaques, the wording on the plaques shall remain unchanged.

**Item 5.1.10** – Mr Jones informed the Board a Clinical Services Plan is being drafted for the Ballina Hospital re-development.

**COVID-19** - Mr Jones gave a brief update on the planning process involved in preparing for the COVID -19 response. A strong leadership approach was adopted early with the engagement of relevant clinicians to ensure the Ministry of Health planning timeframe targets were met. A Clinical Leadership Team Governance Committee has been established to solely look at planning and policy around COVID-19, meeting once a week.

**Item 5.1.4** – Mr Jones indicated that he expects discussions may occur at MOH level in due course concerning activity performance indicators including ETP targets.

# 3. Matters for Decision Nil matters for decision.

#### 4. Chairman's Update

#### 4.1 Chairman's Calendar

The Board noted the Chairman's Calendar.

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#### 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
- COVID-19 update including intensive care planning, respiratory clinics, Personal
   Protective Equipment Governance committee, visitation, free car parking, temperature
   checking for staff and visitors, elective surgery update
- Bush Fire Recovery
- Murwillumbah Rurality Status

#### 5.1.2 Update on Strategic Issues

- NNSW LHD Service Agreement negotiations have been placed on hold due to current health crisis.
- Service Planning Activities Brief

#### 5.1.3 Matters for Approval

Nil for this meeting

# 5.1.4 Major Key Performance Indicators

- Emergency Treatment Performance (ETP) during March 2020 was 78% against the target of 81%.
- Elective Surgery Access Performance during March 2020, NNSW LHD did not meet the Category 2 and 3 targets. The results were as follows: Category 1, 100% Category 2 was 91% against a target of 97% and Category 3 was 89% against a target of 97%.
- NNSW LHD met all triage targets
- Transfer of Care result for March 2020 was 91% against a target of 90%

### 5.1.5 Security, Risk and Compliance Update

eHealth Brief (see Item 2.3.2.4)

### 5.1.6 Governance Update

Redesign of Murwillumbah Birthing Services (see Item 2.3.2.1)

#### 5.1.7 Capital Works/Planning Projects

- Tweed Valley Hospital Option 3 still remains the preferred option for the LHD and the Board. Mr Jones gave an update on the recent Infrastructure NSW review of the TVH Business. Mr Jones noted his advice to INSW remained that the Board/LHD continue to support Option 3.
- Lismore Base Hospital refurbishment works on hold to support capacity planning for COVID-19 pandemic.

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- Ambulatory Care Unit to be handed over in July 2020 and moving the renal department as a priority as part of the COVID Management Plan.
- Grafton Correctional Centre the board noted the letter from Mr Michael Coutts Trotter, Secretary Department of Communities & Justice with further follow-up consultation underway with local Government in the Clarence Valley.

The Board also noted the letter from Jim Simmons, Mayor, Clarence Valley Council raising his concerns around the Maclean Hospital.

## 5.1.8 Matters for Noting

 Due to COVID-19 all non-essential travel has been cancelled, postponement of face to face meetings for Community Advisory Groups and transition to telehealth modalities, cancellation of meetings/functions that require greater than 25 attendees and nonauthorisation of all overseas travel.

#### 5.1.9 Important Meetings/ Diary Commitments

 All meetings/events across NNSW LHD are cancelled or postponed and where possible reverting to tele/video-conferencing.

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

- Mr Jones responded to a query regarding the use of personal protective equipment.
   The PPE Governance Committee agreed the NNSW LHD supports the standard and guidelines of the Clinical Excellence Commission around PPE. An email to this effect will be circulated to the necessary departments with an emphasis in the CE update email.
- Mr Jones responded to a query regarding the Category 2 surgeries, indicating he has advised NNSW LHD surgeons they can commence surgery at 25% of Category 2 volume with the need to remain in the target.
- Mr Jones referred to the letter from Mr Mark Coulton, Minister for Regional Health, Regional Communication and Local Government regarding the Rural Classification of Murwillumbah and the University Centre for Rural Health (UCRH) to continue under graduate training until December 2021. General discussion ensued on the best approach to further advocate to Minister Coulton on information contained in his response with the Chair advising he will correspond with Minister Coulton specifically seeking an explanation around changes in road network and border changes.

Mr Jones is to contact Dr Richard Colbran, Chief Executive Officer at NSW Rural Doctors Network to seek his support to advocate on our behalf in relation to this matter.

Mr Ged May, Community Engagement Manager will also raise this matter at local Community Advisory Group (CAG) members for discussion.

#### **ACTION:**

• The Chair is to correspond with The Hon Mark Coulton, Minister for Regional Health, Regional Communication and Local Government seeking an explanation around changes in road network and border changes as stated in his letter of response.

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#### **ACTION:**

Mr Jones is to contact Dr Richard Colbran, Chief Executive Officer at NSW Rural Doctors Network to seek his support to advocate on our behalf regarding the Murwillumbah rurality status.

#### **ACTION:**

Mr Jones to request Mr Ged May, Community Engagement Manager to raise the matter of Murwillumbah rurality status at the next scheduled teleconference Community Advisory Group (CAG).

- Following discussion regarding the draft Service Agreement, Mr Jones is to seek advice from Ms Kathryn Watson, Associate Director of Planning on the inclusion of social determinants within the funding model and to propose unplanned return to the operating theatre be included in the draft Service Agreement.
- Mental Health funding has recently been announced by Ms Bronnie Taylor, Minister for Mental Health, Regional Youth and Women. With this funding Ms Deidre Robinson, General Manager Mental Health & Drug and Alcohol Services is reviewing virtual health, state wide mental health access line and Emergency Department avoidance for mental health patients. Mr Jones advised he will suggest to Ms Robinson, a review of electronic access to referrals for General Practitioners to be included.
- Mr Jones outlined the procedures involved regarding surgery on a patient where there
  is an active COVID-19 patient in the hospital
- Mr Jones to follow up on the progress of the scanning of anaesthetic records into the eMR and report back to the 27 May 2020 Board meeting.

#### **ACTION:**

Mr Jones to follow up on the progress of the scanning of anaesthetic records into the eMR and report back to the 27 May 2020 Board meeting.

- Discussion followed around the Approved Scope for Tweed Valley Service Statement document with Mr Jones clarifying several queries regarding data in the report.
- The Board thanked Mr Jones and the Executive Leadership Team for their continued strong leadership during this current health crisis. The Board acknowledged the various communication and consultation strategies undertaken to ensure all stakeholders, staff and community members are accurately informed.

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 April 2020.

Ms Byrne gave a brief overview of the minutes advising the minutes of the March meeting were not confirmed due to a required amendment on comments of the Board Chair regarding an RCA recommendation.

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Coding continues to be of some concern for accuracy of funding and reporting with a number of members having further questions. Dr David Hutton, Director Clinical Governance will respond to these queries in the June HCQRC meeting.

The Knee and Hip Arthritis Service Case Study from the NNSW LHD Quality Awards 2019 have continued to receive further accolades for the program as it continues to be rolled out across the LHD footprint.

Hospital Acquired Neo-Natal Birth Trauma continues to be above the target, and Ms Katharine Duffy, Director Nursing and Midwifery and Aboriginal Health is to report back to the May 2020 HCQRC meeting.

The Board noted the unconfirmed HCQRC minutes.

Ms Byrne left the meeting.

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

Mr Humphries gave a brief overview of the unconfirmed F&PC minutes.

Mr Brett Skinner, Director Finance advised the committee the 2021 budget will not be finalised until approximately October 2020 due to the current health crisis. Information and details for the current fiscal year is anticipated by the end of July. Mr Jones advised he is discussing with Mr Skinner on processes to ensure the NNSW LHD sites have an understanding of the budget at the start of the new financial year.

General Funds for March 2020 \$4.8M favourable with year to date \$1.0M unfavourable. Forecast continues to change over time and currently sits at \$8.5M unfavourable.

Mr Humphries gave an update on the activity funding over the last several months with general activity down due to the COVID-19 response.

A brief update on NNSW LHD and Pavilion coding costs were discussed. Regular update reports will be included in the F&PC minutes moving forward.

Mr Jones reiterated to the Board that all COVID-19 related expenses are being reported separately to BAU (Business as Usual) operating costs. The Ministry of Health will be monitoring this to ensure correct use of allocated funds.

The Board noted the unconfirmed F&PC meeting minutes.

# 5.2.3 Medical and Dental Appointments Advisory (MDAAC) Committee – 9 April 2020 Dr Tyson spoke to the MDAAC minutes providing a brief overview of the meeting.

Dr Tyson spoke briefly on numerous appointments across the LHD due to the current COVID-19 planning response.

Mr Jones responded to a query outlining the role of the Director of Medical Services.

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The Board noted the unconfirmed the MDAAC minutes.

## 5.2.4 Audit and Risk Committee (ARC) - 4 March 2020.

Mr Michael Carter gave a verbal update of the 4 March 2020 to the March Board meeting.

The Special Finance Audit and Risk meeting was held 21 April 2020 advising there has been some delay with the valuers being able to re-valuate at certain sites due to the recent bushfire, however, the financial statements are still anticipated to be on time.

General discussion followed around the worker's compensation result and Mr Michael Carter explained the process involved regarding the result.

#### 5.2.5 Clinical Planning and Clinician Engagement – next meeting TBC.

The Board noted the Clinical Planning and Clinician Engagement inaugural meeting is yet to be scheduled. Mr Jones advised he will follow up on the progress of this with Ms Lynne Weir, Director Clinical Services.

#### 5.2.6 Community Partnership Advisory Council (CPAC) – 6 April 2020.

Mr May spoke briefly on the unconfirmed CPAC minutes and gave a brief overview of the Community Perception Survey. Some great feedback was received and the process will be repeated in approximately 12-18 months.

Mr May outlined some of the Top 8 CPAC priorities established from the March 2020 workshop, including the importance of community consultation with any service re-structures within the LHD. Mr May reiterated the consultation process around the Murwillumbah maternity services would be greatly welcomed by the community groups.

The COVID-19 Community Forum with the Chief Executive is progressing well with great feedback from community members.

Mr May advised a Community Conference 2020 workshop teleconference will be held this afternoon to discuss the conference should current COVID-19 restrictions be eased before its scheduled date in October 2020.

A brief discussion followed around the possibility of a closed CPAC and CAG FaceBook page to keep all groups connected. Mr Jones advised Mr May is following this up with Ms Fiona Baker, Media Manager and will ensure it is moderated and monitored accordingly.

The Board noted the unconfirmed CPAC minutes.

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

Nil matters for noting

### 6.1 Major correspondence

Nil major correspondence

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#### 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 NNSW LHD Quarterly Patient Experience Feedback Report Update

A brief discussion followed around the NNSW LHD Quarterly Patient Experience Feedback Report Update. A brief on the number of Ministerials received by the NNSW LHD will be included in the May 2020 CE Board report.

#### 6.5 Business without notice

Mr Jones responded to a query advising the overall general well-being of staff appears to be good. As part of the Emergency Operations Centre, a wellness arm has been established which is managed through Mental Health and continuous updates on wellness programs are sent out daily through the CE report email

Deb Monaghan gave a brief critique of the meeting.

#### 7. Meeting Finalisation

## 7.1 Next Meeting

27 May 2020 9.00am – 1.00pm Via Teleconference

# 7.2 Meeting closed

There being no further official business, the Chair declared the meeting closed at 10.56am

Signed Date 5/6/2020

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

Dr Brian Pezzutti

Chair

Northern NSW Local Health District Board